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FACULTY OF HEALTH SCIENCES AND FACULTY OF SOCIAL, HUMAN AND
MATHEMATICAL SCIENCES

Web Science

Making Bodies: The Role of the Web on Women's Engagement with Aesthetic Surgery

by

Rebecca Louise Nash

Thesis for the degree of Doctor of Philosophy

September 2016
Aesthetic surgery encompasses elective procedures that alter appearance for the purposes of enhancement. In the UK, 10,700 aesthetic surgery procedures were carried out in 2003, rising to 51,141 in 2015. Of the latter, 46,526 surgeries were performed on women. As surgery numbers have grown, there has been a huge increase in information, services and discussion of aesthetic surgery online. However, how women engage with such content remains under-researched. Aesthetic surgery has been a perpetual source of controversy in feminist literature. It has been viewed by some as an oppressive symbol of control over women’s bodies, but by others as a potentially empowering body project. I therefore sought to examine implications of the Web for aesthetic surgery in feminist theory and practice.

The Web has been transformative; set apart from ‘traditional’ offline media in offering almost instant access to diverse spaces that users can engage with as consumers and producers (Ritzer & Jurgenson 2010). Consideration of Web spaces as complementary, competing and contradictory in portrayals of aesthetic surgery has been underplayed. For this research, I used multimodal critical discourse analysis (MMCDA) to analyse four types of online space, exploring intersecting visual media and text to examine representations of aesthetic surgery. I then used data from twenty semi-structured interviews with women to understand how they have engaged with aesthetic surgery online.

There were four findings. Firstly, the Web offers volume (array of relevant spaces), variety (traditional media alongside user-generated content), and velocity (content is constantly replaced, as well as offering new navigability) of content related to aesthetic surgery. Secondly, women’s bodies – altered and unaltered - were consistently presented as aesthetically deficient across the Web spaces explored. Thirdly, women embarked on conflicted online journeys across Web spaces tempered by contradictory feelings towards aesthetic surgery and notions of beauty. I argue that women presented reflexively critical attitudes towards aesthetic surgery – employing the ‘cosmetic gaze’ (Wegenstein & Ruck 2011). Finally, I propose the concept of ‘hypertextual feminism’ that can enable researchers to understand and interpret how women engage with aesthetic surgery content online.
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>i</td>
</tr>
<tr>
<td>List of Tables</td>
<td>iii</td>
</tr>
<tr>
<td>DECLARATION OF AUTHORSHIP</td>
<td>v</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>vi</td>
</tr>
<tr>
<td><strong>Chapter 1: Introduction</strong></td>
<td>1</td>
</tr>
<tr>
<td>1.1 The Growth of Aesthetic Surgery in Contemporary Society</td>
<td>2</td>
</tr>
<tr>
<td>1.2 The Growth of the Web in Everyday Life and Focus of Study</td>
<td>4</td>
</tr>
<tr>
<td>1.3 Research Question and Objectives</td>
<td>6</td>
</tr>
<tr>
<td><strong>Chapter 2: Bodies, Aesthetic Surgery and the Web - Key Issues and Perspectives</strong></td>
<td>11</td>
</tr>
<tr>
<td>2.1 Literature Search Strategy</td>
<td>11</td>
</tr>
<tr>
<td>2.2 Social Theory of Bodies and Aesthetic Surgery</td>
<td>13</td>
</tr>
<tr>
<td>2.2.1 Aesthetic Surgery and Feminist Theory</td>
<td>21</td>
</tr>
<tr>
<td>2.2.2 Aesthetic Surgery and Medical Ethics</td>
<td>25</td>
</tr>
<tr>
<td>2.3 The Web, Health Consumption, and Aesthetic Surgery Online</td>
<td>29</td>
</tr>
<tr>
<td>2.3.1 Health Consumption Online</td>
<td>29</td>
</tr>
<tr>
<td>2.3.2 Consumption of Aesthetic Surgery</td>
<td>32</td>
</tr>
<tr>
<td>2.4 Conclusion</td>
<td>35</td>
</tr>
<tr>
<td><strong>Chapter 3: Methodology</strong></td>
<td>37</td>
</tr>
<tr>
<td>3.1 Research Design</td>
<td>37</td>
</tr>
<tr>
<td>3.1.1 Employing Multimodal Critical Discourse Analysis across Multiple Online Spaces</td>
<td>37</td>
</tr>
<tr>
<td>3.1.2 MMCDA Sampling Strategy and Encountered Issues</td>
<td>41</td>
</tr>
<tr>
<td>3.1.3 Website Data Collection and Analysis</td>
<td>42</td>
</tr>
<tr>
<td>3.1.4 Semi-Structured Interviews: Women Engaging with Aesthetic Surgery Online</td>
<td>43</td>
</tr>
<tr>
<td>3.1.5 Interview Sampling Strategy and Encountered Issues</td>
<td>45</td>
</tr>
<tr>
<td>3.1.6 Interview Data Collection and Analysis</td>
<td>47</td>
</tr>
<tr>
<td>3.2 Ethical Considerations</td>
<td>47</td>
</tr>
<tr>
<td>3.2.1 Consent, Confidentiality and Anonymity</td>
<td>48</td>
</tr>
<tr>
<td>3.3 Conclusion</td>
<td>50</td>
</tr>
<tr>
<td><strong>Chapter 4: Representations of Aesthetic Surgery across Multiple Online Spaces</strong></td>
<td>51</td>
</tr>
<tr>
<td>4.1 Seeing Aesthetic Surgery</td>
<td>52</td>
</tr>
<tr>
<td>4.1.1 The Spectacle of Fake Bodies</td>
<td>52</td>
</tr>
<tr>
<td>4.1.2 The Spectacle of Undesirable Bodies</td>
<td>59</td>
</tr>
</tbody>
</table>
List of Tables

Table 1: Interview participants and their engagement with aesthetic surgery ..........79
DECLARATION OF AUTHORSHIP

I, Rebecca Louise Nash

declare that this thesis and the work presented in it are my own and has been generated by
me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this
   University;
2. Where any part of this thesis has previously been submitted for a degree or any other
   qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the
   exception of such quotations, this thesis is entirely my own work;
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6. Where the thesis is based on work done by myself jointly with others, I have made clear
   exactly what was done by others and what I have contributed myself;
7. Parts of this work have been published as:

Nash, R. (2016) 'The Beauty Landscape: Why the Role of the Web on Aesthetic Surgery
Press, ch.5: 55-63

in Exploration of Multiple Online Spaces', in Proceedings of the ACM Web Science Conference,
ACM: 29

Signed: ........................................................................................................................................................................

Date: ........................................................................................................................................................................
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Lastly, this process was hit so frequently by external factors that made me feel as though I simply could not carry on. This work is dedicated to my beloved Lori. You always showed interest in my studies and I wish you could have seen them completed. I miss you every single day.
Aesthetic surgery encompasses a broad range of elective procedures that alter physical appearance. It differs from reconstructive plastic surgery, which repairs functionality and aesthetic appearance affected by injury, disease, or birth defects. Aesthetic surgery is both a consumer pursuit and a surgical service, considered amongst the most invasive elective body modifications an individual can undergo (Gimlin 2000: 78). Many procedures carry operative risks from general anaesthetic, as well as post-surgical complications such as infections. As the number of procedures carried out rises year on year, concerns are raised about the growth of aesthetic idealism, and trivialisation of surgical procedures that supports the sale of costly, medically ‘unnecessary’ services (Miller et al. 2000; Chatterjee 2007; Atiyeh et al. 2008). Moral and ethical concerns about idealisation of aesthetic norms have always accompanied debate about aesthetic surgery but the Web has radically extended the volume, variety and velocity of information that circulates about it, raising new questions about the processes through which it is seen, sold and consumed online.

With growth of the Web, in particular participatory culture fostered via user-generated material, representations of aesthetic surgery have increased and diversified. With this, come questions about how women engage with the content. As a practice and pursuit considered morally and ethically precarious in feminist literature and medical ethics, opportunities afforded by the Web in exploring aesthetic surgery have not been explored in-depth. This raises particular issues for feminist literature where the Web is an underexplored medium in relation to aesthetic surgery, and theory has remained divisive. Aesthetic surgery has been seen by some to be oppressive through sale of aesthetic ideals – symbolic of patriarchal power over women’s appearances (Morgan 1991: 38, Bordo 1993, Negrin 2002: 21). However, it has also been seen as empowering for women liberated by the autonomy to alter their bodies as desired (Davis 1995; 2002, Gimlin 2000). With growth of the Web enabling platforms for multiple voices and perspectives, alongside growth of aesthetic surgery as increasingly normative in society, how women engage with information, services and other patient-consumers has shifted due to transformations of the Web. Feminist theory on women’s engagement with aesthetic surgery has not kept pace with the Web. My research addressed this using multimodal critical
discourse analysis of online spaces and semi-structured interviews with women who had engaged with aesthetic surgery content online. What emerged were discursive, complex and contradictory narratives influenced by diverse content and voices encountered on online journeys. Pursuits of aesthetic surgery were distinctly hypertextual - as were women’s attitudes.

1.1 The Growth of Aesthetic Surgery in Contemporary Society

Whereas reconstructive plastic surgery has a long history, dating back to 1000 BC in locations such as India (Davis 1995), aesthetic surgery is comparatively new. Davis (1995) and Gilman (2000) emphasised that aesthetic surgery emerged in Western Europe in the mid-1800s. However, it wasn’t until after techniques were refined when treating casualties of the two World Wars that procedures became increasingly popular among civilian consumers. Alongside progression in surgical techniques was growth of mass media in the post-war period. Increased production and consumption of print publications made dissemination of images, and advertisements of body-related services and products simpler and fast (Briggs & Burke 2010). Furthermore, improved socioeconomic conditions - with burgeoning mass production and consumption of goods - alongside increasingly affordable travel, contributed to rapid expansion of aesthetic surgery industries (Atiyeh et al. 2008: 830). Meredith Jones (2008a) described an emerging ‘makeover culture’ in this period. Media endorsement of body alterations pervaded television advertisements, and women’s magazines presented ‘desirable’ and ‘undesirable’ bodies (Jones 2008a). Sullivan (2001) noted light-hearted ways that publications from the 1950s onwards portrayed aesthetic alterations. Health risks were – and remain - continually underplayed, with purely aesthetic outcomes the focus (Sullivan 2001). Davis (1995) described aesthetic surgery adverts in magazines throughout the 1960s and 1970s depicting patient-consumers as merely ‘wanting to feel a little better’ (Davis 1995: 19). Once the solution for male bodies damaged by war; aesthetic surgery has become an increasingly common route to bodily ‘enhancement’ for women – and increasingly men - within consumer culture.

Pursuit of altered bodies has been exemplified by the term ‘body projects’ (Shilling 2003) - a continual process of body modification through diets, exercise, cosmetics, or procedures such as aesthetic surgery. Body projects are not new phenomena. They are located historically across diverse cultures - practices such as foot binding (see:
Introduction

Mackie 1996, Ping 2000, Hong 2013), scarification (See: Turner 1986, Pitts 1999; 2003, Klesse 1999), as well as tattooing and piercing (See: Patterson & Schroeder 2010, Tiggeman & Hopkins 2011) have all been used to transform bodies in adhering to social expectations. Western scholarly interest in body modification practices has increasingly emerged since the 1960s (Featherstone 1999: 1). Pierre Bourdieu (1984) for instance, used the concept of physical capital in arguing that bodies are developed and modified to be visually valuable and desirable within society, conferring power and status. Bodies have become a commodity in contemporary consumer culture, and aesthetic surgery is an increasingly popular route to accumulating physical capital.

Numbers of individuals undergoing surgical aesthetic procedures have continually increased. The British Association of Aesthetic Plastic Surgeons (BAAPS 2016) reported that in 2015 51,141 procedures were undergone in the UK, and the American Society for Aesthetic Plastic Surgery (ASAPS 2016) reported a record 1,912,468 surgical procedures conducted by US board certified surgeons. In addition to surgical procedures, non-surgical interventions such as injectable dermal fillers to smooth wrinkles, and laser-based procedures have been developed. These have proliferated because they can be performed quickly; with local or no anaesthetic - dubbed 'lunchtime' surgery. These types of aesthetic intervention have migrated from ‘specialist’ or ‘qualified’ aesthetic providers and problematically into locales of everyday beauty consumption like hair and beauty salons. In both the US and UK, women made up 90% of surgery recipients (BAAPS 2016, ASAPS 2016). As aesthetic surgery continues to be an evidently gendered pursuit, my research focused exclusively on women.

Increasingly topical in feminist literature of the early 1990s, two themes dominated critiques. Firstly, aesthetic surgery as ‘unalterably opposed’ (Haiken 1997: 275) to feminism through ‘oppressive’ constructions of beauty asserted by the male gaze (Wolf 1990, Morgan 1991, Bordo 1993, Balsamo 1996). Secondly, aesthetic surgery as ‘empowered’ expression of agency in consumer society (Davis 1995; 2003, Gimlin 2000, Negrin 2002). A further theme considered potential for aesthetic surgery to be re-appropriated as “a vehicle for staging cultural identities” by subverting expectation of gendered appearance (Balsamo 1996: 78). Whilst feminist theory on the topic has clashed, it is indisputable that in everyday life, individuals are subject to a powerful cosmetic gaze – a way of seeing bodies imbued with knowledge of how they could be
made aesthetically better, and of the means to obtain aesthetic standards (Wegenstein & Ruck 2011, Wegenstein 2012). Aesthetic surgery prevails as a discordant practice and pursuit. The Web has opened up entirely new mediums for representations of - and ways to engage with - aesthetic surgery content. Women are no longer merely subject to advertising and edited information about aesthetic surgery. They can now access user-generated spaces dedicated to aesthetic surgery, where competing discourses on the topic abound. How online representations of aesthetic surgery are navigated and comprehended by women marks a challenging frontier in feminist theory that my research addressed.

1.2 The Growth of the Web in Everyday Life and Focus of Study

The World Wide Web comprises heterogeneous spaces where individuals can browse information, purchase goods and services, and interact with others on a global scale. O’Reilly (2005) noted that the Web has evolved from a collection of static pages – known as ‘Web 1.0’ – navigable by hyperlinks, to constantly flowing networks of interactive tools harnessed through “collective and individual engagement” (Hesse et al. 2011: 11). Increases in engagement and participation have been termed ‘Web 2.0’ - encompassing spaces such as social networks, blogs, wikis, and credentialing systems for products and information (O’Reilly 2007, Metzger & Flanagan 2011: 50). These networks have become accessible through most communication devices – home or office-based, portable and handheld. Whilst inclusive of elements from offline media - such as content found in print media, and on television - what sets the Web apart is almost instant access to diverse spaces that users can navigate - and often contribute to - in customised ways (Sheehan 2007: 123).

The growth of the Web has led to new avenues for study. The Web creates and stores large datasets; associated with new forms of computer processing capability. These datasets have enabled a growing body of work that explores content from selected Web platforms at scale (see: Boyd & Crawford 2012). Termed ‘Big Data’, large amounts of Web content have been characterised by ‘3Vs’: volume, variety and velocity (Zikopolous & Eaton 2011). Volume encapsulates large amounts of data generated on particular Web platforms by individuals or organisations; variety captures the abundance of new data types across networks and devices and velocity describes the speed at which such data is generated and distributed (Lu et al. 2014: 46). However, much Big Data analysis, along with small scale, qualitative Web
exploration is relegated to research of discrete types of online space. I argue that volume, variety and velocity of information online do not just typify Big Data. Users on an individual level are faced with constantly flowing networks of information, products, services and communication. Big Data explorations cannot extrapolate why individuals navigate between certain Web spaces, nor user perceptions of content. There are distinctions to be made between large-scale research enabling trends to be tracked and analysed online – occurrences such as contagious illness, or events involving political activity, for instance – and those that focus on how the Web is used by individuals in practice.

As well as singling out particular spaces for study, there has been a tendency in Web research to underplay how connected the online and offline can be. ‘Real world’ effects and outcomes of Web use should not be underestimated. For instance, health information literacy and constructions of ‘expert patients’ has become a significant site of research for sociologists and health professionals. Areas of focus in shifting health landscapes include how availability of online health information, services and communication affects dominance of medical expertise, relationships between health professionals and patients, self-diagnosis/care (see Hardey 1999, Henwood et al. 2003, Lupton 2003, Hirji et al. 2004, Nettleton 2004, Shaw & Baker 2004, Fox et al. 2005, Fox & Ward 2006). Focusing on similar resources for researching aesthetic surgery, power differentials between clinicians and prospective patient-consumers could become increasingly levelled. Users can now use the Web to build expertise around aesthetic procedures where traditionally, advertising has been reduced to ‘before and after’ binaries, operative processes as secondary to selling services.

A wealth of work has concerned media influence on body image (see: Davis 1995, Posavac et al. 1998, Groesz et al. 2002, Derenne et al. 2006, Wegenstein & Hansen 2006, Crockett et al. 2007, Grabe et al. 2008, Swami 2009, Lunde 2013). Furthermore, the role of the Web on viewing, experiencing and altering bodies has garnered attention. For instance, there have been explorations of online spaces dedicated to areas such as online ‘pro-Anorexia’ communities (Norris et al. 2006, Brotsky & Giles 2007, Gavin et al. 2008, Burke 2009, Connor et al. 2015) and body-altering practices such as bodybuilding (Vertinsky 1999, Smith & Stewart 2012, Hutchinson et al. 2015, Andreasson & Johansson 2016). However, there has been little work on how aesthetic surgery is represented across Web spaces, and how women engage with these spaces. Selling aesthetic surgery has shifted to providers expanding their global reach
through websites. Pursuits such as aesthetic tourism, and medical tourism more broadly – travelling abroad to obtain surgical procedures - is considered a pursuit enabled and driven by the global reach of international companies’ marketing websites (Connell 2006: 1094, Lunt et al. 2010: 1, Nassab et al. 2010: 465, Holliday & Elflying-Hwang 2012: 65, Holliday et al. 2013: 1). Furthermore, the Web has enabled – both legal and illegal - purchase of aesthetic materials and devices (Khoo et al. 2008, Liang et al. 2012: 1-2). The Web allows not only quick jumps between national and international surgery providers, but also opportunities to gather information on providers in other online settings. It is not a single space – the Web is many spaces and aesthetic surgery is an ever-increasing pursuit, subject to media, medical and societal scrutiny. My research addressed experiences of the Web at a subjective level, binding online engagement and pursuit of embodied offline outcomes.

The emergence and expansion of the Web has enlarged a ‘beauty landscape’. This is an apt description of wide-reaching, diverse online beauty environments that have traversed offline media - accessible and navigable via hyperlinks. Images and information are no longer sought out exclusively in the format of purchasing books, magazines, or news content. The Web offers immediacy - media can be uploaded rapidly via a multitude of devices, and seen instantly by users. It offers diversity and scale - searches can retrieve hundreds of thousands, if not millions, of results. Furthermore, the Web offers connectivity with global users, allowing interaction and discussion largely unconstrained by time and space. By its very nature, aesthetic surgery is rooted in ‘seeing’. Wegenstein and Ruck (2011: 28) outlined the cosmetic gaze as a way of observing bodies with knowledge of products and services available to ‘improve’ them. More importantly, the authors asserted, is the cosmetic gaze as a ‘moralising’ gaze; assessing bodies as always pending physical or spiritual advancement (Wegenstein & Ruck 2011: 28). How the cosmetic gaze pervades the Web in relation to aesthetic surgery has been central to my research; informing women’s attitudes and exposing contradictions in narratives linked to volume, variety and velocity of Web content.

1.3 Research Question and Objectives

The role of the Web on seeing and selling aesthetic surgery is integral to understanding consumption. There are spaces produced exclusively for users, as well as those produced and maintained by users. Ritzer and Jurgenson (2010) termed
simultaneous consumption and production in the digital age ‘prosumption’. They argued that, although present in earlier capitalism, the rise of Web 2.0 with collaborative capabilities means prosumption becomes central in everyday Web use (Ritzer & Jurgenson 2010: 13). Production of images, information, and discussion online sees individuals met with a deluge of ideas, opinions, services, and products concerning aesthetic surgery. Women can journey a multitude of content from a single device. This transformative aspect of the Web has ramifications for feminist theories when considering how women engage with aesthetic surgery. On this basis, my main research question was:

*What are the implications of the Web for aesthetic surgery in feminist theory and practice?*

In order to answer this question, I devised two qualitative phases of research. Employing multimodal critical discourse analysis (MMCDA) in firstly exploring visual and linguistic representations of aesthetic surgery across four types of online space, I addressed the following question:

*How is aesthetic surgery represented across the Web?*

This phase was exploratory to gauge differential discourse in representations of aesthetic surgery on a scale that users would encounter in everyday browsing. This provided grounding for my second phase of research that engaged with women who used the Web to explore aesthetic surgery. A semi-structured interview was devised and conducted with twenty women, to answer:

*How are women engaging with aesthetic surgery on the Web?*

Engagement with those who have looked at, or undergone aesthetic surgery has sometimes been secondary to theoretical critiques of aesthetic surgery as a practice, as will be covered in Chapter Two. Furthermore, research that engages with actual Web users and how they utilise the Web for certain ends has been scarce. My thesis, particularly in its second research phase, intended to ‘engage with engagement’, in order to understand how women used the Web and how this shaped ideas and experiences of aesthetic surgery. Both phases of research informed my overarching research question looking at the implications of the Web for aesthetic surgery in feminist theory and practice. Multimodal critical discourse analysis was used to
explore how images and language intersect to present meaning. Semi-structured interviews extended this in understanding how women perceive and make sense of these meanings. This led to identification of what I term ‘hypertextual feminism’ - a conceptual lens that aids understanding of how women engage with aesthetic surgery content online.

The structure of my thesis is as follows. Relevant literature about bodies and aesthetic surgery from sociological, feminist and bioethical perspectives are explored in Chapter Two. I then focus on online research that concerns health literacy as a way of understanding how users engage with online materials that have offline bodily implications. Chapter Three introduces my methodological approach of MMCDA complemented by semi-structured interviews, and focuses on sampling methods, analysis and ethical concerns surrounding the research. Chapter Four is the first of four findings chapters. The main findings show that the Web presents complementary, competing and contradictory representations of aesthetic surgery to a degree unseen in offline media, and that across online spaces women’s bodies are portrayed as in some way deficient, whether surgically altered or unaltered. Chapter Five is the first of three chapters based on the semi-structured interviews. It shows how women used the Web to engage with aesthetic surgery, presenting that for most, it was a journey through providers and user-generated content, with women placing trust in the experiences of other women. Chapter Six looks in more depth at how women perceive the Web, aesthetic surgery, and beauty. It was found that women provided scathing, yet contradictory critiques of hegemonic beauty and the role of the Web on body image and aesthetic surgery. Chapter Seven lastly introduces the idea of hypertextual feminism, as a concept to understand how women engage with aesthetic surgery content online. Women were not opposed or supportive of aesthetic surgery in straightforward ways. Their views were contradictory, informed by materials encountered online and changeable dependent on different facets of aesthetic surgery debate. The Web consists of contentious and contradictory sites that drive multifaceted responses to a traditionally controversial feminist issue.

My thesis contributes to feminist theory as well as a methodology for online qualitative research. It explores implications of complementary, competing and contradictory discourse in online aesthetic surgery content and how women engage with materials rich in volume and variety in constantly and rapidly changing networks. Use of MMCDA as a methodology can be adapted to a multitude of online
qualitative studies, allowing researchers to gauge a broader glimpse of online spaces, rather than relegating research to discrete mediums. Furthermore, my research addresses how researchers can better understand ways that women navigate contentious feminist issues in online environments and what this means for feminist theory in future online research.
Chapter 2: Bodies, Aesthetic Surgery and the Web - Key Issues and Perspectives

Mike Featherstone (1999: 2-3) argued that within consumer culture, bodies are objects ‘ready for transformation’. Offline, heterogeneous networks of magazines, television, family, peers and/or surgeons have to be physically sought out, purchased, and/or scheduled in. The Web enables rapid navigation of these resources from a single device, meaning transformations can be more instant than ever. Currently, little is known about how individuals engage with aesthetic surgery materials online and effects on offline perceptions and decision-making. Aesthetic surgery research output has struggled to keep pace with growth of the Web.

I explored existing literature to set up how engagement with aesthetic surgery on the Web could be considered and extended. Section 2.1 is a brief overview of how literature was sought for review. Section 2.2 begins with focus on existing social theory concerning presentation, modification, and discipline of bodies and goes on to discuss how aesthetic surgery has been considered in feminist literature. This is complemented with focus on how aesthetic surgery has been viewed in medical ethics. Lastly, there is emphasis on how bodies have been theorised in relation to, and on the Web. This latter section leads into Section 2.3, which shifts attention to online engagement with health information. How users engaged with online materials that have offline outcomes is central to my research. This chapter lays a theoretical and empirical foundation upon which I developed my research.

2.1 Literature Search Strategy

Literature on aesthetic surgery exists across academic disciplines. Much literature I collected was from social science databases. My search strategy was initially broad. Firstly, University of Southampton library resources were explored. Search terms detailed below were entered into online scholarly databases, including Web of Knowledge, psycINFO, International Bibliography of the Social Science (IBSS), and Sociological Abstracts. Outside of specific databases, Google Scholar was used to scope more broadly. Boolean operators AND, and OR were used in search terms. Search terms employed included:
Alongside aesthetic surgery, I employed a similar search to gather materials about use of the Web in relation to aesthetic surgery, but also health consumption more broadly as an area of research binding the Web and bodily experiences. From prior exposure to research materials, it was known that this work could offer empirical and theoretical research about how the Web is utilised by users seeking health information, products, services and communication. I used the following search terms:

**Health Information OR Consumption OR Literacy + Web OR Internet OR Online**

Lastly, my interest in aesthetic surgery and the Web derived from anecdotes and research pertaining to ease of online access driving pursuits such as sale of aesthetic surgery materials and devices online for at-home and ‘backstreet’ administering, and aesthetic tourism. I sought research from both of these areas to assess current understandings of the Web and aesthetic surgery. I employed the following:

**Aesthetic OR Cosmetic + Surgery OR Procedure + Tourism OR Holiday + Web OR Internet OR Online**

**Aesthetic OR Cosmetic + Materials OR Devices + Web OR Internet OR Online**

In all, 181 resources inclusive of books and journal articles were initially retrieved, categorised and assessed for usefulness. My search was not restricted to specific dates of publication, and this allowed inclusion of some older works. Initial assessment of materials gathered was based on titles and abstracts. Exclusion criteria were not as strict as a systematic review. However, because of my focus on women, literature exclusively concerning male aesthetic surgery was not included. I also excluded research dealing with surgical techniques. The following section explores social theory literature about presentation of bodies and aesthetic surgery.
2.2 Social Theory of Bodies and Aesthetic Surgery

Within social theory, presentation of bodies - particularly modified bodies - has become of heightened interest in the past five decades (Featherstone 1999: 1). As a term, ‘body project’ frames continual alteration of bodies. Body projects can be undergone in adhering to – or subverting – societal expectations of physical appearance in consumer culture (Howson 2004). Chris Shilling (2003) stressed that in late-modern societies, there exist technologies, products and services to alter bodies, both minimally and drastically. Aesthetic surgery is one route. Body project is a useful term for continuous and variant manners that bodies can be transformed. It is used in my research to refer to processes and practices that individuals undergo in constructing appearances. Aesthetic trends shift and change over time - ‘project’ captures continual effort put into pursuits. However, prior to ideas of continual projects employed to present bodies in different ways, social theory focused on how presentation of bodies regulates - and is regulated by - social discourse and context. Understanding theories of bodily presentation underpins ideas around aesthetic surgery discussed in this Chapter.

Erving Goffman (1959) for instance, argued that ways ‘the self’ is presented constructs and maintains social interactions in different contexts (Goffman 1959, Layder 1994: 178). Bodies are judged by others using shared understandings of ‘body idiom’ (Goffman 1963). This sees aesthetic presentation, alongside bodily posture and movement drawn upon and understood according to prevailing social convention (Goffman 1963). Drawing on Goffman's (1959) work, Holliday & Cairnie (2007: 66) in their paper on consumption of aesthetic surgery suggested altering bodies through aesthetic procedures can satisfy alignment of bodies and self (see also: Negrin 2002: 23); that presentation of bodies signify personality traits. 'Ugly' bodies equal unpleasant personalities; 'beautiful' bodies indicate pleasant personalities. Corporeal presentation and performance reflect social understandings of embodied personality.

There are clear overlaps with Goffman’s work, the idea of body projects and the cosmetic gaze. The cosmetic gaze is both a moralising gaze, as will be discussed, and a way of understanding changes that could and should be made to bodies in order to conform to expected physical ideals (Wegenstein & Ruck 2011).

Pierre Bourdieu’s (1977, 1984) theory of physical capital extends the idea of alignment to identify various states of classed bodies. Bourdieu (2000: 152) argued,
“the body is in the social world but the social world is in the body”; bodies are informed by – and in turn informing – social and cultural norms. In consumer society, physical capital concerns construction of bodies imbued with social status - conferring power (Bourdieu 1984). Emphasis on accruing physical capital leads to processes of body commoditisation; worth is predicated on exchange value. Furthermore, physical capital is tied to habitus - disposition to societal norms that influence how individuals and groups act in social circumstances (Bourdieu 1984, Wacquant 2008). Individuals must have appropriate habitus to accumulate physical capital (Bourdieu 1984). Body projects are a way that individuals can reposition their social standing. They imbue bodies with physical capital, becoming products and (re)producers of prevailing hegemonic beauty. Aesthetic surgery is a means to accruing physical capital.

Goffman (1959) and Bourdieu (1984) theorised bodies as both receptors and expressers of social norms. Michel Foucault (1977, 1979, 1980), however, explored roles of knowledge, power and control on bodies. Foucault was concerned with bodies as “produced by and existing in discourse” (Shilling 1993: 75). Discourse, in essence, refers to ways that knowledge shapes understanding of context and, consequently, social expectations across contexts (Rose 2005). Discourse is powerful in determining how people conduct themselves across social settings (Alvesson & Karreman 2000: 1127). Foucault sees the body as a “site where regimes of power and discourse inscribe themselves” (Butler 1989: 601). He demonstrated “a body is docile that may be subjected, used, transformed and improved” through employment of powerful gazes (Foucault 1977: 180). The idea of the gaze is integral to my research, but focused particularly on Wegenstein and Ruck’s (2011) concept of the cosmetic gaze, as aforementioned. The authors described this as:

“...a gaze through which the act of looking at our bodies and those of others is already informed by the techniques, expectations and strategies of bodily modification; it is also and perhaps most importantly a moralizing gaze, a way of looking at bodies as awaiting an improvement, physical and spiritual, that is already present in the body's structure” (p. 28)

Individuals know how their bodies – and the bodies of others – can become imbued with physical capital. A key tenet of body projects is awareness of alteration routes to attain a particular aesthetic (Shilling 2003). The cosmetic gaze is exercised on both a societal level, and as a form of self-surveillance. There is powerful expectation upon
individuals from - in the broadest sense - all social spheres that bodies should be reflective of an individual’s spirit, yet adhere to normative standards of appearance.

Whilst useful in providing a theoretical basis for understanding bodily presentation within society, problems arise from these classic works. Bodies were considered receptors and producers/maintainers of meaning in Bourdieu’s (1984) work, but there was no indication of how habitus as a predisposition could be circumnavigated, whether through body-altering technologies or otherwise. Furthermore, Goffman (1959) and Foucault (1977) did not abstract bodies to consider existence outside of social contexts – whether there is ever a body untouched by discourse (Butler 1989: 602, Shilling 2003, Lloyd 2008). Judith Butler (1989: 602-604) criticised Foucault (1977) regarding these inscriptions of power on bodies. Similarly to shortcomings in Goffman’s and Bourdieu's work, there was no comment on which is prior: power and control, or bodies presenting in certain ways in specific contexts. Williams and Calnan (1996: 1610) point out a common assumption in Foucault's work sees individuals as passive and accepting of discourse. It is difficult, therefore, to consider any action of bodies within society as agential, if they are sites merely of perpetual inscription. It is under the cosmetic gaze that women are dictated body norms; aesthetic surgery inscribing - in the most literal sense - gendered ideations of beauty, if we were to consider Foucault’s (1977) theory. Lastly, for all three theorists gendered difference in bodily presentation, consumption and control was not a preoccupation.

Judith Butler (1989, 1990, 1993) worked to challenge gendered positioning of bodies in societies. A central tenet of confusion has been materiality of bodies versus discourse, as above (Butler 1989: 602-604). However, Butler (1990) herself struggled to separate the two. She argued that there is no such thing as a 'natural sexed body', and that both gender and sex are cultural constructions (Butler 1990). There was unease with the idea of gender arising from the materiality of sex, rather performance of gender inscribing sex on the body. Gendering bodies and the resultant inscription of sex comes from a 'highly rigid, regulatory frame’ that over time produces appearance of a ‘natural sort of being’ (Butler 1990: 33). Like Foucault’s (1977) assertions of bodies that are pliable; inscribed with power and control, Butler argued that there is little choice in how gender norms are reproduced. We are gendered from birth and thus have to continue ‘performativity’ – reinforcement through language, appearance and gestures – of gender (Butler 1990). She posited that ways to disrupt the performativity of gender would be in overtly subverting norms; parodying them,
which she illustrated with the example of drag acts. The ideas of performativity and subversion are drawn upon in feminist approaches to aesthetic surgery.

On the surface, Goffman, Bourdieu, Foucault, and Butler appear to theorise bodies from different perspectives. Goffman (1959) considered bodies as objects of action, Bourdieu (1984) as both receptors and expressers/maintainers/producers, and Foucault (1977) and Butler (1990) as subjects of discourse. However, there are overlaps when considering aesthetic surgery. Accruing status or affiliation with powerful groups through physical appearance can heighten self-worth and stability in a constantly changing world. Anthony Giddens (1991) suggested that individuals are situated against socially fragmented, yet globalised, societies. The impact of this sees appearance as something reflexively worked upon to distract from ‘ontological insecurities’ permeating this era of late modernity (Bourdieu 1977, 1984, Giddens 1991, Shilling 2003, Frost 2005: 68). When it comes to beauty, a cosmetic gaze (Wegenstein & Ruck 2011, Wegenstein, 2012) is operated amongst individuals. It is entrenched in everyday practice and interaction - producing disciplined, valuable bodies. It drives commoditisation in pursuit of ‘perfection’, underpinning pursuits of aesthetic procedures. How bodies have translated from ‘real life’ to virtual environments, however, presents a different frontier for sociological theory of bodies.

Theories of bodily presentation through interactive mediums such the Web have often been conceptualised as distinctly different, and sometimes unconnected to how bodies interact and present themselves offline. On a practical level, this is naïve because it overlooks use of the Web in body-related practices. Dissemination of body-related images, information, products and services has real world implications, but some representations of bodies in online spaces have remained disconnected from offline consequences. Since the inception of the Web, research has focused on theorisation of bodies online. Existing theoretical literature about bodies on the Web can be summarised as three strands. The first perspective proposed a Web that escapes bodies, the second counters this by arguing that the Web cannot exist without bodies; either physical or 'representative', and thirdly that the Web is the product of bodies and at the same time produces bodies. There is some chronology to the emergence of these strands, but they are not all definitively linked to certain periods in time.
A popular theme in the earlier days of the Web concerned potential for online disembodiment. Described as 'unconstrained by the meaning and matter of the corporeal' (Sundén 2003: 4) and instead favouring the mind; 'post-body' or 'post-human' conceptualisations began to feature in both science fiction writing and postmodern academic discussion during the 1980s (see Baudrillard 1983, Gibson 1984, Bukatman 1993). In these representations, loss of physical bodies released minds into an uninhibited environment. All restraints presented by bodies, such as sickness and disease, or distinctions like gender suddenly disappeared. Abbott (2010) outlined it as,

"... all the quandaries faced by utopians who imagine perfect bodies can be seen as resolved. Cyber bodies can collapse gender distinctions; cyber bodies do not age or suffer from disease; cyber bodies are all beautiful" (p. 878)

It is interesting to note here use of 'beautiful' to describe cyber bodies. Abbott (2010) does not go into further detail about how cyber bodies adhere to beauty, or indeed, how beauty is to be classified. This can be read in two ways. Either Abbott (2010) was alluding to subjective notions of beauty whereby cyber bodies could be imagined in any way the possessor and their online acquaintances envisioned. On the other hand, there may be an implicit notion of beauty as a set of collectively understood standards that cyber bodies adhere to. Regardless, both academic and fictional work set up the idea that the mind is the primary location of identity; on the Web bodies are unnecessary 'fleshy' baggage. Performance of offline bodies is lost and visual markers such as gender, ethnicity, age and general aesthetics are de-emphasised. As Heim (1993) wrote,

"... In cyberspace minds are connected to minds, existing in perfect concord without the limitations or necessities of the physical body" (p. 34)

This is ironically akin - given that these theories are considered post-human - to Cartesian thinking; focused on mind/body dualism. Disembodiment online removes bodies from academic discussion and, instead of highlighting problems individuals may encounter due to a lack of bodily performances, focuses on the utopian ideal of not being restrained by corporeal characteristics.

Some commentators viewed disembodiment online as paradoxical. Sandy Stone (2007) in writing about boundaries in online cultures asserted that, far from being disembodied online, individuals are 'everywhere and somewhere and nowhere' on
the Web. They are simultaneously visible online, and yet invisible due to a lack of physical presence. However, with the onset of Web 2.0 and exponential increase in social networks and image-sharing available online, physical presence prevails more than ever. The PEW Internet Survey (2015: 1) of social media use in 2014 highlighted that “for the first time, half of internet-using young adults ages 18-29 (53%) use Instagram”. Furthermore, Mayer-Schonberger and Cukier (2013) showed that ten million photographs are uploaded to Facebook every hour. A culture of ‘selfies’ – self-portraits taken with phones and other handheld devices – proliferates across social media. Individuals are now able to translate presentation of the self from the offline world into carefully selected images for social media profiles. Whilst physical presence on the Web may not be possible, images of bodies inundate Web spaces. Physical appearance is difficult to escape; increasingly so since the onset of capabilities presented by Web 2.0.

The notion of invisible bodies online is novel from an escapist and Science Fiction perspective. It is entertaining envisaging spaces where bodies are unconstrained by aesthetic markers. However it is too simplistic to explain relationships between the Web and physical bodies; particularly given abundance of image-sharing platforms. Instead of reducing importance of aesthetics, the Web provides avenues for instantaneous image sharing. It is merely a different avenue for presenting selves for others to see – carefully selecting and manipulating images to convey an appearance or lifestyle aligned with societal expectation, or deliberately subverting it. Thinking about human identity as based exclusively within the mind of an individual is unhelpful. It eradicates bodily presentation and performances that guide and shape everyday social interaction, and understandings of aesthetic idealism.

The second narrative theme critiques disembodiment; suggesting bodies are omnipresent; there is always a physical body attached to an online user (Lupton 1995). Furthermore, bodies often feature online in a representational capacity when they are not in the form of selfies. This may be as an avatar – a visual representation of an individual online (Meadows 2008: 23) – or via narratives of the self within online spaces, both fictional and truthful. Online ‘identity-play’ provides an example of this. Identity play refers to an individual taking on a virtual body that may or may not reflect their offline persona. For instance, Stone (2007) described the case of a representational body known as ‘Julie’. Julie presented online as a disabled woman who compensated for her physical limitations by engaging in conversations with
other women; offering them advice. However, after networks of trust had been built up, it transpired that Julie was, in fact, a male psychiatrist. Stone (2007) detailed the effect of such a ‘betrayal’: the building of trust networks with someone you believe to be a ‘real’ person from gauging semantic narrative. There has been scholarly focus most recently on ‘Catfishing’ as a form of identity play. In this, an individual in online dating spaces adopts a fictitious persona and tricks other people into potentially entering into a romantic online partnership (see: Jamieson 2013, Rasmussen 2014, Ellcessor 2016). Trust online is pertinent for spaces like online discussion forums that will be discussed in more depth in Section 2.3.

The Web offers prospects to represent bodies in different ways. Online bodies may or may not be accurate representations of offline selves. Existing literature is problematic for similar reasons to disembodiment, however, lacking explanation of relationships between bodies and the Web, and crucially, ways to understand the role each plays on the other. Post-body conceptualisations (the mind is all that matters), and Web-constructed bodies (representational bodies) exclude any sense of the Web producing physical bodies and bodies producing the Web – there are rigid online/offline boundaries. Bodies have always been influenced by technology – particularly forms of communication technology - from mass circulated magazines to the Web; the boundaries between material bodies and consumption of media in various forms has been transcended. To explore the co-construction of the Web and bodies, the concept of the Cyborg (Haraway 1985) will be a key illustration.

Donna Haraway (1985: 65) posited the metaphor of the Cyborg as “a hybrid of machine and organism, a creature of social reality as well as a creature of fiction”. It can contain elements of technology that enhance physical functionality, such as contact lenses or prostheses. The Web can be considered a cyborg technology. It is now so readily accessible, that technologies offering access are sometimes a bodily adornment. No longer restricted to desktop computers, the Web is accessible through handheld devices, as well as wearable technology: smart watches, or health self-tracking devices, for instance. These become part of the human - augmenting some aspect of bodily experience. The idea of the Cyborg collapsing boundaries between humans and technologies has been noted and adapted by other writers. Abbott (2010: 878) has used ‘cyber bodies’ - a form of Cyborg with bodies transformed into digital format, akin to representational bodies. This is “not a question of leaving the
body behind” (Abbott 2010: 878), but rather binding it with technologies that have the capacity to heighten embodied experiences.

When considering Cyborgs in the context of media and aesthetic surgery, existing research has focused on reality television - particularly body makeover programmes, or cosmetic surgery reality television (CSRTV). When Meredith Jones (2008a) talked about makeover culture, she referred to ways that documenting body projects has pervaded everyday life. With growth of reality television in the early 2000s, programmes premised on aesthetic transformations were increasingly produced. They facilitate a spectacle that presents an ‘ugly duckling’ becoming a ‘beautiful swan’. Wegenstein and Ruck (2011: 27) saw this as emblematic of the cosmetic gaze. In her paper ‘Media-bodies and screen-births: Cosmetic surgery reality television’ Jones (2008b) analysed shows such as US television’s The Swan, Extreme Makeover, and I Want a Famous Face, alongside British show 10 years younger. Jones (2008b: 515) suggested that from entwinement of reality television and aesthetic surgery emerged ‘media-bodies’ via ‘screen births’. Rooted in both representation and reality, visual spectacles of bodily transformation became ‘factual’ entertainment (Jones 2008b: 515, Jerslev 2008: 324).

CSRTV centres on individuals unhappy with their bodies because they do not feel ‘normal’. Participants are usually women - presented to audiences in a ‘pathetic’ pre-makeover state, encouraging viewers to sympathise, or empathise (Jones 2008b: 516). What follows is a combination of aesthetic surgeries, diets and exercise, hair and make-up regimes, and fashion overhauls (Jones 2008a, Jones 2008b: 516, Jerslev 2008: 324, Wegenstein & Ruck 2011: 45). In this format, bodies are subjected to these changes in the run up to a ‘reveal’, where participants – who in the case of The Swan have been kept away from their reflection throughout the duration of their transformation – are presented to family, friends, and themselves. Jones (2008b: 518) likened the ‘screen birth’ to a ‘rebirth’ – participants are confronted with a ‘new’ physical self. The results, Jones (2008b: 521) highlighted, are radical: they show ‘hybrid bodies’ comparable with Haraway’s (1985) Cyborg in collapsing boundaries between humans and technology,

“It joins bodies with objects (implants, scalpels) and bodies with media. I suggest that the highly conservative presentation of gender in CSRTV happens partly because of the ways in which it produces radical media-bodies. Subjects who have had cosmetic surgery, particularly those on CSRTV, cross many boundaries:
human/animal (many injectable wrinkle fillers are made from animal products, including cow skin and the combs of roosters), organic/synthetic, normal/celebrity, real/represented, and even the once uncrossable boundary of ugly and beautiful” (p. 521)

The CSRTV ‘rebirth’ shows a binding of humans - viewers and participants - and technologies - media and surgery (Jones 2008b: 522). This lays groundwork for the placement of aesthetic surgery in society as increasingly normative. Aesthetic surgery has shifted from corporeal horrors of World War One, to an easily digestible spectacle of factual entertainment. It is presented as increasingly accepted and even necessary in adhering to principals of the cosmetic gaze and access to undertaking body projects. It produces ‘hybrid bodies’. Whilst reality television provides an example of how aesthetic surgery binds technologies, participants and viewers, this must now evolve further to implicate how Web spaces bind individuals, technologies and aesthetic surgery.

This section has focused on theories concerning presentation of bodies in society, and how bodies may be altered to accumulate physical capital. Overall, there is little concurrence between identified themes concerning bodies and the Web. Bodies online are deemed insignificant, omnipresent or Cyborg. Whilst research on body projects and the Web is being carried out; it is often rooted theoretically in works that have been applied to the Web as opposed to producing theory that would inform future Web studies. How women engage with aesthetic surgery online has implications for not only understandings of how body projects have evolved, but also for feminist theories of aesthetic surgery. Volume, variety and velocity of Web materials mean differential and easily navigable representations of aesthetic surgery and female bodies across online spaces. Boundaries have been collapsed between users and technologies, extending Jones’ (2008b) notion of ‘media-bodies’. Bodies represented online are media-bodies, uploaded via technology, existent online and subjected to a global cosmetic gaze. The next section narrows this to focus on aesthetic surgery, and its contention within feminist theory.

2.2.1 Aesthetic Surgery and Feminist Theory

Ninety per cent of aesthetic surgery recipients in the UK are women (BAAPS 2016). The pursuit remains divisive in feminist literature. Although there are overlaps in theories, there are two distinguishable theoretical strands focused upon in my
research: aesthetic surgery as oppressive evidence of patriarchal dominance over women's bodies, or as an agential, empowering body modification. There are further ideas surrounding the potential for aesthetic surgery to subvert gendered expectations of appearance; destabilising paradigms of hegemonic beauty. Generally, however, aesthetic surgery prevails as a discordant practice. Feminist work on the subject has been plentiful and pivotal, however research has not kept pace with the role of the Web, where multiple discourses abound within the click of a link.

Beginning with aesthetic surgery as oppressive, Kathryn Pauly Morgan (1991) in her article on aesthetic surgery and the colonisation of women's bodies identified a paradox. She argued that in trying to escape aesthetically undesirable natural bodies, conversely, women buy into a surgically manipulated product appropriated to represent an ideal natural body (Morgan 1991: 38). The cosmetic gaze serves to sway individuals into undergoing surgery in order to attain ‘normative’ standards of appearance. This culminates in an overwhelmingly male-dominated medical gaze - assessing and operating on women's bodies. Thus, for some, outcomes of aesthetic procedures fall into the ideation of female bodies as moulded by men (Morgan 1991: 38, Negrin 2002: 21). This is similarly raised by Gilman (1999: 334) who proclaimed, “when we turn to the physician, we demonstrate our autonomy and abdicate it simultaneously”. Individuals electively offer their bodies to those with the power and skills to alter it.

What is seen as increasing normativity of aesthetic procedures in society has been of concern for some theorists. Susan Bordo (2003) in her book *Unbearable Weight* problematised the idea that aesthetic procedures could be considered liberating; stating that feminist theory had taken a ‘strange turn’ when aesthetic surgery is praised as an act of agency (Bordo 2003: 31). Bordo (1997: 37) referred to a ‘pedagogy of defect' where women learn that certain parts of themselves are ‘unacceptable’ by the standard of cultural images presented to them. Butler (2004), furthermore, argued that by submitting to surgery, individuals are renouncing their autonomy and instead subscribing to pathologising discourse which removes choice regarding definitions of one's self (Butler 2004). Choice “is clearly bought at a price, sometimes at the price of truth itself” (Butler 2004: 92). Attaching this premise to body projects reflects that there are limits to ‘acceptable’ choices made by individuals in altering appearances. This is a contentious position to take, and echoes Foucauldian notions of power and control exerted on the body, as well as Butler's
ideas about performativity of gender. Furthermore, arguments concerning aesthetic surgery as oppressive fall back on ideas about ‘natural’ bodies versus ‘unnatural’ bodies. Some writers take issue with this; arguing from an essentialist position that aesthetic surgery is a betrayal of natural bodies (Wolf 1991). Indeed, Hurd Clarke and Griffin (2007: 189) argued that bodies not submitted to any form of aesthetic intervention have been placed as superior to altered bodies. Fraser (2003) noted that this positions women as both complicit in aesthetic surgery and oppressed by it. Indeed, Negrin (2002: 21) argues that women are not only submitting to “dictates of patriarchal ideology but... actively engaging with it, knowledgeable of its drawbacks as well as its benefits”. This most closely aligns, as will be seen in upcoming chapters, with how women I interviewed felt towards aesthetic surgery, and the Web intensified this.

On the other hand, some feminist theorists have been more cautiously optimistic about women undergoing aesthetic procedures. Kathy Davis (1995, 2002), in her study of aesthetic surgery patient-consumers, argued similarly to Negrin (2002) that women are not merely ‘surgical dopes’ blindly adhering to superficial beauty expectations (Wijsbek, 2000: 455). Women asserted engagement with their decisions and reasons. In this context, Davis’s (1995) work featured liberating ‘I did it for myself’ narratives. Furthermore, many who had pursued aesthetic procedures did so in order to ‘normalise’ appearances, as opposed to meeting what they viewed as unrealistic societal beauty standards (Davis, 1995). Debra Gimlin (2000: 89) also found that although some framed aesthetic surgery as a route to perpetuating expectations of feminine beauty, participants tended not to consider procedures as beauty endeavours, or a way of appeasing the male gaze. In fact, Gimlin (2000: 89) stated women sought surgery out in the hope of, similarly to Davis’s (1995) findings, constructing a ‘normal’ self. Gimlin (2000: 89) believed that women she interviewed were striving for ‘restrictive’ forms of normality; “less a culture of beauty than it is a system of control based on the physical representations of gender, age, and ethnicity”. Emphasising marked difference between the pursuit of beauty and the pursuit of normality, neither author defines what ‘normal’ appearance is, or whether it is in fact what is considered beautiful within society, yet so normative that it is no longer referred to as such. From narratives presented in these two studies, women did not merely bow to pressures of the cosmetic gaze. They were willing, active agents - not to be denigrated as merely ‘surgical dopes’, nor complicit in perpetuating cycles of
aesthetic oppression. Critics have considered Davis’s (1995) work too optimistic, and overlooking pervasive structures of power regarding aesthetic surgery (Jones 2008a). In particular, Bordo (1997) has vocally criticised Davis for her emphasis on agency and for allegedly dismissing the ways that advertisers create aesthetic defects in order for women to invest in the idea of self-improvement and view it as empowered agency.

That is not to say, however, that boundaries of aesthetic surgery acceptance or rejection are not black and white. Some have felt that aesthetic surgery has potential to be entirely reconceptualised as an empowering pursuit. Donna Haraway (1991), although not distinctly referring to aesthetic surgery, positioned her seminal notion of the Cyborg as a new form of liberated self. It is not held back by naturalistic bodily assumptions or by binaries which have traditionally categorised and oppressed individuals; i.e. human/machine, male/female, etc. Anne Balsamo (1996) has used the Cyborg to drive forward the idea that aesthetic surgery presents “a vehicle for staging cultural identities” (Balsamo 1996: 78). Negrin (2002: 22) saw this as a way of re-fashioning bodies in order to draw attention to the artificiality of aesthetic surgery. This has the potential to open up dialogues into ways of (re)constructing bodies. Negrin (2002: 22) also made reference to proposals by Morgan (1991: 44-47) suggesting that aesthetic surgery could be used to deliberately subvert aesthetic expectation. Instead of having fat removed from bodies; it would be pumped in. Noses could be made larger; ears made to stick out. Effectively, Morgan (1991: 44-47) suggested that bodies could conform to features deemed ‘ugly’, in order to undermine oppressive expectations of gendered appearance. This links with Butler’s (1990) idea for challenging discourse and subverting gendered performativity through artificial, hyper-gendered or gender-destabilising acts – in this case, use of aesthetic procedures to undermine gendered notions of beauty.

One example of this is work of French performance artist Orlan. Since 1990, Orlan has visually documented her own aesthetic procedures in a project entitled The Reincarnation of Saint Orlan. Orlan underwent procedures to mimic classic paintings and sculptures of women. Through these surgeries, Orlan simultaneously created a body imbued with the beauty of classic works of art, with a very visual presentation of the ‘ugliness’ of aesthetic procedures: bloody, brutal, grotesque (Featherstone 2010: 205). Aesthetic surgery, in this sense, is not only a route to adhering to aesthetic norms, but also a way to actively transgress them. Re-appropriating
aesthetic surgery refashions visibility of processes that lead from a pre-surgery body to a post-surgery body. The dichotomous and misleading idea of ‘before body’ and ‘after body’ in aesthetic surgery marketing is pervasive; underplaying risks, pain and recovery. What Morgan (1991) and Balsamo (1996) called for, and what Orlan presented in her work, was discipline, honesty and brutality involved in aesthetic procedures - what the body endures, how it recovers and what this means for bodily presentation and adherence to beauty discourse. The Web, in addition traditional advertising material and sensationalised media accounts of aesthetic surgery, offers patient consumers opportunities to provide their own narratives of surgical experience. The Web affords honesty in relation to aesthetic procedures unseen previously, and how women consciously engage with this has ramifications for how aesthetic pursuits could be reframed in the digital age.

This section has outlined how aesthetic surgery has been perceived in feminist theory. Two main strands of thought have prevailed, but there are significant gaps to address. Firstly, whilst there exists pivotal empirical work, such as that by Davis (1995), there has been over-reliance on theoretical narrative, as opposed to engagement with those pursuing aesthetic procedures. This is position work; disengaged from women’s experiences. Secondly, the rate of research has not kept pace with technological change; not least, the growth of the Web as a route to altering bodies. There is currently very little research on the role of the Web in understanding women’s engagement with aesthetic surgery, and notions of beauty. My research addressed this gap.

It is not just within feminist literature that aesthetic surgery is problematic. The following section overviews ethics debates. Aesthetic surgery has a contentious history; there has been scepticism towards motives of aesthetic surgeons, and derision of aesthetic surgery as a surgical pursuit. Understanding moral and ethical conflict existent in relation to aesthetic surgery is necessary in order to further contextualise how women perceive and engage with the practice, and also how surgically altered bodies are judged.

2.2.2 Aesthetic Surgery and Medical Ethics

There is a body of work considering arguments surrounding aesthetic surgery as a branch of medicine. Miller et al. (2000: 353) in their paper ‘Cosmetic Surgery and the
Internal Morality of Medicine’ posed the question: “is cosmetic surgery a medical privilege or an abuse of medical knowledge and skill?” Aesthetic surgery is a lucrative marketplace seen to actively create problems in order to generate business (Atiyeh et al. 2008: 833). Some aesthetic procedures have migrated out of the domain of medicine altogether. This is particularly in reference to non-surgical interventions, such as facial dermal fillers. There is discomfort among critics, who have felt it a necessity to reclaim aesthetic surgery into medical exclusivity to prevent proliferation of unqualified practitioners (Atiyeh et al. 2008: 829, Department of Health 2013).

During the initial post-war period, clinicians did not commonly perform aesthetic procedures; leaving pejoratively termed ‘beauty doctors’ to carry them out. These individuals often had little training or professional medical body association (Chatterjee 2007: 134). Growth in popularity of aesthetic procedures sparked increased uptake by professional clinicians from the 1960s, but issues of medical ethics and morality persisted. In the view of some, aesthetic surgery is morally opposed to goals of medicine - driven by financial gain, as opposed to medical necessity (Atiyeh et al. 2008: 830). Currently, practitioners do not exclusively train in aesthetic surgery. Usually, surgeons specialise in other surgical procedures and then migrate to aesthetic surgery. For example, an ear, nose and throat specialist may become an aesthetic specialist in rhinoplasty – procedures that alter the nose. Additionally, individuals do not require scrupulous, accredited medical training in order to administer non-surgical treatments, like injectable dermal fillers, or laser-based treatments. Whilst Miller et al. (2000: 354) disputed that definitions of medicine should be confined to ‘healing’ practices; they identified four duties that should be mandatory for physicians to follow. These comprised competence in technical and humanistic skills required to practice medicine; avoiding harms that are not balanced by medical benefits; desisting from the deceitful misrepresentation of medicine as a scientific practice and clinical art; and loyalty to the relationship with patients in need of care (Miller et al. 2000: 354).

Relating these duties with aesthetic surgery marketing, Miller et al. (2000: 355, 359) took issue with advertising that endorsed a ‘fix’ for bodily insecurities. They felt this form of advertising might lead to people who had no previous qualms over their physical appearance identifying defects only correctable through surgical intervention (Miller et al. 2000: 361). Furthermore, Atiyeh et al. (2008: 832) saw a
blurring of boundaries between 'science and glamour'. The advantageous aftermath of procedures, usually in the form of 'before and after' photos take centre-stage, whilst operative risks are rarely alluded to – a factor countered in Orlan's performance art. This trivialises the physical toll that aesthetic procedures can take. There has been little focus on patient-consumer suitability or safety in this type of marketing pursuit. Rather, there is emphasis on generating interest in providers and a desirable final product. Miller et al. (2000: 354-355) argued that medicine entails different ethical constraints to business. Advertising within medicine is not common practice, but this again distinguishes aesthetic surgery as a patient-consumer pursuit. On the other hand, like contentions between the empowerment/oppression binary evident in feminist theory, some see aesthetic surgery positioning individuals as powerful consumers (Jones 2008a). They have become increasingly de-stigmatised in consumer society. Professionals sell procedures in a competitive marketplace, as opposed to having power over individuals in making aesthetic decisions for them (Atiyeh et al. 2008: 833, Jones 2008a). However, as demand for services has grown, so has emergence of poorly regulated practice.

Regulating individuals who carry out aesthetic procedures has been subject to recent medical scrutiny in the UK. The Keogh Report ‘Review of the Regulation of Cosmetic Interventions’ (Department of Health 2013) highlighted shortcomings of current aesthetic regulations. Section Three of the report was dedicated to patient-consumer care, and qualifications required in order to perform aesthetic procedures (p. 15-28). Furthermore, Section Four concerned regulation of aesthetic products (p. 29-34); an informed and ‘empowered’ public (p. 35-39), and responsible advertising (p. 40-43). The issue of consumer protection and rights was encapsulated in the statement that individuals have the same rights having undergone aesthetic procedures as when they ‘purchase a toothbrush’ (Department of Health 2013: 5). The report made forty recommendations based on current shortcomings in aesthetic regulation. These included dominance of medical professionals in performing non-surgical procedures; stringent regulation of aesthetic surgery advertising; increased involvement from the Medicines and Healthcare Regulatory Agency (MHRA) with manufacturers of aesthetic materials and devices; and a central registry for all aesthetic practitioners (Department of Health 2013). As a result of the report, the General Medical Council implemented actions from June 2016. These included ensuring practitioners are adequately trained, consider the psychological needs of patient-consumers,
safety protocols and avoid aggressive marketing (General Medical Council 2016). Surprisingly, however, the Web did not prominently feature in either report as an affording medium. It was only referred to in the Keogh Report as a driver of surgery marketing, and a cause for ‘alarm’ based on anecdotal evidence alluding to purchase and self-administering of facial dermal fillers (Department of Health 2013). Given opportunities presented by the Web; its oversight in a major report undermines it as a sphere for prosumption of aesthetic information, communication and services. There has been little acknowledgment of how individuals engage with aesthetic surgery on any medium, or how they navigate the aesthetics marketplace. Engagement is often lost amongst moralising narratives concerning oppression, vanity, and trivialisation of surgery.

The divisive moral and ethical boundary that aesthetic surgery sits upon separates it from other beauty practices, and also from medically ‘necessary’ surgical intervention. This affects how it is perceived as a practice, as demonstrated by preceding arguments in feminist theory. As with feminist theory, however, the Web has been overlooked in work dealing with the ethics of aesthetic surgery. Volume, variety and velocity of material now available to individuals sees them able to browse providers – both reputable and questionable –, access myriad representations of aesthetic surgery across spaces, and communicate with others on a scale that has not previously been possible.

Presentation of bodies in society has been considered informed by discourse and reproduced by social actors in various social contexts. Trends in aesthetic appearance can be met through various means in the form of continual body projects, and aesthetic surgery is becoming increasingly accessible and sought out. This has been met with resistance from some feminist scholars who feel that aesthetic norms are rooted in patriarchal dictates of aesthetic idealism. However, there are those who feel aesthetic surgery can be agential and empowering. It also remains contentious in medical ethics. When looking at the Web, there has not been a unified approach to how bodies can be considered online. Focus on disembodiment is dismissible in an age driven by image sharing. The omnipresent body dichotomises online/offline bodies. It is the concept of the Cyborg, and most closely Jones’s (2008b) study on CSRTV and resultant theory of ‘media-bodies’ that is applicable to the Web - collapsing boundaries of humans/technology, individual/audiences, and expert/lay persons.
Taking the latter as a point of departure, the next section overviews empirical work related to health consumption as a well-developed relevant research area, alongside existing work about aesthetic surgery and the Web. This complements existing theoretical work with empirical applications that inform my research.

2.3 The Web, Health Consumption, and Aesthetic Surgery Online

The material up to this point has considered bodies and aesthetic surgery from theoretical, moral and ethical perspectives. Use of the Web can have direct effects on bodies, and there has been a wealth of work focused upon health information-seeking. Emphasis on individualised maintenance of healthy bodies has led to discussion of ‘expert patients’. Sociological, policy, and popular discourse have shown shifting attitudes towards the medical profession; a move towards embracing health consumerism (Lupton 1997: 373). It has been argued that pursuit of ‘healthy’ bodies is no longer just about preventing disease (Chrysanthou 2002: 471), but also about presenting the body in a way that enables people to see health (Shilling 2003). Featherstone (1991) argued that:

“Within consumer culture, the inner and the outer body become conjoined: the prime purpose of maintenance of the inner body becomes the enhancement of the outer” (p. 171)

Body projects contribute to visual presentation of health, implicating theories of alignment, physical capital and the cosmetic gaze. Section 2.3.1 overviews research focused on use of the Web in health information seeking, and construction of expert patients. What will be highlighted is lack of work pertaining to use of the Web in engagement with aesthetic surgery, and how existing studies can contribute to the aims of my research. This will be followed in Section 2.3.2 by exploration of existing studies of aesthetic surgery and the Web.

2.3.1 Health Consumption Online

In the UK, government White Paper ‘Our Healthier Nation – Saving Lives’ (Department of Health 1999) outlined notions of the expert patient. This idea has been described as integral to ‘modernising’ the health service (Wilson 2001: 134); equating expert patients with empowerment, better quality of life, and self-esteem (Fox et al. 2005: 1299). It has demonstrated shifts from collective responsibilities of health services, to
conscientious individual patients – self-aware, self-monitoring, and self-managing. A factor supporting emergence of expert patients has been growth of online health resources – information sites, such as the NHS website; access to worldwide health websites; online discussion forums etc. (Fox et al. 2005: 1300). Miller and West (2007) highlight that:

"... the Internet is altering how people consume health care, the way in which they obtain information and the manner in which they evaluate [treatment] alternatives" (p.247)

Sarah Nettleton (2004: 670) argued that bodies have ‘e-scaped’ from confined locales of clinics, and paternalism of medical professions; becoming bodies maintained via information and communication technologies. Expertise is therefore no longer exclusive to health professionals, it has ‘e-scaped’ into online networks where it can be “accessed, assessed and re-appropriated” (Nettleton 2004: 674), feeding into expert patient discourse. Resulting from this, Henwood et al. (2003: 590) argued, is potential for the Web to empower patients in negotiating treatments by building expertise and not just accepting information provided by medical professionals (see also: Hardey 1999: 831, Lupton 2003, Hirji 2004: 458). Lay individuals have acquired expertise not just through embodied experiences, but also e-scaped resources (Nettleton 2004). Individuals may use the Web to self-diagnose and self-treat (Ahmad et al. 2006, Lanseng & Andreassen 2007), to look for alternative treatments (Ernst & Schmidt 2002, Broom & Tovey 2008), to become knowledgeable about their own health conditions (Hardy 1999, 2001, Berger et al. 2005, Stinson et al. 2009, Oprescu et al. 2013), or to join communities where they can gain advice and support from people with the same or similar conditions (Eysenbach et al. 2004, Coulson 2005, Frost & Masagli 2008).

In utilising online discussion forums and other forms of social networking, groups can be formed - offering advice, anecdotes, and support. Research into online discussion forums for health and illness has emerged and grown in the last decade. Online discussion enables support to be developed by drawing upon shared experiences of specific health conditions (Gooden & Winefield 2007, Malik & Coulson 2010, Setoyama et al. 2011, Attard & Coulson 2012, Loane & D'Alessandro 2013). Furthermore, it has been suggested that these spaces also contribute to expertise development of different health issues (Fox et al. 2005, Gooden & Winefield 2007,
Bodies, Aesthetic Surgery and the Web – Key Issues and Perspectives

Bartlett & Coulson 2011, Coulson & Shaw 2013). When considering aesthetic surgery, the Web presents spaces for similar communities to be formed. Individuals interested in undergoing procedures can utilise the Web to communicate with existing patient-consumers in gaining information about operative recovery, specific providers and surgeons – information that would not otherwise be available unless the prospective patient-consumer were to attempt seeking them in offline milieu.

It has been argued that lay use of the Web for health consumption begins to balance power between health professionals and patients (Hardey 1999; 2001, Loader et al. 2002, Nettleton 2004: 973). However, others have noted that there are structural limitations to how empowering the Web can be - for example people from less advantaged demographics may be ignored or lack ‘digital literacy’ (Wilson 2001: 135). Furthermore, health consumption online can be risky. Concerns remain over reliability and validity of information that has not come from regulated sources, like the NHS. Hirji (2004: 454) argued that individuals often have insufficient expertise in assessing quality of Web-based resources. Given proliferation of both regulated and unregulated information, services and products online, there is considerable risk involved in employing Web-gathered resources without full understanding of content, or offline consequences. This can be considered particularly relevant regarding aesthetic surgery, which does not have the same regulatory status as other medical information, services and products. Despite lack of regulation, Jones (2008a) argued that aesthetic surgery patient-consumers are positioned advantageously, as elective nature of procedures means companies compete for business. The addition of user-generated content in seeking reliable surgical information, experiences from other patient-consumers, and reviews of providers in potentially uninhibited online environments could ‘empower’ prospective patient-consumers. This route to aesthetic procedures has implications for the strand of feminist theory conceptualising women as unconscious victims; blindly following marketing in pursuit of enhanced bodies. It instead frames them as active consumers gathering information in holistic online environments to bolster their understanding of process, risk and outcomes.

Despite plentiful research output on online sources of health information seeking and literacy, there has been little similar work on aesthetic surgery - specifically in regard to how individuals engage with materials across the Web. Web use for information-seeking sees individuals confronted by diverse content in myriad forms – expert,
marketing and user-generated. The Web has altered information-seeking environments and affects feminist theories of aesthetic surgery characterising women as merely falling victim to ruthless advertising steeped in notions of aesthetic deficiency.

2.3.2 Consumption of Aesthetic Surgery

Turning attention to ways that aesthetic surgery online has been considered in recent research output, emphasis remains on engagement with offline forms of media and singular types of online space. However, an emerging focus on aesthetic surgery consumption driven by the Web has been aesthetic tourism. Aesthetic tourism refers to travelling outside of the individual’s domestic country to undergo aesthetic procedures (Holliday et al. 2013: 1). Travelling abroad affords patient-consumers access to services potentially at a fraction of the cost of the individual’s home country. A feature of a world increasingly globalised; aesthetic tourism is seen as a market that the Web produced and enables (Connell 2006: 1094, Lunt et al. 2010: 1, Holliday et al. 2013: 4). Cormany and Baloglu (2011) link this to increases in medical tourism more broadly; expansion of which the authors assert is heavily reliant on Web-based information and marketing. In their paper on aesthetic tourism, Holliday et al. (2013: 4) assert understanding the Web as a multimodal source of information, consumption and communication.

Nassab et al. (2010: 465), in their study on use of aesthetic tourism information online, found that 47 per cent of their sample of 197 members of the general public had considered aesthetic surgery. Of that 47 per cent, 97 per cent would consider going abroad for procedures (Nassab et al. 2010: 465). Furthermore, 70 per cent of those who would undergo aesthetic surgery had used the Web for information seeking (Nassab et al. 2010: 465). Despite perceived advantages, when the authors researched websites offering aesthetic surgery abroad, 37 per cent of 100 reviewed contained no information on procedures carried out, just 7 per cent of surgeons on the websites were registered with medical councils, and 14 per cent of sites promoted reductions if an individual were to undertake risky multiple procedures (Nassab et al. 2010: 466).

Issues of trust, provenance and anonymity combine to present the Web comprising spaces that need to be meticulously ‘vetted’ before decision-making can occur.
Aesthetic surgery, unlike health, is an area that is both regarded as purely elective, and more unregulated than other spheres of medicine. It is on the basis of issues related with aesthetic tourism that there has been a call by Lunt et al. (2010), for deeper understandings of how the Web is used in consuming medical tourism. The authors emphasise that little is known about who is using Web-based resources for medical tourism purposes, and how individuals source their information (Lunt et al. 2010: 4). They argue that online searches largely rely on search engines, and that interested individuals commonly do not go beyond the front page once a potential search result is retrieved (Lunt et al. 2010: 4). However, this call only implicates marketing websites and does not refer explicitly to aesthetic surgery. There is scope for expansion of research into user-generated online content. Given volume, velocity and variety of materials online, it is highly unlikely that individuals would only carry out research into aesthetic procedures via marketing websites. My research implicates multiple online spaces and how women engage with these; affecting perceptions of aesthetic surgery as a practice and pursuit, and decision-making processes.

Moving back into the realms of offline media, Sharp et al. (2014) produced a study about the role of media and peer influences on 351 Australian women’s attitudes towards aesthetic surgery. They placed attention on television programmes over other forms of media; arguing that these have both direct and indirect influence on women’s decisions to undergo aesthetic procedures. Whilst CSRTV and similarly formatted shows remain popular, there was no emphasis in this study on online video content. Online video content is not only accessible on a global scale, but spaces such as YouTube encourage ‘participatory culture’ (Burgess & Green 2013), where content is not merely consumed by a passive viewer, but actively commented on, shared across other sites, and reacted to in ways television is not. The cosmetic gaze can be employed, and content of videos publicly scrutinised, giving voices to viewers and either reinforcing or destabilising dominant discourse of video content. Wen et al. (2015) provided content analysis of YouTube videos presenting aesthetic surgery advertising; a practice they found prevalent alongside patient-consumers presenting their own surgical narratives (Wen et al. 2015: 940). The authors found that videos alluding to risks of aesthetic surgery were engaged with more positively than those promoting surgery (Wen et al. 2015: 940). User interactions with aesthetic surgery marketing were unfavourable if celebrity endorsement was employed – individuals
preferred videos with a patient-consumer voice (Wen et al. 2015: 940). Increased favourability was related with how authentic the voice was found to be - positioning patient-consumers as influential in this particular online space.

Moon (2015) argued that online news content from a Korean example showed that not only did exposure of aesthetic procedures within media dramatically increase over a one-year period, but also that tone of articles became more positive in representing aesthetic surgery. She identified tabloidisation of media, changing patterns of news consumption, and entrenchment of online advertising across the Web as fundamentals upon which increased commoditisation of aesthetic procedures has been built (Moon 2015: 110). Furthermore, Montemurro et al. (2015) looked at how patient-consumers interacted with the Web. They found that 95 per cent of their 500 patient-consumer sample had used the Web to research aesthetic surgery. The authors also designed a questionnaire for 128 aesthetic practitioners, of whom not one thought that blogs or forums contained useful information for prospective patient-consumers. 85 per cent of practitioners argued that these spaces could instead be harmful (Montemurro et al. 2015: 273). Paternalism of medicine was reinforced in practitioner response: clinicians were derisive of their medical authority being challenged by patient-consumers - dismissing bodily experiences presented in blogs and forums in a process where bodies are at the forefront.

Additionally, there has been emphasis on the increasingly popular pursuit of female genital cosmetic surgery (FGCS). Of interest to social scientists, as well as health professionals, FGCS consists of procedures that alter the appearance of women's genitalia. The Royal College of Obstetricians and Gynaecologists (2015) observed a five-fold increase in numbers of labial reduction procedures carried out by the NHS across the preceding ten years. Furthermore, FGCS was specifically mentioned in the Keogh Report (Department of Health 2013: 37) as a set of procedures that are “driven in part by a combination of the influence of pornography but also by the lack of people’s awareness of the normal range of size and shape of genitalia”. In October 2013, it was subject to an ethical report by the Royal College of Obstetricians and Gynaecologists, who raised concerns with motivations of women who undergo FGCS, tied to homogenous representations of female genitalia in pornography and also within medical literature. In 2012, the British Medical Journal included research by gynaecologists that collated data from ten aesthetic surgery websites. Researchers found that websites included unsubstantiated claims of psychological, physical and
sexual benefits of FGCS (Liao et al. 2012: 6). Similarly, Moran and Lee (2013) used multimodal critical discourse analysis to carry out a similar investigation of Australian aesthetic providers offering FGCS. They found that normal genital appearances were medically pathologised by linking certain types of appearance to physical, psychological and sexual problems, which are then ‘resolved’, as Liao et al. (2013) point out, via surgical intervention. Increases in online pornography have been considered a driver in the homogenisation of female genitalia. The cosmetic gaze has extended from physical attributes seen on a day-to-day basis, to those usually kept concealed. The cosmetic gaze is an assuming gaze. There is societal expectation that genitalia should meet a homogenous ideal. The Web plays a pivotal role in reinforcing hegemonic beauty, even with the most intimate body parts.

Shifting media and advertising alongside user-generated content have potential to alter how the cosmetic gaze is employed. Aesthetic surgery advertising is no longer about passive consumption of advertising material; which has seen women characterised as both unconscious victims of patriarchal aesthetic pressure, or actively perpetuating cycles of oppression through undergoing aesthetic procedures (Negrin 2002). The Web has broadened a ‘beauty landscape’ due to volume, variety and velocity of content produced as well as being easily navigable. It affords opportunities for heightened engagement with surgical information, aesthetic services, alongside visual and linguistic representations of aesthetic procedures from multiple perspectives. Women now have technological capabilities to not only browse a multitude of content, but also lend their voices to publicly visible discourse in a manner unseen prior to growth of the Web.

### 2.4 Conclusion

Ideas about how bodies are presented and how bodily appearance is controlled in societies fall into ideas surrounding presentation of the self (Goffman 1959), accumulation of physical capital (Bourdieu 1977; 1984), and the body as a disciplined object of discourse (Foucault 1977; Butler 1989). The notions of body projects (Shilling 1993) and the cosmetic gaze (Wegenstein & Ruck 2011, Wegenstein 2012) informed my research, viewing aesthetic surgery as a body modification process and practice resulting from, and subject to societal scrutiny. Bodies on/of the Web is an increasing research area, particularly with growth of image-sharing platforms, but it has been previously theorised that there are very clear online/offline boundaries.
Haraway’s (1985) notion of the Cyborg argues for bodies not informed by essentialist assumptions; collapsing boundaries of human/machine; male/female, and in this context online/offline. The Web has effects on bodies and bodies have effects on the Web. The Web has been underplayed when considering representations of female bodies prior to, and after aesthetic surgery. Concentration has been on cosmetic reality television and other offline media. Employment of the cosmetic gaze to gain an understanding of how female bodies are conceptualised online is a necessary underpinning to exploring how women engage with aesthetic surgery across Web spaces. Volume, variety and velocity of Web content have implications for aesthetic surgery in feminist theory and practice.

Jones (2008a) asserted that aesthetic surgery patient-consumers are positioned as powerful in a market competing for their attention. The Web affords expertise building from diverse sources – credible medical information, alongside online discussion forums and social media, where user-generated, experiential information is prosumed. Studies into aesthetic surgery and the Web have focused on singular types of online space. This is not helpful in gauging varieties of discourse that emanate from different mediums and voices online. Web spaces need to be explored in order to better understand how women navigate volume and varieties of Web content, presenting with materials on a practice that has perpetually divided feminist critics.
Chapter 3: Methodology

The Web is multimodal. It does not consist of just text, or just imagery - both still and moving - that exist and operate discretely. Rather, the Web intensifies ways mediums intersect (Holliday et al. 2013: 4), beyond that which we have come to expect within offline media. It was dynamic multimodality of the Web that I endeavoured to capture in my research to explore and inform feminist theory of aesthetic surgery. One objective of my study was to move beyond work dealing with Big Data, and beyond research focused on singular online spaces; exploring representations of aesthetic surgery across Web spaces but focusing on day-to-day experiences of women engaged with content. Multimodal Critical Discourse Analysis (MMCDA) was selected as an ideal method for exploring online spaces and engagement with the Web. MMCDA was explicitly employed as a method during the first phase of research. During the interview phase, MMCDA implicitly underpinned women’s online engagement with aesthetic surgery. Section 3.1 will look at research design. Section 3.2 will focus on ethical implications of my research and how these were navigated. Ultimately, the methodologies used in my research highlight the significance of exploring multiple online spaces in Web research, and engaging with actual users to gain an experiential understanding of how the Web is used and perceived in relation to aesthetic surgery.

3.1 Research Design

Devising and employing MMCDA of online spaces, and semi-structured interviews was an iterative process. Exploration of multiple online spaces was both inductive and deductive on the basis of empirical and theoretical gaps identified in the literature. In the upcoming sections, how MMCDA and semi-structured interviews were conducted is overviewed; alongside sampling, data collection and analysis.

3.1.1 Employing Multimodal Critical Discourse Analysis across Multiple Online Spaces

Multimodal Critical Discourse Analysis focuses on how language and visual images intersect to produce and reinforce meanings in various contexts. Data was collected across a period of two months – from 1st December 2013 until 31st January 2014.
Spaces consisted of online news content, surgery provider websites, online discussion forums, and online video content. In all, 165 media articles were retrieved from online news sources, along with 78 forum threads consisting of 1136 total posts, data from 10 aesthetic surgery provider websites, and 10 of the ‘most viewed’ videos from YouTube located using keywords ‘cosmetic surgery’.

Discourse is the way that knowledge shapes how things are understood. It informs ways that individual conduct themselves in different social settings (Alvesson & Karreman 2000: 1127). Discourse is produced through visual and verbal images and texts, and the consequential practices that these allow (Rose 2005). Critical Discourse Analysis (CDA) examines how relationships of power are discernible in language (Wodak 1995: 204). Van Dijk (2001: 352) argues that CDA studies show how “social power abuse, dominance, and inequality are enacted, reproduced, and resisted by text and talk in the social and political context”. Analysis of talk and text as data sources, as with many other qualitative methods, is not a neatly unified research approach (Mason 2002). However, Fairclough and Wodak (1997: 271-280) outlined general features of CDA:

- CDA addresses social problems
- Power relations are discursive
- Discourse makes up society and culture
- Discourse does ideological work
- Discourse is rooted in history
- CDA is interpretive and explanatory
- How text and society is connected is mediated

Fairclough (2003: 209) posited that CDA often begins with a ‘social problem’; usually related to power imbalances. Classifying aesthetic surgery as a social problem would be questionable. However, it is a provocative practice - discussed in ways alluding to precarious ethical and moral boundaries. Van Dijk (2001) iterated that CDA is theoretically and analytically discursive. However, a central notion of CDA is power - the ability of some to exert influence over others in different groups (Van Dijk, 2001). Van Dijk (2001: 355) highlighted two main questions prevail when it comes to CDA research:

1. How do (more) powerful groups control public discourse
2. How does such discourse control minds and action of (less) powerful groups, and what are the social consequences of such control, such as social inequality

In the case of aesthetic surgery on the Web, power relationships vary as different ‘voices’ in online spaces exert dominance. For instance, on surgery provider websites, the dominant voice is companies selling services to prospective patient-consumers. In online forums, conversely, the predominant voice tends to be patient-consumers. Differences across the Web in prosumption of knowledge and information has become increasingly explored, and a recent study of this is Adams's (2014) work on health crowdsourcing sites as ‘brokers’ in the co-production of pharmaceutical knowledge. Adams (2014: 667) did not make any claims about the worth of information produced across the multiplicity of voices online, but made an appeal for researchers to “pay more attention to how practices associated with the new Web are shaped in specific contexts”. My research took this as a point of reference in researching discourse online, taking notice of the voices, and how voices play against each other, not only in relation to knowledge production, but also broadly in regard to how perceptions of aesthetic surgery differ across the Web and what implications this has for feminist theory.

Mautner (2005) lamented little uptake of CDA online, much less MMCDA. This may be due to the relatively chaotic nature of the Web due to volume, variety and velocity of content. Due to use of visual images in discussions about aesthetic surgery, as well as websites presenting multimodal spaces, visual analysis was employed in my study. Use of visual methods in the social sciences is slowly increasing (Mason, 2001). The Web broadens opportunities to investigate these kinds of sources, given proliferation of images across online spaces. Schroeder and Borgerson (1998: 162) asserted that mass media constructs ‘reality’ through visual images, as well as linguistics. Taking Silverman’s (2004) analytic features, my study included:

- Content of pictures/videos
- Who the people are in the pictures/videos
- How the body presented in pictures/videos

Although basic, these features allowed me to glimpse representations of aesthetic surgery and women’s bodies in Web content. Inclusion of visual images in my work however, was difficult due to copyrighting and issues of anonymity. A simultaneous advantage and disadvantage of visual research is its use as complementary to talk and
text in analysis (Rose 2005). Mason (2001: 104) asserted visual methods developed partly as movement against predominance of talk and text in social science research. Silverman (2004) however, stated that visual methods could be over-analysed and heavily entrenched in theory. Increased prevalence of image-sharing online has seen visual methods more commonly employed. Whilst limited, there has been recent, relevant work employing MMCDA online. As previously referred to, Moran and Lee’s (2013) paper on female genital cosmetic surgery (FGCS) employed MMCDA to understand how FGCS has become normalised on Australian surgery provider websites. The authors deconstructed relevant sections of each website to argue FGCS was being sold on paradoxical pretence of empowerment through problematising women’s bodies, and normalisation of surgery to achieve cultural standards of beauty (Moran & Lee 2013: 373).

Looking at this in relation to aesthetic surgery offline, Lirola and Chovanec (2012) used MMCDA when analysing advertising leaflets. They focused on the interplay between language and visual images in the leaflets to determine that the adverts exploited idealised notions of femininity in order to sell a service (Lirola & Chovanec 2012: 503). The authors note that, linguistically, women’s bodies are presented as aesthetically deficient – although ways in which these deficiencies are described often relied on implicit understandings of undesirable aesthetics. Ultimately, the authors found that the advertising text contributed to reinforcing notions of femininity and empowerment through finding romantic relationships post-surgery, and visually this was reasserted through sexually provocative imagery of presumably post-surgical bodies (Lirola & Chovanec 2012: 504). From this, it can be seen that multimodality enables interpretation of how meanings are reinforced through multiple mediums.

My use of MMCDA opened opportunities to understand multiple discourses emanating from diverse voices across online content. MMCDA enabled deconstruction of different ways aesthetic surgery is presented in online spaces - how bodies are presented; how power and expertise are presented. This provided a way to begin exploring, understanding and comparing online materials encountered by women engaged with aesthetic surgery.
3.1.2 MMCDA Sampling Strategy and Encountered Issues

In order to undertake the first phase of research, online news content, aesthetic surgery provider Websites, online discussion forums and online video content were located, assessed and selected for analysis. As the Web is considered a space for prosumption, edited media and corporate content was analysed alongside user-generated materials. Firstly, online news content was retrieved every day throughout the research period using search engine news functions. I felt the search for online news should not have been restricted to UK-based popular media. Instead, articles were accrued from global online news sites, global online entertainment sites, and global beauty sites. This was, however, narrowed to English language sources only. The search terms used were broad, consisting of Boolean Operators:

Cosmetic OR Aesthetic OR Non-Surgical + Surgery OR Procedure

Articles were manually retrieved and assessed on basis of reference to gender – only articles concerning women were included. Assessment of articles saw removal of articles that referred exclusively to male aesthetic procedure pursuits, and marketing content on PR websites for aesthetic providers.

Secondly, online discussion forums were located. Again, a Google search employed the terms:

Aesthetic OR Cosmetic + Surgery OR Procedure + Forum OR Discussion

Online forums were located and assessed on features such as how up-to-date content was and frequency of posts. Again, there was no restriction to UK-based forums. Three websites were selected that had the most active discussion forums. Forum discussion threads were selected on the basis of start date – they had to have started on or after 1st December 2013. Only forums consisting of ten or more posts were included for analysis. This was the minimum number considered reflective of sustained communication between contributors. It is significant to note that on this basis, there was no sustained discussion of non-surgical procedures in any of the forums assessed. Given the exponentially increasing popularity of non-surgical procedures, this was surprising.
Slightly different search criteria were applied to aesthetic surgery provider sites and online video content. Aesthetic surgery providers were located and assessed using the following search terms:

Aesthetic OR Cosmetic + Surgery OR Procedure

Alerted to concerns surrounding the pursuit of cheap aesthetic surgery in both the UK and abroad outlined in the Keogh Report (2013), a further search was conducted using the search terms:

Cheap OR Low Cost + Surgery OR Procedure

In total, ten websites were selected; both UK-based surgery providers and those located abroad. Again, all websites were restricted to English-Language sites only. Unlike online media content and online discussion forums, online video content was searched using the single term:

Cosmetic + Surgery

The top ten most viewed videos were collated for analysis. These gave a good indication of what type of video content was popular in relation to aesthetic surgery. Number of views dictates searches: the higher number of views, the more prominent the content on the page. These provided representations of what discourse was being (re)produced in video content at the time, and what implications this had for the cosmetic gaze.

3.1.3 Website Data Collection and Analysis

Data from websites was retrieved manually, given that only relatively small samples were used from each space. In enquiries with colleagues experienced in developing Web-scraping tools, it was determined that there would be little benefit in employing this type of technique for such a small sample. Had I been looking at just one type of Web space, such as online discussion forums, this method of data collection may have been more helpful, as I would have been dealing with more data on a day-to-day basis. Text from each media story, relevant text from aesthetic surgery provider websites, and communications from online discussion forums were copied into a continuous document. Transcriptions were made of online video content. Screen caps – images taken by the device used as a record of visual images on screen at the time - were taken of visual media in online news content, and from aesthetic surgery
provider spaces. Data was treated akin to collection of public documents. This included online discussion forums, where non-participant observation was employed. Forum users were not made aware of my presence as a researcher and nor was there active participation in the forum.

Three broad areas were employed in initial coding of data from the exploration of online spaces. There was not a rigid theoretical framework for coding, but the main theory informing this research was the cosmetic gaze and how this was employed across websites explored. Emerging partly from gaps identified in the literature and observed as arising from the data itself, coding categories developed in relation to how aesthetic surgery is seen, sold and consumed on the Web:

- **Discourses of expertise**
  - Expert/Lay-expert
  - Good surgery/bad surgery
- **Ethical discourses**
  - Medical necessity/choice
  - Business/medicine
- **Body discourses**
  - Real bodies/fake bodies
  - Beautiful (desirable) bodies/grotesque (undesirable) bodies

Whilst some themes identified were discussed in literature on aesthetic surgery, some were much more pronounced online than literature alluded to. For instance, speculation about ‘fake’ bodies was pronounced online due to almost instantaneous access to images, and immediacy of sharing images. The cosmetic gaze is intensified across the Web – scrutinising women’s bodies to a degree not comparable with pre-Web media content due to volume, velocity and variety of materials available online as well as the inclusion of user voices.

### 3.1.4 Semi-Structured Interviews: Women Engaging with Aesthetic Surgery Online

MMCDA of online spaces laid a foundation for semi-structured interviews I conducted with twenty women. These were carried out between 1st March 2015 and 31st July 2015. I opted for a mixture of qualitative methods, as opposed to a mixed methods approach. I endeavoured to move away from quantitative methods typically
associated with Big Data analysis. Abstracting user experiences from Web content is counterproductive; it would not allow for understanding perceptions that browsing multiple types of materials may provoke.

Mason (2002) noted variation in how semi-structured interviews are carried out, but there are some core characteristics. These include contextual, relatively informal interactional dialogue between researcher and participant (Mason 2002). Semi-structured interviewing, albeit structured in respect to the topic, allows interviews to digress from rigid frameworks presented by structured interviews. This permits relative freedom to discuss topics broadly. Wetherell et al. (2001) suggested that qualitative interviews prove an effective method if the researcher is concerned with discursive constructions of the social. As opposed to excavating knowledge, qualitative interviews tend to construct, or reconstruct knowledge; providing an in-depth view of social processes (Mason 2002). It is the responsibility of the interviewer to keep the interview on track, and although semi-structured interviewing styles are known to be conversational, it does not mean that the main themes should be completely deviated from.

Semi-structured interviews for Web research - in addition to advantages mentioned above - presented a flexible way of gathering data about how women have engaged with aesthetic surgery online. The questions were developed to ensure that there were no assumptions made about frequency of Web use, engagement with specific websites or Web mediums, or digital literacy. Furthermore it was paramount that the questions did not sway answers in any particular direction. The aim of this phase of research was to be as broad as possible within the parameters of semi-structured enquiry. Examples of standard questions asked (full question list in Appendix A) were:

- How have you used the Web to look at cosmetic surgery?
- What online materials did you find most interesting/helpful?
- Has the Web changed your perceptions of cosmetic surgery in any way? If so, how?
- How do you feel beauty is represented on the Web?

Wording of questions included the phrase ‘cosmetic surgery’ as opposed to ‘aesthetic surgery’. Whilst ‘aesthetic surgery’ was used throughout this study in written form due to frequently negative connotations associated with the term cosmetic surgery,
there is no escaping the entrenchment of the term in everyday life and communications on the topic. On this basis, ‘cosmetic surgery’ was felt to be the most appropriate phrase in conversation with participants.

In combination, it was felt that by engaging with both online materials and actual users, this research could simultaneously contribute to different fields. Within social research, semi-structured interviewing about aesthetic surgery has informed seminal empirical work on the topic (Davis 1995, Gimlin 2002), and this study was devised in order to complement and extend this contribution by directly implicating the Web as media that, whilst increasingly studied, is usually done so from the perspective of researchers analysing one type of online space. By combining researcher-driven online exploration and focus on user engagement, understanding could be extrapolated about how the Web is bound up with perceptions of aesthetic surgery, pursuit of aesthetic procedures, and potentially shifting ideations of beauty. The Web offers new frontiers for feminist theory. Aesthetic surgery has always been a divisive topic and representations on the Web; voluminous, fast-paced and changeable, as well as highly varied in content yet accessible could have significant implications for how feminist theory not only in regard to aesthetic surgery as a controversial pursuit, but other similarly divisive issues in feminist scholarly thought.

3.1.5 Interview Sampling Strategy and Encountered Issues

The interview phase of research was anticipated to be more difficult to gain a sample – deduced from limited responses to pilot advertisements - due not only to the sensitive nature of the topic, but also potential for individuals not feeling as though they were ‘qualified’ to talk about their engagement with aesthetic surgery if procedures had not been undergone. On this basis, wording of my call for participants strived to make clear that prospective interviewees were not required to have undergone any surgery whatsoever – merely engaged with aesthetic surgery online in some way. Appendix B shows an example of the full advert. Physical copies of the advert were distributed around the University of Southampton campus, the Winchester School of Art campus, and other retail and beauty sites in Southampton, as well as similar establishments towards Portsmouth. Through this advertising method, seven participants were gained.
In addition to offline advertising, online advertising was employed in order to gain a wider geographic sample. To do this, a page was designed through website callforparticipants.com. An online advertisement was devised, which could then be shared via various social media and email. Additionally, it provided the opportunity for individuals to ‘click and participate’ without having to email me directly. A page for the study was created, and went live on 1st March 2015 to run through until 31st July 2015. One useful feature of this tool was tracking how many views the study page had received. It also allowed you to see which social network prospective participants had come from.

Within the first four weeks of going live and sharing on Facebook and Twitter, the page received more than 700 views. This was an unanticipated number, but unfortunately did not translate into individuals agreeing to take part in the study. At first, this was assumed to be due to structuring of the advert, where it was not specified early enough that the individual did not have to have undergone any procedures in order to take part. At the beginning of April 2015, the structure of the advert was altered to emphasise that surgical experience was not a pre-requisite for participation. Across that month, the advert received a further 550 views, but only one participant was gained as a result. The most effective recruitment was through word of mouth on social networking - small snowballed samples. The remaining twelve participants were gathered through this method.

It was surprising that the online method of recruitment was not more successful in drawing in participants from a wider range of geographical locations, as the advert was shared widely on social networking sites – reaching a diverse audience. There was no requirement of physical presence for the purposes of interview, but it was noted that during email correspondence with some prospective participants, that their enquiries about my research tended to start by asking whether it mattered if they had undergone any surgical procedures or not. Having changed the semantics and structure of the advert and consulted others on how to alleviate this particular issue, it was unknown how to lessen this any further. Ultimately, however, the total number of desired participants was gained within the maximum timeframe anticipated.
3.1.6 Interview Data Collection and Analysis

Interviews were mainly conducted on a face-to-face basis, with one interview conducted via Skype. These were all audio-recorded with permission of the participants, who agreed to the fact prior to interview. The coding process for the interviews was similarly based on identified gaps in the literature, but also on outcomes from the first phase of research, as above. In addition, I was diligent in identifying emerging themes that may not have been evident in the preceding phase of research - or existing literature - given that the subject of engagement with aesthetic surgery on the Web has not previously been explored in-depth. It became clear during the coding process, that interviews were aligned with the coding scheme already utilised for MMCDA of Web spaces. Interviews were considered an extension of MMCDA but with emphasis on how women engaged with intersecting imagery and language and how these informed their perceptions of aesthetic surgery, as well as affecting their online journeys.

3.2 Ethical Considerations

As mentioned above, aesthetic surgery is a sensitive topic. There were ethical concerns about data collection methods. A prominent ethical concern for the first phase of research was employment of non-participant observation in online discussion forums. Within online discussion forums, individuals can freely discuss issues, exchange experiences, ask questions, and receive peer support (Cummings et al. 2002). For this research, participants in forums were not made aware of online researcher presence and consent was not sought. This route to collecting data was ethically approved by the University of Southampton, and presented the most effective way to collect valuable data.

There has been debate about ethics of collecting data from online forums without knowledge or consent from authors of posts. Kozinets (2010) advised against this type of practice, suggesting that ‘lurking’ compromises research because the researcher is not fully involved. Langer and Beckman (2005: 197), who have carried out research into aesthetic surgery discussions in online forums, maintained that non-participant observation works well in not turning people away from the forum given the presence of a researcher. They argued that hostility to researchers in online spaces puts projects at unnecessary risk (Langer and Beckman 2005: 195). Sensitive
issues explored in online discussion forums using covert methods – such as the construction of a fictional forum member - have been used in studies on topics such as ‘pro-anorexia’ forums (Brotsky & Giles 2007). I opted not to do this in my research. It was felt to be more ethically deceptive than observing an online space.

There were numerous ethical considerations to take into account when carrying out semi-structured interviews; particularly when subject matter is considered sensitive, as aesthetic surgery can be due to its link with low body image. Awareness of triggering issues was at the forefront of formulating questions, as well as designing the participant information sheet. Participants were as fully informed as they could have been, both in written form and verbally prior to the interview. Participants were assured that they could refuse to answer questions they may have felt uncomfortable with, as well as terminating the interview without providing a reason. Additionally, research was done beforehand in order to locate relevant charities or webpages that may have been useful for reference if any participants asked for additional support. It was surprising and disappointing to find that there existed few comprehensive spaces for body image issues at the time.

3.2.1 Consent, Confidentiality and Anonymity

The ethics of collecting data from the Web has been subject to reviews that have been fairly ambiguous. In a sociological context, the British Sociological Association (BSA) has said that online research should be approached with consent, anonymity and confidentiality playing a key role (BSA 2002). These guidelines did not provide specific ethical recommendations regarding research into online forums. This is similar to the British Psychological Society (BPS 2007), which suggests that researchers should consider levels of harm that could be caused through non-participant observation. The Economic and Social Research Council (2015) dedicated a small section of their framework for research ethics to internet-mediated studies. Their advice is brief and they referred to Association of Internet Researchers from 2013 that provided a more comprehensive overview of considerations. The authors argued,

"When making ethical decisions, researchers must balance the rights of subjects (as authors, as research participants, as people) with the social benefits of research and researchers’ rights to conduct research. In different contexts the rights of subjects may outweigh the benefits of research" (AOIR 2013: 4).
There is autonomy in these guidelines that puts power in the hands of researchers, but follows this immediately with,

Ethical decision-making is a deliberative process, and researchers should consult as many people and resources as possible in this process, including fellow researchers, people participating in or familiar with contexts/sites being studied, research review boards, ethics guidelines, published scholarship (within one’s discipline but also in other disciplines), and, where applicable, legal precedent (AOIR 2013: 5)

The importance of adhering to institutional ethical policies, and submitting research proposals to faculty ethical governance boards was of paramount importance. Prior to submissions, I had extensive conversations with colleagues conducting similar research and the issues that they had encountered in their own ethics submissions. I read papers of other research that had conducted non-participant observation. One of the most difficult hurdles was lack of consensus between ethics boards as to what constituted sensitive data and invasions of privacy. Consent in the form of requesting permission of forum authors to analyse their posts – was not undertaken during my research. The data was publicly available and treated in a similar way to other public documents. The difficulty with publicly available online data is traceability of information. Traceability could lead to identification of the data author. Utmost was done to protect the author of the data. A process of anonymisation took place. No URLs are provided to specific forums. All interview participants were promised that none of their personal characteristics would be divulged. On this basis, participants had their names changed for the purposes of the thesis narrative. None of the ages of participants have been revealed, although their vague age ranges are referred to.

For the interviews, standard consent forms were produced (see Appendix C), and these were mentioned in all initial contact with prospective participants, and then signed prior to commencement of the interview. These were retained and filed. Individuals were furthermore reminded of information provided in the participant information guide (see Appendix D), including the right to retrospectively deny use of data gathered. On the basis of this, participants were assured that their data would be destroyed. Recordings and transcriptions of all interviews were held only on one machine, belonging to myself. If requested, the only other individuals who would be able to access the data in its crude form would have been my academic supervisors, however, this was not requested. Again, data will be retained as per the University data retention period.
Methodology

3.3 Conclusion

Methodologies selected for my research offered qualitative routes to understanding not only representations of aesthetic surgery in a certain period in time, but also how women engaged with content both sought out and confronting them. As a qualitative method, MMCDA has been underutilised in analysing Web materials. This is further pronounced in relation to studies that account for multiple online spaces. It may seem fairly idealistic to assume that a deeper understanding of everyday Web practice could be elucidated from gathering a snapshot of an example. However, the Web is not static and individuals are unlikely to confine their browsing habits to singular types of online space. To employ a method that looks across the Web, then, could be considered pragmatic to situate findings within a wider context, as opposed to extrapolating meaning on the basis of a single space. Complementing this, semi-structured interviews focused on activities of actual users as opposed to inferring from research abstracted from everyday user experiences. This research contributes qualitative research designed to view volume, variety and velocity of Web data on an experiential level.
Chapter 4: Representations of Aesthetic Surgery across Multiple Online Spaces

Encompassing the cosmetic gaze (Wegenstein & Ruck 2011; Wegenstein 2012) and body projects (Shilling 2003), this chapter is structured around three themes central to understanding representations of aesthetic surgery on the Web:

- 4.1 Seeing Aesthetic Surgery
- 4.2 Selling Aesthetic Surgery
- 4.3 Prosuming Aesthetic Surgery

Aesthetic surgery is rooted in the visual – it is a tangible change to appearance linked with understandings of normative physical appearance. It is sold in such a way that individuals identify issues with their own aesthetic in comparison with discourses of aesthetic idealism; informed by the cosmetic gaze. Driving prosumption, the Web affords a number of new mediums that intensify and diversify dialogue surrounding aesthetic surgery.

Two main ideas began emerging from analysis at this stage. Firstly, discontinuities and contradictions of the Web compared to offline media in how aesthetic surgery is seen, sold and consumed. The Web provides opportunities for users to be active prosumers. Users openly discuss and critique aesthetic surgery information, services, outcomes, or experiences. The cosmetic gaze is collectively exercised in a way unseen prior to evolution of the Web as an affording medium. The role of users is increasingly central to beauty discourse and attitudes towards aesthetic surgery as a practice and pursuit. Intersecting beauty and medicine; patient-consumers are open to scrutiny not encountered elsewhere in medicine. Secondly, analysis showed discourse of female bodies as in some way aesthetically deficient across all explored online spaces. Both altered and unaltered female bodies are criticised. Worse still, some bodies are denigrated as grotesque if a procedure has been botched, or is viewed as excessive.

Procedures were presented in polarising ways - empowering or oppressive; necessary or needless; individual choice or pressurising dictates of beauty standards. A deluge of complementary and competing viewpoints reinforce complexities of aesthetic surgery as a practice. The cosmetic gaze is constantly employed, challenged and reinforced.
4.1 Seeing Aesthetic Surgery

Aesthetic surgery is driven by the visual. Across online spaces, both altered and unaltered bodies were subject to scrutiny of the cosmetic gaze. Extent to which scrutiny manifested itself was dependent on the space. However, bodies were rarely applauded for adhering to seemingly ‘mythical’ beauty ideals. This section is split into two ways that bodies – aesthetically altered, or not - were overwhelmingly seen: the spectacle of fake bodies, and the spectacle of undesirable bodies.

4.1.1 The Spectacle of Fake Bodies

Pitting natural bodies against unnatural bodies reflects arguments threaded through debates on aesthetic surgery. Aesthetically altered bodies allegedly ‘betray’ natural bodies (Wolf 1990), which have been considered superior to altered bodies (Hurd Clarke & Griffin 2007: 189). Feeding into broader discourse concerning women’s bodies as aesthetically deficient, the spectacle of fake bodies was brought to the fore across online spaces. Turning firstly to online news content, presumptions of fake bodies inundated stories regarding celebrities. Unpicking of celebrity bodies via visual proof was common. This employed ‘before and after’ images of – confirmed and alleged - patient-consumers. Often, close-up and mid close-up facial shots were used; contrasted side by side. This allowed users to see any potential bodily differences between images.

Bodies were focus of scrutiny when authors of sources asserted that an individual was not ‘admitting’ to surgery,

“The new mom credits her rigorous diet and exercise program, as well as cutting down on alcohol for her weight loss, but is frequently accused of going under the knife in order to slim down. She denies having any cosmetic surgery, except for the Lumineers she had placed on her teeth last year…” (Article 14)

Here, speculation was based on the aftermath of a bodily event - in this case, pregnancy. The individual was ‘accused’ of undergoing aesthetic procedures to aid weight loss after the birth of a child. A further example,

“I’ve never understood why [individual] lies about the amount of plastic surgery that she has had done. I mean some procedures are just really obvious and it’s not like her friends have kept her secrets for her” (Article 25)
Use of words like ‘accused’, ‘denies’, ‘lies’ provided an impression that a wrongdoing was committed - the authors knew these individuals had undergone surgery, so why were they dishonest about routes to their altered bodies? These assertions have two dimensions. Firstly, that the gaze of lay spectators is imbued with aesthetic expertise. Use of close-up images that purported to show differing appearance could be carefully considered by all users and asserted publicly online. Secondly, stemming from derisive language, it appeared reprehensible to be untruthful about procedures - women betray each other by not being honest about the (un)naturalness of their appearances. The tone of articles was accusatory and assertive. In illustrating this,

"Don't get me wrong -- I'm sure [individual] did/does do Atkins and hit the gym hard after giving birth. But that's not all she did. Her face alone looks waaaay different than it did even four years ago. And don't get me started on her ridiculous rear end! The fiction she'd have us believe is nothing short of irresponsible. It's one thing to keep your lips sealed, but to claim diet and exercise alone delivered a seriously slimmed-down body in a matter of 4-5 months is galling and insulting. And well, the fibbing about her face is a total joke" (Article 11) [Original emphasis]

This was a blog-style release on a popular celebrity gossip site. Assertive, accusatory, and making serious claims about perceived effects of fake bodies on mental wellbeing, it went on,

"I'd even go so far as to blame what she's doing for the epidemic of eating disorders and poor body image we have in this country. Because the results she's touting as natural are not. And sadly, far too many women look at her or celebs like her and think they should and could achieve something similar, and when they don't, they resort to extremes ... Just not the kind of extremes [individual] goes to in a posh, discreet Beverly Hills clinic." (Article 11)

The author laid blame for eating disorders and body image problems directly at the feet of the individual due to alleged dishonesty concerning aesthetic procedures. The speculative gaze in this context was not only employed to assess physical, but also to level a moral judgement against the individual. Whilst Article 11 was demonstrative of articles that made claims without interjecting evidence of ‘expert’ voices, in some cases, presumptions put forward in speculative articles were acknowledged by individuals cited as experts. This lent professional credence to ‘confirming’ claims. To demonstrate,
[Surgeon], a board certified plastic surgeon in Beverly Hills tells [website] EXCLUSIVELY [original emphasis]: “It appears that she had a Rhinoplasty as her nasal tip appears more refined and slightly elevated. The mid portion of her nose looks to be in better proportion with the width of her nose and her nostrils have an improved contour as well.” (Article 131)

Presentation of expertise from a ‘board certified plastic surgeon’ allowed the author to validate their claims about surgery, and enabled users to build their own aesthetic expertise by identifying expert-confirmed alterations to physical features. Identifying changes to physical appearance builds discourse of expertise amongst lay observers that can be asserted in online spaces. The cosmetic gaze online operates as more than identification of ideal aesthetics. This transcends silent understanding by users, instead extending capabilities to reinforce or challenge discourse through addition of their own voice to digital environments. The effect this could have on how women engage with aesthetic surgery cannot be underplayed. The Web allows for an enhanced level of communication and expression compared with offline media.

Inclusion of Web users as producers and/or maintainers allows speculation through production Web content such as blogs, and use of ‘comment sections’, for instance. These are often poorly moderated spaces where readers submit opinions on presented content. Enrolment of users in speculation was sometimes actively encouraged by websites,

“Do you think [individual] had more than just a few injections? Or is she all-natural? Let us know in the comments!” (Article 20)

"Going to tune in to hear what the reality TV starlet has to say? Believe she never had plastic surgery? Tell us your thoughts in the comments section below!” (Article 22)

"Do you think [individual] had plastic surgery? Check out a recent photo of her below and let us know your thoughts in the comment section below” (Article 80)

Users were removed from the realm of ‘passive consumer’, to active in sharing lay expertise. They could browse other responses that may in turn feed into their own knowledge about alleged aesthetic surgery. This sees collective unpicking of celebrity bodies. Women’s bodies in online news content are considered public property. User-generated spaces provide voices to individuals in spaces previously produced for them – now participatory prosumers of content.
Turning to online video content, it was a similarly speculative spectacle. Three uploads that were analysed consisted of still-image montages asserting famous individuals had undergone procedures. Much like speculative online media articles, videos employed before and after presentation of individuals ‘proving’ surgical intervention. Close-up and mid close-up facial images were used to assert claims, but with little additional content lending provenance to conjecture. Each video contended that the producer knew something the viewer did not. Like some online news content, the videos invited users to view and comment on photographic ‘proof’ of procedures - disseminating speculative expertise and contributing to discourse of fake bodies. In a video purporting to show the transformation of one actress, the author asserted in the video description,

"becoming [individual] was not an easy road, it required so many cosmetic procedures, like nose job, chin and jaw augmentation, eye left (sic), cheek augmentation, dental surgery, lip augmentation, neck left (sic), Botox, face left (sic) etc. and somehow finished product is still not "perfect", so many surgeries gave her very harsh and fake look" (Video 4)

This critique rested upon extensive listing of suspected procedures. The first lines inferred that aesthetic surgery not only altered the appearance of the individual, but also their entire identity. The author dichotomised the individual into pre- and post-surgical bodies; aligning their identity with physical appearance. Conflating surgery with attempts to obtain perfection, the cosmetic gaze was employed to instead argue that the individual was now ‘harsh’ and ‘fake’ – tenets of undesirable bodies. The same individual was subject of two separate videos. The second video again used before and after images – both close-up and medium close-up - but no other content to argue the individual had undergone procedures. From images produced, the video description read,

"The DRAMATIC change with the help of a few surgeons" [Original Emphasis] (Video 6)

There was no basis for assertions of ‘dramatic’ change. Candid photos were contrasted against apparently airbrushed professional photos; used as either portfolio or promotional images. Speculative video content relied on dubious employment of before and after images to prove ‘obvious’ visual difference. There was little or no accompanying commentary or information. The viewer relied on visual contrasts, and
like some online news content, there was dedicated space to comment on content of videos. Again, this enrolled users in unpicking allegedly altered bodies - allowing judgement and lay aesthetic expertise to be asserted, and claims to be perpetuated. Ability to upload content and affordances for inclusion of user opinions sees women’s bodies scrutinised more publicly than ever before. Offline media vehicles shed a spotlight on aesthetics; Web content intensifies this – bodies have become inescapable; all bodies are media-bodies; all spectators bound up as experts.

Moving away from speculating about fake bodies, emphasis within surgery provider websites and online discussion forums presented ‘natural’-looking aesthetic outcomes as ideal. Turning firstly to aesthetic surgery providers, it was visually clear that natural-looking bodies are aspirational. Provider websites not driven by celebrity endorsement tended to feature images of nameless models. Whether or not the models had actually undergone procedures was not verified. They were posed, smiling – successful surgery recipients whose results did not look obviously aesthetically enhanced. Overwhelmingly, young, Caucasian females made up the bulk of models; propagating beauty standards excluding older, and black and minority ethnic women.

‘Natural’ bodies were emphasised most frequently in patient-consumer testimonials, discussing aesthetic outcomes. ‘Natural’ was a complimentary term. Looking at the example of breast augmentation for instance,

“My boyfriend [...] didn't want me to go through with it at first, but now he absolutely loves them and can’t believe how natural they look!” (Website 2)

“I am so happy with my new breasts and they look really natural which I am so pleased about!” (Website 2)

“They look so natural, are the perfect size and shape for me and are very much in proportion to the rest of my body.” (Website 4)

“My boyfriend thought they were so natural and has been with me all the way” (Website 6)

“The results are fantastic – all my friends and family are surprised at how natural my breasts look and how well they have healed already!” (Website 8)

Emphasis was on apprehension or expectation of a fake-looking outcome, alongside pleasure and surprise expressed by individuals, their partners, friends, or family at
natural-looking post-surgical results. Altered bodies retaining natural characteristics have been deemed worthy of praise, and act as an advertising point for surgery providers. Subtlety in aesthetic alteration reinforced that surgical techniques should ideally construct bodies that do not look like they have undergone procedures. It has been argued that women pursue surgery that alters bodies to be reflective of idealised notions of aesthetic ‘normality’ (Morgan 1991: 38). Patient-consumer testimonials reinforce naturalness as an ideal online; countering user-generated content magnifying the fakeness of some surgically altered bodies.

Natural-looking outcomes were also praised in online discussion forums. Users provided peer feedback on appearance of bodies. Some posts also highlighted fear of looking fake. For instance, in response to a thread about types and sizes of breast implants,

User 1: "... also for shape i dont really want the fake look, but also think i will regret getting tear drop"

User 2: "I'm getting the teardrop implants and placed partially under the pecs cos I wanted a natural look and as I'm quite "ribby" across my chest there is less chance of rippling. Each to their own but I just took the advice of my consultant because the more you read, the more confusing it gets"

User 1 emphasised desire over pragmatism regarding breast augmentation. There was objective to avoid looking fake. The response of User 2 also highlighted desiring a natural look. They recommended advice of aesthetic consultants; implying reading too much material is detrimental to decision-making. Web content is seen to convolute research – in this case, resorting to practitioner expertise is advised, reaffirming ultimate expertise of clinicians in the surgical process.

Similarly to patient-consumer testimonials above, the excerpt below shows responses to a thread author, who had undergone a revision Rhinoplasty,

User 1: "Thank you so much for sharing your story and photos! It is much appreciated. I think [surgeon] did a wonderful job. Your nose is lovely and looks so natural. I know it's still early, but at this point it really looks nice. Best of luck to you"

User 2: "So natural, love the tip. It already looks nice one month out. Any trace of fake and distorted has disappeared with this surgery. You look great, happy for you and thank you for sharing"
These replies reinforced a natural-looking result as worthy of praise. There was reference to the author’s former nose looking ‘fake and distorted’, which revision surgery had repaired. Again, this restated that the aim of aesthetic surgery is to obtain a result that adheres to accepted forms of ‘normality’. The cosmetic gaze is employed to assess how ‘real’ bodies look post-surgery. The thread goes on,

User 3: “I think your nose looks great [Author]! It’s really nice and natural looking and is definitely a huge improvement!”

User 4: i’m not surprised you’re so pleased with your result, it does look very natural, especially in comparison with your before pics

User 5: Congratulations [Author]! What a fantastic improvement. Your nose looks completely natural! Well done for taking your time & waiting till you found a surgeon you were comfortable with. Thank you so much for posting about your surgery & showing pics

Again, here, revision surgery was lauded as a ‘huge improvement’ on the negative outcome of primary surgery, with naturalness being accentuated. It was clear that bodies achieving a ‘natural’ look were worthy of praise. User 1’s pre- and initial post-surgical body were derided in comparison with the result of surgery; cast in an aesthetically deficient light. Online discussion forums allow users to affirm to other patient-consumers that they have undergone a successful surgery resulting in a desired outcome. Scrutiny in this context was a route to empowerment for women. It was a way to show of altered bodies that were previously deemed undesirable, either in their natural state, or due to surgical incompetence. In direct contrast to site where bodies were denigrated as false and there was little trace of admiration; discussion forums were environments for liberation from deficiency.

Aesthetic surgery was both derided and praised across different online spaces. Spectacle of fake bodies took two forms. Online news content and online video content both showed preoccupation with speculation. Content is prosumed by unpicking bodies of those alleged to have undergone surgery. Users are made active participants in speculation via availability of comment sections underneath news or video content. On the other hand, aesthetic surgery providers and forums placed emphasis on achieving natural-looking surgical outcomes. Aesthetic providers advertised expertise in producing natural results through selected patient-consumer testimonials. Forum content, conversely, is generated by users, and built from largely
un-moderated, unedited experiential interaction. Here, reference to natural bodies was part of peer-led praise of aesthetic outcomes. Looking unnatural was a fear mentioned within forums when individuals were seeking peer advice and support in selecting certain types of surgery. This was fear of possessing an undesirable body.

### 4.1.2 The Spectacle of Undesirable Bodies

Feeding into dominant discourse of female bodies as aesthetically deficient, desirable bodies were rarely a spectacle in representations of aesthetic surgery online. What pervaded was spectacle of undesirable bodies. Situated alongside ‘fake’ bodies, it became clear that online media and visual content focused on bodies that subverted aesthetic expectation. Moral arguments abounded in these spaces - from fake bodies as a driver of low body-esteem, and even eating disorders in young women, to undesirable bodies serving as a ‘lesson’ not to undergo surgical procedures.

Spectacle of undesirable bodies was popular in online video content. This was in stark contrast to television programmes like ‘The Swan’, where undesirable bodies were surgically transformed into desirable bodies. In fact, the most viewed video was a ‘top ten’ countdown of what the creator deemed the “worst plastic surgery disasters”. An amateur slideshow video; individuals were named, with a brief description of surgeries undergone. Discourse of aesthetic deficiency was reinforced through uncomplimentary descriptions and images. For example, on the list,

"#7. [individual]: a caricature of herself” (Video 1)

"#2. [individual]: a US$4 million monster” (Video 1)

Words like ‘caricature’ and ‘monster’ highlighted individuals rendered aesthetically inhuman by the video creator. Referring to the examples above, two pictures of ‘#7’ were positioned side-by-side; one a medium close up of their face, and the other a full body shot in swimwear. By drawing close-up attention to their face, the idea of the ‘caricature’ was realised; each alleged caricatured feature emphasised. The candid bikini shot showed a body slim, aged, and apparently enhanced by breast augmentation. Images selected to present ‘#2’ were before and after shots. The first image showed the individual presumably before undergoing any procedures. Three ‘after’ facial close-up shots showed transformation into the so-called ‘monster’. Use of before and after dichotomised bodies into desirable and undesirable. In the context of
the video, desirability was positioning unaltered, presumably aesthetically acceptable bodies against undesirable outcomes. This was in stark contrast to aesthetic surgery providers, where it was the undesirable pre-surgical body positioned against the desirable post-surgical body. There was a line drawn in acceptable aesthetic procedures – once an individual crosses the border of excess, or perceived subversion, their bodies are merely a warning or a spectacle of the ‘grotesque’.

A further individual was similarly denigrated in another video. Entitled ‘Plastic surgery addict has had 75 illegal operations’, the video focused on a transgender individual going about everyday life. It was made clear that the individual’s appearance was divisive; eliciting the following responses from members of the public, who had been prompted to comment by the video producers,

"It's not natural at all. I don't like it” (Video 5)

“I was a little scared at first, it actually intimidates me. Thumbs down…” (Video 5)

These highlighted the ‘fakeness’ of the individual’s appearance, alongside fear and intimidation. Reduction of the individual to an object of fear reinforced undesirability of her body. However, this was not always the case. The video ends with a person posed with their arm around the individual. They stated,

"I love her look and she's unique to herself” (Video 5)

The individual was variably described as unnatural, intimidating, but also unique in a positive sense. This was an example of how divisive aesthetic procedures – particularly those considered botched, excessive, or deliberately subversive – can be. As opposed to operative danger being highlighted in these videos, and criticism being aimed at those who performed procedures; bodies were at fault – those being lived and experienced by the individuals affected. Spectacle of subversive bodies was rarely positive in the most popular online video content. Aesthetic surgery was seen as excessive and resulting in deservedly undesirable outcomes.

Online news content, similarly, focused on those who had undergone botched or excessive surgery. Botched surgery was made into a spectacle by presenting graphic accounts and images of surgeries that had gone wrong. Imperfect surgical outcomes were highlighted with images of affected individuals. These were usually before and after shots.
Accounts came from perspectives of patient-consumers, or practitioners in the style of warnings. For instance,

"Injecting Botox or Dermal Fillers without the appropriate training and experience carries a number of very real risks such as making the face lopsided, drooping of the mouth causing dribbling and difficulty with speech, infections in the face leading to abscesses and permanent damage in severe cases." (Article 51)

Damage caused by unqualified individuals injecting facial dermal fillers was related with a host of unwanted consequences. Physical risks were laid out in a matter of fact way, but emphasised undesirable bodily outcomes. It placed risks in the realm of unqualified practitioners; reinforcing expertise of qualified practitioners. Further examples below drew attention to undesirable bodies from afflicted patient-consumers, telling of both physical and social effects of botched surgery,

"It was like [Name of Celebrity] type... huge... huge, just displaced lips, with lumps and bumps - plus you've got all the bruising, the bleeding - they were just unbearable. I had comments from being called a freak on the playground of a school, to have you been in a car accident..." (Article 112)

This account reflected how the individual not only physically suffered due to their botched procedure, but how others treated them disparagingly. Transformed into an object of ridicule through a botched procedure, the patient-consumer was publicly humiliated. Furthermore,

"I've got a scar from my temple down to the nape of my neck. My face looks worse in some ways than before I had it done, and I've now got a double chin when I bend down that I didn't have before" (Article 105)

This individual detailed a botched facelift. Mid close-up visual evidence of scarring were used to 'prove' the patient-consumer description of undesirability. They countered their existing undesirable pre-surgical appearance with a post-surgical body considered 'worse'. Similarly adverse outcomes were detailed in the same article,

"Every part of me the surgeon had touched had an infection called necrosis, where not enough blood gets to your body tissue so it dies. They had to scrape off the dead flesh and take a skin graft from my thigh." (Article 105)

61
Again, close-up pictures of the afflicted areas were included - making a spectacle of disaster. A further example,

“A surgeon who botched boob jobs leaving one patient with a DENTED breast and another with a BLACK nipple has been kicked out of the profession” [original emphasis] (Article 98)

Emphases on words ‘dented’ and ‘black’ heightened sensationalisation of these features – luring readers into the spectacle; enabling them to employ the cosmetic gaze and judge the poor standard of surgery, and the bodies of those affected. The surgeon was at the centre of fault in this example. In other cases, however, patient-consumers were placed at fault,

“A few crazed addicts have already indulged too far in their love of cosmetic enhancements, inflicting grotesque and irreversible damage to their bodies. In one famous episode, a South Korean woman injected cooking oil into her face, causing it to bloat. Months of futile surgeries could not repair her disfigurement” (Article 61)

Use of ‘crazed’ pejoratively implied the individual might have been suffering with psychological problems to consider such alterations. Use of words ‘grotesque’ and ‘irreversible’ highlighted both the extent of injuries sustained, and the permanence. The individual at the centre of the story was referred to in online video content as well, as an example of aesthetic surgery gone wrong. This was an example of a well-known disaster spectacle; a ‘go-to’ story to legitimate use of adjectives like ‘crazed’. Pathologisation of individuals who undergo excessive or botched surgery as mentally ill, feeds into discourse of undesirability. It is ‘horror story’ representations of aesthetic surgery that feed into discourse of all surgeries as negative. Thus women opting for surgical procedures are warned that they are on a slippery slope to undesirability; risking their natural appearances, which, however, are similarly maligned if they do not meet an ideal.

Within video content and online news content, undesirable bodies were used to heed warning against certain practices – i.e. do-it-yourself surgery, and aesthetic tourism – and paraded as objects of morbid fascination, ridicule and fear. I draw comparison here to ‘Freak Shows’ popular in the 19th and early 20th century. Freak Shows involved spectacle of bodies afflicted largely by biological deformities and disabilities. Now considered anachronistic and unacceptable in relation to the above, those who have elected to undergo aesthetic surgeries that result in unnatural, undesirable outcomes,
are judged by an unsympathetic moralistic gaze (Gimlin, 2010: 72). Online forums and surgery provider websites, conversely, discussed undesirable bodies as ‘before’ bodies of patient-consumers. These spaces focused the spectacle on altered, newly desirable after-bodies. The Web exposes women to competing and contradictory content. Not only exposed to material that existed traditionally in women’s magazines or television programmes about aesthetic surgery; users are now active producers of content. User-generated spaces allow for creation of speculative articles, videos and communications, enrolling patient-consumers in ways that simply did not exist prior to the Web. The result of this is not an unconscious consumer of media; influenced by carefully edited articles, programmes or advertising. The Web creates expertise driven by access and navigability of large volumes and variety of material. It provides mediums for voices that have previously been silent, i.e. those of patient-consumers in largely uninhibited online discussion forums. It enables discourse of desirable and undesirable bodies to be publicly discussed – reinforcing and challenging tenets of the cosmetic gaze. Women are empowered by choice in Web spaces to engage with, as well the ability to exchange their personal narratives with other patient-consumers. Simultaneously, women are presented with images of desirable and undesirable bodies, variably praised and denigrated across online spaces. Natural bodies are (often) not good enough, altered bodies are (often) not good enough – undesirability prevails online, strengthened by online mediums.

How aesthetic surgery is sold has also diversified with the growth of the Web - with access to a global market and competing representations of expertise, imagery and patient-consumer satisfaction.

4.2 Selling Aesthetic Surgery

The global reach of the Web and ease of accessibility for many users heightens business possibilities for aesthetic surgery providers. Here, selling aesthetic surgery is split into two subsections: sale of desirable bodies and sale of expertise. These were identified as overarching themes from the data - reinforcing discourse of desirable and undesirable bodies. These areas were also discussed in literature on the ethics of aesthetic surgery. Sale of desirable bodies was found to come about from denigration of perceivably undesirable characteristics (Miller et al. 2000, Atiyeh et al. 2008). The Web has not been focused upon regarding the ethics of aesthetic surgery marketing, despite being of concern to practitioners (Department of health 2013). How aesthetic
surgery is sold and how this affects body discourse is important in understanding representations of aesthetic procedures in marketing practice and how women engage with this content online. The Web provides access to an increasing number of spaces through which to engage with aesthetic procedures that span beyond typical offline marketing material.

### 4.2.1 Sale of Desirable Bodies

In aesthetic provider spaces, services are sold through disparaging body parts as aesthetically deficient - one of many ways that aesthetic surgery blurs boundaries between healthcare and business; medical necessity and medical choice. 'Expert' opinions are presented alongside aesthetic characteristics deemed undesirable, lifestyle benefits – or capital – that come with possessing a desirable body and contrasts between pre-surgery bodies against improved, desirable post-surgery bodies. For example,

"... many people with sticking out ears or bumpy noses turn to cosmetic surgery for nose reshaping or ear reshaping to give them the desired look" (Website 1)

Words ‘sticking out’ in relation to ears, and ‘bumpy’ for noses, are deemed undesirable traits to have. These were deliberately ambiguous descriptions; bringing subjectivity to the fore. It is often the individual who decides whether they have a ‘bumpy’ nose or if their ears ‘stick out’ too far. Informed by the cosmetic gaze; self-assessment of these characteristics is a necessity in selling services. A further range of examples, in reference to women who may consider breast augmentation stated,

"Breast reduction generally appeals to women who suffer from having breasts that are uncomfortably large, while breast uplifts are ideal for sagging or misshapen breasts" (Website 1)

Use of ‘sagging’ and, again, ambiguous ‘misshapen’ show there was a preconceived notion of what ‘ideal’ breasts should look like – from this, they are not meant to be ‘saggy’ or ‘misshapen’; they are not meant to be too ‘large’. This reflected the narrow forms of normative appearance that Gimlin (2000: 89) asserted women were driven to adhere to. Furthermore,

"If you are a woman with naturally smaller breasts, or have breasts that have reduced in size following childbirth or weight loss, your self-confidence may be
affected. Breast enhancement is a simple surgical procedure that can help you to regain more body confidence” (Website 2)

Naturally small breasts, or breasts that have reduced volume due to certain bodily processes, were stated as reasons to consider augmentation. There was emphasis on low body confidence as a result of these features; showing women regularly ‘betrayed’ by their natural bodies. Furthermore, aesthetic surgery was presented as a ‘simple’ solution to assist in rejuvenating self-esteem. This trivialises procedures – it removes physical effects resulting from undergoing and recovering from an invasive surgical intervention. Some providers, however, do not refrain from using multiple demeaning words in relation to undesirable body parts:

“Women with sagging / drooping breasts (breast ptosis) and flabby skin represent the typical breast lift patient. The lowering of the breast usually occurs after pregnancy or after weight loss” (Website 8)

Again here, there was use of the word ‘sagging’, along with synonym ‘drooping’. In brackets, these derogatory words were medicalised, by referring to the condition of drooping breasts - ‘breast ptosis’. Undesirability has been medicalised in this context to lend credence to the necessity for surgery. There was then reversion to disparaging terms with use of ‘flabby’. Whilst these features being emphasised act as a driver in considering aesthetic procedures, there was only one instance where aesthetic surgery was overtly ‘advised’ as opposed to ‘suggested’,

“Breast Enlargement/Augmentation with implants is advised for women whose breasts have not developed as much as they wished” (Website 5)

Use of ‘advised’ made it appear that aesthetic breast surgery was a necessity for women who did not meet typical societal expectations of ideal breast shape or size. However, at the end of the sentence, use of ‘wished’ brought agency back into the equation – it put the decision to undergo surgery back into the hands of women who ‘wish’ they had larger breasts. This was employment of expert cosmetic gaze; legitimising elective, expensive procedures by asserting practitioner knowledge. Choice was negligible in this instance; it inferred that women have an ideal breast size in mind when their bodies developed, implying that there is a standard to be met. A spectrum of appearances does not exist in aesthetic surgery provider websites, but this was carefully worded so that ideal bodies appeared subjective, as opposed to imposed.
Undesirable bodies were further emphasised as impacting on everyday lifestyle choices - fashion and relationships. All of the following were extracted from Website 1, a prominent UK provider,

“...it was very difficult to buy clothes that flattered her figure”

“...affected her confidence, both in the choice of clothes she wore and in her relationships with boys”

“She found that she didn't want to meet a man because she was ashamed of her breasts and of any potential boyfriend seeing her naked”

The emphasis was on romantic relationships and fashion – two lifestyle aspects that contribute to social and physical capital. Women who cannot obtain romantic relationships and/or are not felt to able to wear certain clothes are perceived as lacking. Accumulation of physical capital is a way of remedying these issues. The next two excerpts, again from Website 1, showed undesirable body parts given disparaging names, either by the patient-consumer, or peers to taunt them,

“...went from a size 14 to a size 8 and her breasts shrunk from a 36D to a 34B. She referred to them as spaniel’s ears because they looked small and drooped, she really hated them”

“...because of her flat chest she lacked the confidence to do the other things girls her age were doing and was even teased about her small breasts earning her the nickname “tissue-tits””

These examples from a single website showed undesirable ‘before’ bodies as a recurring feature of patient-consumer testimonials. ‘Spaniels-ears’ and ‘tissue-tits’ presented pejorative, colloquial terms for breasts considered too ‘drooped’ from weight loss, or too small - reinforcing aesthetic undesirability. Testimonials referred to low self-esteem, restriction in fashion choices, and relationship problems. This was then countered by how aesthetic procedures performed by Website 1 providers positively impacted the lives of patient-consumers,

“I now have more confidence to succeed in my singing career and have the confidence I had never dreamed of... and I even like wearing bikinis now!” (Website 1)

“...she happily told us that she had just been shopping with her new boyfriend to buy pretty strappy tops and dresses!” (Website 1)
“...is extremely happy with her experience with [provider] and is thrilled with the results, she finally has her confidence back and feels comfortable wearing a bikini again.” (Website 1)

“Absolutely fantastic, before I was a 30aa and now I am a 32 c/d. I had no confidence and couldn’t wear tight clothes. Now I can do and wear what I want” (Website 1)

Aesthetic surgery had a positive effect in heightening confidence, clothing women felt they could wear, and their romantic lives. Firstly, within testimonials, fashion choices appeared to be a prominent driver in women making decisions to undergo aesthetic surgery. Secondly, like patient-consumer narratives concerning before and after bodies; desirable bodies were sold through before and after pictures on provider websites. Close-up and medium close-up shots were employed of ‘deficient’ body parts contrasted with ‘improved’ post-surgical images. However, like patient-consumer testimonials, only successful surgeries were shown, and of course, there was no discussion of ‘healing’ or recovery stages. Simplification verging on trivialisation of surgeries lends power to the cosmetic gaze framing aesthetic surgery akin to other ‘everyday’ beauty pursuits. Removed from the preserve of those in an advantageous socioeconomic position to afford procedures; surgery is framed as a patient-consumer undertaking to accumulate capital through broadening access to fashion and relationships that undesirable bodies ‘prevent’. This is framed as rooted in self-esteem. The cosmetic gaze is a powerful directive. It informs types of aesthetic appearance should be adhering to, and the consequences of not doing so, i.e. lack of romantic partnerships and limited fashion choices – lessening physical capital and associated benefits.

Similarly, online discussion forums were used for individuals to contrast their undesirable before bodies with their improved altered bodies by posting images alongside surgical outcome narratives. For example,

Author: “Hi guys I have put pictures up of my new nose two weeks post op so everyone can see! I had my nose done with [Surgeon] [Location] open Rhinoplasty, he also does them in [Location]. I also done another album of my tip I took a picture on the day cast off day looks much smaller then swelled up the next day and took a picture today so one week from cast off day. You can see the difference with swelling keep telling myself this will slowly take time :-( I’m very pleased with results so far.”
The user uploaded close-up images of their post-surgical nose. In naming the surgeon and location of surgery, this acted as an advertisement. By allowing other forum users to see how well surgery had been carried out; they too may decide to seek a consultation with the same practitioner. Contrasted with polished, selective testimonials of aesthetic providers, forums are a communicative space where individuals can expand upon experiences. A further example recounted,

Author: "Hi Everyone, I am thrilled to say I finally had my revision! I have been on this board and previous boards for the last 10 years trying to find a doctor I felt comfortable with to do my revision. I had only one primary 15 years ago, and was not happy with it right away. The toughest part for me on finding the right doc was that I didn’t feel I had a terrible nose after my primary. It was not a good nose, but it could have been worse if I picked a bad doctor again. I have seen probably 15 doctors around the U.S. for consults. I almost went to [Surgeon A] for my revision, but waited to hear what others were saying, and I am so glad I did, as many were unhappy. I then was considering [Surgeon B]. I probably would have picked him if I did not need grafting, as I have seen some fabulous results by him for primaries, but not so fabulous when grafting is needed. Plus he is really stingy on showing b/a pics. Finally [Surgeon C] popped up (about 4 yrs ago is when people started talking about him on the boards). I saw him a number of times and felt he was the right doc for me."

The author started their post-surgery experience with some background, as a regular user of online discussion forums for the preceding ten years. They utilised user-generated spaces in order to locate a doctor. Reliance on forums was praised for preventing a visit to Surgeon A who was almost opted for; the Author having encountered negative things about them online. Finally settling on Surgeon C, the author explicitly mentioned having come across them on discussion forums a number of years previously. The author went on,

"So I had my revision the beginning of Dec. 2013, and I am thrilled with the results!! I still have some swelling though. I have posted pics for you all to see under the picture section of this website, titles "[Surgeon C] Revision". There is a lot of info about the surgery with the pics, so please read those before asking me questions [...] I hope you all find happiness and relief from the depression and pain caused by a bad rhino. I know how you feel. In my opinion [Surgeon C] is the best revision doctor out there!! I don’t know why he is hardly talked about on this board anymore, maybe it’s because his patients are all happy and move on?"
Pondering why Surgeon C is no longer talked about on the forums anymore; the author suggested that it might have been because of their success rate. The Web providing platforms to air grievances was inferred. The author implied that because Surgeon C was so good, patients did not take to the Web in order to praise their prowess – forums were predominantly a site for criticism and warnings to other patient-consumers in opposition to marketing material of provider websites. Adding a voice to forums - where experiences can be considered by prospective patient-consumers - (re)positions aggrieved parties as powerful warning-bearers; presenting cautionary tales. Women are simultaneously empowered by their ability to publicly criticise a powerful individual, whilst being adversely affected by the procedure they have undergone. Forum use countered the idea that women are merely unconscious consumers of marketing; not giving due thought to aesthetic procedures. Individuals enter these spaces with queries, experiences, narratives that are exchanged with others in order to overcome marketing bias on provider websites. It offers authenticity to aesthetic journeys; an empowering dimension to the sale of procedures enabled by the Web. The post ends,

“I consulted with all the top docs in the U.S., or at least almost all of them, and I felt [Surgeon C] had far superior results based on his pics and the people on this site that showed pics. But I also think he and I like the same types of noses aesthetically. I believe it is very important to have the same view aesthetically as the doc who will be doing your nose! OK, that's all I have to say so I hope this helps some of you! Also, thank you so so so much to those in the past who have posted pics and answered my questions, you have all helped me so much - THANK YOU!!"

This last part reinforced effort the user exerted in finding a suitable surgeon for their revision surgery. In this case, the user was not swayed merely by polished advertising on provider websites, and changed their mind about two surgeons based on experiences and pictures published online. Their desirable body is not only the product of the surgeon, but also a product of the forums where information, experiences and images were gathered. Online and offline are bound, the result a body project implicating the Web, as well as those who inhabited the online spaces interacted with. Bodies on/of the Web have become imbued with the direct experiences of others outside the realms of advertising and face-to-face contact.

Desirable bodies are sold visually and linguistically. On provider Websites and on forums, before and after bodies are contrasted. Linguistically, before bodies are
positioned as aesthetically inferior. Use of words like ‘droopy’, ‘saggy’, ‘small’, and ‘bumpy’ reinforce ambiguous perimeters in desirable/undesirable aesthetic appearance. These are reliant upon subjective interpretation and application of characteristics upon the body of the individual. Semiotics also reinforces discourse of desirability/undesirability, and provides visual benchmarks for patient-consumers to measure themselves against. It was a point of pride for those who have undergone surgery, to present in online discussion forums. They position their own ‘undesirable’ bodies against the surgical outcome in order to gain feedback and – hopefully – praise from other users, as well as imparting advice based on their own experiences. Women have the option to add their voices to aesthetic surgery discourse in order to counter marketing material and add an experiential dimension lacking in polished marketing output. The Web expands positioning of women as increasingly ‘powerful’ in the aesthetic surgery market, enabling a global voice that recounts experiences and levels judgement at provision of services.

In addition to the promise of desirable bodies, aesthetic surgery is sold on the basis of surgical expertise, which I will now turn to.

4.2.2 Sale of Expertise

It is not enough problematising women's bodies to spur them into procedures. Surgery providers frame expertise as advertisement. Jones (2008a) argued that women have to be sold a service and this is often predicated on a number of factors including expertise. Ways in which different sites go about this process was similar. There were framings of each provider as the ‘best’. For instance, from a prominent UK provider,

“Our specially selected team includes some of the most experienced and skilled surgeons in the world. This elite group of cosmetic surgery specialists offer a full range of surgical procedures...” (Website 2)

Surgeons from this provider were emphasised as being some of the most ‘experienced’, ‘skilled’ and ‘elite’. There was no measure of proof for this; the assertion baseless. There was no allusion to the surgeon selection process. However, it was common across other provider websites,
“Your surgeon is an expert in his or her field of cosmetic surgery. All of our surgeons are fully qualified and have a licence to practise with the General Medical Council (GMC). Their work is reviewed every three months and they have an annual appraisal. So you can be confident that you're in the very best hands” (Website 4)

There was not only reference to expertise, but ‘proof’ of expertise through affiliation with medical bodies, and the promise of performance reviews. There was more of an effort with this UK provider to reassure patient-consumers of rigour in providing the best service by submitting their employees to regular review. This was not as evident on other websites,

“Our Prague plastic surgeons are very well known as highly professional specialists [original emphasis] who are trying to find a tailor made solution to your problem” (Website 5)

“At [provider], we employ some of the most respected and experienced cosmetic surgeons in the UK. Our surgeons provide one-to-one private consultations and extensive aftercare during and after your cosmetic surgery” (Website 6)

“We have selected for you The Most qualified and experienced Health Care Professionals in Bolivia [original emphasis], in the field of Cosmetic Surgery, Plastic Surgery, Micro Surgery, Laser Treatment, Dental Surgery; etc. in the most advanced and prestigious Surgical and Laser centers” (Website 7)

“We specialize in offering men & women the opportunity to be treated by experienced, qualified, specialist cosmetic surgeons combined with holiday and beauty breaks in one of the most beautiful historical town of Slovakia – Kosice” (Website 8)

Expertise of individuals was constantly emphasised above through use of words ‘skilled’, ‘qualified’, ‘experienced’ ‘expertise’, ‘specialist’ and ‘best’. This worked at reinforcing respectability of companies, through commitment to employing surgeons leading the field. There was no demonstration of surgeon's work outside of selected photographs on provider websites. This was in stark contrast to online discussion forums, where women openly named surgeons and discussed their work. As will be highlighted in Chapter Five, it was baseless assertions of expertise and lack of surgical information that saw women seek comprehensive representations of surgical experiences in online discussion forums. Women were influenced by other women.
In online discussion forums individuals overwhelmingly sought experiential information from other forum members as part of their research. The following provides an example of discussions surrounding prospective surgeons/providers:

Author: "Hi people, I am really confused and it is stressing me out. How do I pick between surgeons. I am currently trying to decide between [Surgeon A] and [Surgeon B]. I have read testimonials from both and they both seem great so now I don't know who to pick. Do they have any differences in style? Is one better than the other? What factors should affect my final decision? Any advice would be much appreciated"

Posing a number of questions, the online community was mobilised to assist in decision-making. Trust was being put in forum users to provide expertise in differentiating between practitioners, continuing,

User 2: [Author] do your research. Not all testimonials on this forum for these surgeons are "great" so I’m surprised you've stated this. It's always good to be well informed before making a decision. This forum certainly doesn't endorse these two surgeons - many posters have received excellent results from other surgeons.

I had a very bad primary with [Surgeon B] and still have a very wonky nose after several revisions which has cost a lot of money. My photos and are on this thread about my legal case against him [Surgeon B] has also produced good work and photos of it have been shown on this forum, but there aren't that many results of his on here compared to other surgeons. In contrast lots of posters have shared photos of their [Surgeon A] results. In my opinion:

1. Have they produced any really awful results? Yes all surgeons have off days but not all produce awful results that lead to legal cases. In my view that's a red flag

2. Only take notice of posts on forums that show photos. Unfortunately given the anonymous nature of forums advertising, fake positive posts etc are rife

3. How many results with photos are there on the forum. One of the surgeons you mention above only has about 6 posters that have shown photos (and not all are good). That may be enough for you - that's your decision. In contrast other surgeons have twenty plus.

4. Do not take notice of lists in magazines - it's usually marketing
This particular exchange addressed numerous points. The author placed their trust in a community of strangers to assist them in making a life changing decision. User 2 provided a critical answer. They referenced (un)reliability of forum reviews; how forums posts with pictures can inform a decision based on quality of pictures provided; and a swipe at magazine reviews. User 2 asserted a level of experiential expertise drawn from a negative experience they had which made them more cautious of what information to trust. They passed this information on in order to prevent the same thing happening to another patient-consumer.

This section deconstructed how aesthetic surgery expertise is sold on provider websites, versus how prospective patient-consumers used discussion forums to carry out their own research in a peer environment. Selling expertise is no longer confined to what is seen on provider websites. Patient-consumers combine information from provider websites with opportunities to virtually connect with others. Online discussion forums are not just complementary to information provided in marketing, they are spaces visited in order to sway decision making one way or the other. Other patient-consumers are turned to in order to build expertise and make informed decisions. Experiences combine with marketing. Aesthetic surgery has been presented as a set of basic procedures with minimal risk. Some feminist literature has previously posited that women are unconsciously consuming aesthetic surgery with minimal thought – “surgical dopes” (Wijsbek, 2000: 455). However, women have been shown to utilise the Web in order to pose questions that show them thinking about surgical outcomes and the expertise of practitioners. Online, voices of patient-consumers become more prominent and lend to discourse framing patient-consumers as powerful, as Jones (2008a) alluded to.

### 4.3 Conclusion: Prosuming Aesthetic Surgery

The Web has altered ways that aesthetic procedures are seen and sold. Of centrality here were ways that online media depart from a production/consumption binary – towards co-constructive spaces for prosumption, enrolling participation of users. Proliferation of user-generated content has led to the Web enabling and maintaining a multiplicity of voices – from lay commentators to experts (Adams 2014: 1070). This chapter revealed discontinuities and contradictions of aesthetic surgery on the Web. Furthermore, notions of female bodies as perpetually deficient were a staple feature. This section discusses implications of complementary and competing Web discourses...
for feminist theories of aesthetic surgery, which led into the second research phase of semi-structured interviews.

4.3.1 Continuities, Discontinuities, and Competing Discourses of the Web

Aesthetic surgery was represented on the Web similarly to offline media, however it departed in three main ways: volume and variety of materials, ease of access and navigation, and user enrolment. In relation to aesthetic surgery online, continuities, discontinuities and competing discourse were evident across spaces.

Online news articles were saturated with speculative stories concerning celebrity surgery, and sensationalised stories about botched procedures. Users were faced with much higher volumes of content than in offline publications. As opposed to purchasing materials laid out in a shop, users access and browse between materials on a global scale. Furthermore, users are invited to publically remark on content within designated ‘comment’ spaces. Similarly, online video content provided users opportunities to produce their own content, repost content seen elsewhere, and comment on materials. The Web gives way to a multiplicity of voices, and ‘alternative accounts of reality’ (Rogers, 2004: 1).

Returning to the context of television makeover programmes, Jones (2008b) utilised the term ‘media-bodies’ to describe those bound up with media and surgical technologies, and the gaze of a wide audience. Television makeover shows invite the gaze of viewers who are bound up in the participants’ ‘journey’ of alteration. Opportunities for prosumption online extend the cosmetic gaze. The Web enables further evolution of media-bodies. No longer are female bodies scrutinised by lay spectators privately, or amongst friends. Users are not technologically detached from wider media to foster dialogue about bodies. They are bound up in this process through active opportunities and encouragement to comment. They can submit opinions on bodies publically; consumed and considered by other users. Producers of content request casting of critical eyes imbued with lay expertise to judge bodies. This was also the case with online video content. Any user can upload content. They can assert claims; make spectacles of bodies. Other users are implicated through commenting – they can publically scrutinise. The cosmetic gaze becomes part of the Web – content can have a place of permanence that offline conversation cannot. Technology and discourse of bodies are bound; online and offline merge.
Furthermore, the main difference between surgery provider websites and online forums involved participation of users. There was a clear expertise hierarchy to content in surgery provider spaces: produced by experts and consumed by lay individuals. Content in online discussion forums, however, was experiential and largely un-moderated. Users provided peer support, information, and advice using lay and experiential expertise. Patient-consumer testimonials praising providers for successful surgery exist alongside forums where the same providers may be criticised. Whereas before the Web prospective patient-consumers had access to information such as testimonials produced for consumption, they are now faced with conflicting information from different sites that impacts engagement with aesthetic surgery content.

One outcome of this is a prosumer empowered through gaining experiential expertise. Research into health information literacy has shown users building networks of contacts with the same or similar health conditions that they turn to for information, advice, and peer support (Eysenbach et al. 2004; Coulson 2005; Frost & Masagli 2008). In the context of aesthetic surgery, Jones (2008a) argued that contrary to falling prey to clever marketing, individuals are now positioned as powerful consumers of aesthetic services. Providers are up against accessible global sales of aesthetic procedures, and online spaces where individuals can relatively freely communicate and critique standards of care and surgical outcomes. The Web has propensity to further empower patient-consumers of aesthetic procedures through holistic spaces such as online discussion forums where experiences are relayed and sought out by those considering surgery. Volume, velocity and variety of content not only allow increased commentary on aesthetic surgery, therefore presenting competing discourse; it also allows prosumption of surgical experiences that alters attitudes towards traditional marketing channels.

However, despite potential for empowerment in consuming aesthetic procedures, female bodies online were perpetually considered aesthetically deficient – altered or unaltered. The cosmetic gaze is employed to identify fixable defects in appearances. Offline media has often focused on women’s bodies, and the Web intensifies this through volume, variety and velocity of content – female bodies are maligned. ‘Beauty standards’ remain ambiguous, unattainable, mythical.
The Perpetuation of Female bodies as Deficient across Online Spaces

The Web is far from the disembodied space imagined by post-human theorists, and indeed not a space with neat online/offline boundaries. It is a number of spaces presenting female bodies possessing assumed deficiencies, with real life consequences for viewers of materials. Although in the content explored there were some exceptions where individuals were praised as ‘natural beauties’, they remained a small minority. The cosmetic gaze employed online denigrated female bodies in different ways. Altered bodies were positioned in contrast to natural bodies, judged unworthy of praise due to perceived lack of labour, such as exercise. Bodies presumed to be altered – fake bodies - were open to critical speculation and judgemental accusation by both lay spectators and experts. Particularly in online video content, the most popular videos concerning aesthetic surgery were in relation to speculation and the grotesque. Similarly, in online forums, post-surgery bodies that looked natural and unaltered were considered ‘good’ surgery, whilst bodies that looked ‘fake’ were the catalyst for revision surgeries. Grotesque bodies were made into spectacles where surgery was viewed as excessive or had been botched. Injuries sustained during botched procedures were focused on – with photographic evidence sensationalising stories. Dialogue accompanying grotesque bodies drew attention to bodily disfigurement. Individuals who underwent botched or excessive surgery were paraded akin to Freak Shows. The Web drives bodies as a spectacle; intensifying the cosmetic gaze and levelling moral judgement across spaces.

Conversely, unaltered bodies were open to scrutiny in both surgery provider spaces, and online forums. Aesthetic surgery was posed as the solution to overcoming undesirable appearances. In online forums, surgeries considered successful were visually shared, and collectively praised. Natural bodies were problematised. Covino (2004) pointed out that this is nothing new; medicine and culture have always pitted bad, sickly, unattractive bodies against good, pure, attractive bodies. Over the last century, health and beauty have merged. The consequence of this, Featherstone (2001) asserted, is enhancement of the outer reflecting internal health. Bodies are constantly scrutinised for not living up to an ideal. The Web allows collation of various ways of seeing, selling and prosuming aesthetic surgery that shows it as more than an act of oppressed frivolity, but also shows the complex, competing discourse that muddies it as an empowering pursuit. Feminist theory has to contend with Web
content exposing complexities of aesthetic surgery that were not previously as visible or encouraged as they are in online spaces.

4.3.3 Implications for Feminist Theory

Aesthetic surgery in some spaces is advocated as a solution to perceived imperfections and low body image; in others, it is driving low body image. Bodies that have undergone – or are perceived to have undergone - aesthetic surgery are variably applauded for being ‘improved’, criticised as ‘fake’, or derided as deservedly ‘grotesque’ if something goes wrong. Web users are faced with spaces that do not provide cohesive or consistent representations of ideal bodies or aesthetic surgery. Aesthetic surgery has been framed in feminist literature as something that can empower women (Davis 1995; Gimlin 2002, Negrin 2002); a way of pressuring women to adhere to idealisations of feminine beauty (Wolf 1990; Balsamo 1992; Morgan 1993; Bordo 1993; Haiken 1997), or as something that can be reappropriated for feminist ends by subverting ‘expected’ outcomes (Morgan 1991; Balsamo 1996; Negrin 2002). Looking at these arguments in relation to the Web, it is difficult to find a stance. Extending Jones’ (2008b) notion of ‘media-bodies’, the Web provides images, discussion, and ways to alter bodies and empowerment comes through browsing and assessing Web materials on aesthetic surgery. Yet, simultaneously, women are faced with critiques of undesirable bodies – altered and unaltered; reinforcing structural ideas of what it means to be attractive.

It is not enough to view aesthetic surgery through opposing feminist lenses. Women are not homogenous in reasons they undergo aesthetic surgery, nor is there uniform agreement about ethical and moral boundaries of aesthetic surgery. The Web is simultaneously empowering women through volume, variety and navigability of materials, and disempowering them with idealised images, content, and opinions. How women engage with complex discourse in online spaces is the focus of the following three chapters. What will be uncovered are conflicted narratives and trust not in providers, but other women’s experiences and advice. The Web elicits responses that vary considerably – there is not a straightforward way to understand women’s engagement with aesthetic surgery online, and it is precisely this complexity that presents a challenging frontier for feminist theory.
Chapter 5: “At the click of a few buttons, that’s your body modified” – Women’s Perceptions of Aesthetic Surgery and Engagement with the Web

Volume, variety and navigability of online content means women are inundated with differential presentations aesthetic surgery. Aesthetic surgery is a practice and pursuit increasingly entrenched as normative body modification in culture driven by a makeover culture (Jones 2008a), and governed by a pervasive cosmetic gaze (Wegenstein & Ruck 2011). I conducted semi-structured interviews to develop this exploration by understanding how women engaged with dynamic depictions of aesthetic surgery. This provided an experiential lens into how the Web affects women’s views of aesthetic surgery, setting up my forthcoming argument women’s relationships with aesthetic surgery are more nuanced than feminist theory has previously asserted and the Web is central to contradiction and conflict.

Twenty semi-structured interviews with women between the ages of nineteen and sixty-five were conducted. A majority of the women interviewed – seventeen of twenty - had researched aesthetic procedures they were interested in undergoing. Of those seventeen, five had undergone procedures. Table 1 below lists participants, whether they were considering or had undergone surgery, and what procedures.

### Table 1: Interview participants and their engagement with types of aesthetic surgery

<table>
<thead>
<tr>
<th>Name</th>
<th>Considering Surgery</th>
<th>Undergone Surgery</th>
<th>Type of Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna</td>
<td>Yes</td>
<td>No</td>
<td>Bariatric</td>
</tr>
<tr>
<td>Beth</td>
<td>Yes</td>
<td>No</td>
<td>Bariatric</td>
</tr>
<tr>
<td>Caroline</td>
<td>No</td>
<td>No</td>
<td>-</td>
</tr>
<tr>
<td>Gemma</td>
<td>Yes</td>
<td>No</td>
<td>Rhinoplasty</td>
</tr>
<tr>
<td>Jade</td>
<td>Yes</td>
<td>No</td>
<td>Bariatric</td>
</tr>
<tr>
<td>Jasmine</td>
<td>No</td>
<td>No</td>
<td>-</td>
</tr>
<tr>
<td>Jessica</td>
<td>No</td>
<td>Yes</td>
<td>Breast Augmentation</td>
</tr>
<tr>
<td>Julia</td>
<td>Yes</td>
<td>No</td>
<td>Breast</td>
</tr>
</tbody>
</table>
### Augmentation

<table>
<thead>
<tr>
<th>Name</th>
<th>Breast Lift</th>
<th>Bariatric</th>
<th>Rhinoplasty, Breast Augmentation, Facial Dermal Fillers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laura</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Lucy</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Megan</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mia</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Michaela</td>
<td>No</td>
<td>Yes</td>
<td>Breast Reduction</td>
</tr>
<tr>
<td>Rosie</td>
<td>Yes</td>
<td>No</td>
<td>Labiaplasty</td>
</tr>
<tr>
<td>Ruby</td>
<td>Yes</td>
<td>No</td>
<td>Labiaplasty</td>
</tr>
<tr>
<td>Sadie</td>
<td>Yes</td>
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<tr>
<td>Sally</td>
<td>Yes</td>
<td>No</td>
<td>Rhinoplasty</td>
</tr>
<tr>
<td>Sasha</td>
<td>Yes</td>
<td>No</td>
<td>Double Mastectomy</td>
</tr>
<tr>
<td>Scarlett</td>
<td>Yes</td>
<td>No</td>
<td>Rhinoplasty</td>
</tr>
<tr>
<td>Serena</td>
<td>Yes</td>
<td>Yes</td>
<td>Bariatric, Facial Dermal Fillers</td>
</tr>
</tbody>
</table>

Based on findings from the interviews, this chapter is split into the following sections:

- 5.1 Women’s Contradictory Perspectives on Aesthetic Surgery
- 5.2 From Google to Gossip: Women’s Online Journeys
- 5.3 Ambiguous Risk: Mistrust in Aesthetic Surgery Providers
- 5.4 User-generated Truth: Intermediary Spaces Online

Section 5.1 provides an overview of women’s perceptions towards aesthetic surgery. This contextualises their online journeys within the frame of their own attitudes towards aesthetic procedures. 5.2 will show how women interested in undergoing
procedures followed online trajectories, journeying through aesthetic surgery providers and migrating to user-generated spaces. 5.3 however, highlights mistrust in information and representations produced by providers online due to misleading imagery, and ambiguity in detail concerning integral factors considered by women, including cost and operative process. It was due to this that women broadened their searches to the wider Web. On this basis, 5.4 details that women valued various forms of user-generated content to gather experiences of procedures and visual representations, as well as advice. User-generated materials online acted as intermediaries between women and aesthetic providers, and this content was perceived more favourably by women for truthful portrayals of providers and procedures. This Chapter explores where online journeys begin and where they go. Journeys challenge the idea that women unconsciously buy into aesthetic surgery marketing and notions of ideal bodies without prior expertise building and critique of services.

### 5.1 Women’s Contradictory Perspectives on Aesthetic Surgery

Women had contradictory perceptions of aesthetic surgery. Women articulated situations that made aesthetic surgery acceptable: ‘reconstructive’ procedures, low self-esteem, and individual empowerment through agential decisions. These were expressed alongside unacceptable reasons: frivolous, vain and narcissistic, adherence to beauty ‘standards’, and as a result of mental ill health. Women’s choice to undergo surgery was tempered by a surrounding moral discourse, as well as pathologisation. Difficulty comes when reconciling low self-esteem as an ‘acceptable’ reason for undergoing surgery, with drivers of low self-esteem. Adherence to beauty standards was considered an unacceptable reason to undergo surgery, but discourse of hegemonic beauty often underpins feelings of aesthetic inferiority. Contradiction was rife in women’s narratives form the outset, even before the Web was brought into focus, where

Jasmine’s family took a moral stance that only reconstructive surgery was acceptable, and this shaped her early attitude towards aesthetic procedures,

Jasmine: As a child I was brought up to think that unless you had something […] you were burnt or had something disfiguring, you shouldn’t even consider having surgery… That’s the thing that, you know, hyper-rich people do and maybe it’s indicative of some kind of mental problem […] it’s not a healthy thing to do was the
message that was kind of given to me as a child, and I think that as I’ve seen it's become more normalised, I suppose a lot of people are having various procedures and I’ve become aware of that, the complexity of it has made me think that there are actually some procedures that I would consider having that I wouldn’t have done if I hadn’t had the opportunity to sort of see the stories of lots and lots of other people.

Aesthetic procedures were viewed as frivolous pursuits for excessively wealthy individuals, and/or indicative of underlying mental illness. Reflected in media content outlined in Chapter Four, the cosmetic gaze was employed to judge the social status and psychological problems of individuals submitting to elective alteration. Jasmine described a paradigmatic shift she encountered to normalisation of aesthetic surgery. She travelled through intolerance towards procedures, to tacit acceptance of surgery from understanding individual’s surgical narratives she had encountered online.

Sasha emphasised a distinctly conflicted perception of aesthetic surgery and, similarly to Jasmine, highlighted that her opinion on aesthetic surgery changed over the years, but still carried conditions,

Sasha: Five years ago, I wouldn’t have agreed with cosmetic surgery at all... I would think that, you know, having breast implants and different things were awful! That no one should change or modify their body to make themselves feel better – they should feel better from themselves. However, I think my opinions over the years have changed, and I actually think if you’re doing it for the right reasons, you know – it's hard to explain. I think if you’re doing it because it genuinely makes you feel good, and not because you’re so insecure about your body, maybe that can have a positive effect?

Sasha’s position demonstrated an amalgamation of strands in feminist literature – aesthetic surgery can be empowering so long as reasons for undergoing it are considered acceptable. Sasha wanted to undergo a procedure that traversed aesthetic ‘norms’. She wanted to consciously challenge societal notions of gender through a double mastectomy - biologically considered to define femininity. Sasha’s desired procedure was not a pursuit of beauty. It would empower her through rebellion, it would destabilise gender performativity (Butler 1990), and it would challenge beauty discourse argued by proponents of subversive aesthetic surgery (Morgan 1991; Balsamo 1996). Sasha wished to directly counter expectations of the cosmetic gaze, making her unique among my participants.
Both Rosie and Ruby further discussed conflict between agency and heightened self-esteem and adherence to beauty standards,

Rosie: I guess I'm hugely conflicted when it comes to aesthetic surgery. I think that people should express themselves in whichever way they want – bodies belong to the individual, and no one should dictate how they choose to, like, adorn them, present them, whatever... But with surgery – I get that it makes people feel better if they think they have a problem, which is purely cosmetic... But who are we pandering to? Who says what is ‘normal’, or ‘beautiful’? I kind of don’t understand, but it makes me feel like a huge hypocrite, because here I am completely consumed by insecurity about a particular part of my body which I know is totally normal – but because I don’t find it pretty, I am considering a totally drastic, really expensive action to ‘fix’ it, and the sources I look at are telling me to fix it because of how they characterise what is and isn’t normal. It isn’t broken. No one is broken. It’s such a confusing thing.

Rosie pondered dictation of ‘autonomy’ when it came to aesthetic procedures. Both Gilman (1999) and Butler (2004) drew attention to abdication of choice and autonomy when electively submitting to a surgeon’s scalpel. Rosie identified a part of her body considered deficient because she felt it was not ‘pretty’ from what she had seen online. Work on FGCS has shown that women are presented with homogeneity in genital appearance (Moran & Lee 2012). Rosie articulated that she felt compelled to ‘fix’ something that was not ‘broken’ due to content browsed online. Ultimately, Rosie’s conflicted stance was a multifaceted issue rooted in self-esteem and online exposure to societal attitudes that prescribes a set of aesthetic standards for women to live up to. Concurrently,

Ruby: I take the stance of trying not to give a shit what people do, so do what you want to make yourself happy. It just makes me really sad that people feel like they’d be happy if they’re perceived as cosmetically beautiful [...] it does upset me that people feel as though they have to do certain things to fit in a nice neat box of what beautiful is – but if it makes them happy, it makes them happy. My opinion has changed quite a lot of the past few years, just because I’ve been thinking about shit like that more.

In praising agency and freedom of individuals to make bodily choices that positively impact mental wellbeing, Ruby simultaneously expressed sadness that individuals feel as though they need to fit into a ‘box’ of beauty norms, Women endorsed
empowerment gained from pursuing body modification, but took issue with aesthetic surgery as the practice opted for. This again reflected abdication of autonomy at the level of the individual. Rather, agential decisions are made according to aesthetic ideals of wider culture – it raises the question of ‘how much choice do women have over their bodies?’ even when electing to undergo alteration. A root of conflict for Sasha, Rosie and Ruby; adherence to beauty norms was seen as the driver behind decisions to undergo surgery, and criticism, as will be seen, is increasingly levelled at volume and accessibility of Web content.

Heightened self-esteem was not the only ‘acceptable’ reason for undergoing procedures. Women such Beth and Michaela saw their own aesthetic pursuits as pragmatic due to an existing ‘natural’ issue. Beth had been left with excess skin after weight loss through diet and exercise. She noted that surgery after weight loss is what changed her previous entirely negative perception of aesthetic procedures,

Beth: I really like watching documentaries and shit about fat people – I love shows like My 600lbs Life, I love all of those things like Supersize to Super Skinny, or The Biggest Loser. I love seeing fat people cry because they can’t have a donut - don’t know what it is, I think I’m a sadist. And then obviously they have to have skin removal surgery because they’ve gone from like 500lbs to around 200lbs, sometimes 150lbs. And they’ve got really saggy bits, it’s disgusting, and they get all infected and stuff. I don’t have that. I was never fat enough to have so much loose skin that, like, I have problems with infections between, like, the folds or anything like that. It’s not that bad – just put some talcum powder under my tummy flap, sort that right out – tuck it into my undies. That is gross, by the way, having a part of your body that you have to tuck into stuff, like a shirt. I tuck it into my knickers, or I wear spanx because it hides the lower roll, which goes into a little ski-jumpy roll-y bit. So, yeah I thought then about skin removal. It’s still cosmetic because it’s not reconstructive, but it just seems like – it’s not really vanity as such.

For Beth, acceptance of surgery was born of resonance with participants on television weight loss shows. From having to tuck excess skin into clothing, Beth relayed everyday bodily presentation as an impractical process that would be alleviated by abdominoplasty. This was considered converse to purely ‘vain’ reasons to undergo surgery. Vanity carries negative connotations. Chapter Four showed that representations of aesthetic procedures in online media and video content frequently characterised patient-consumers as purely vain in electively pursuing aesthetic
surgery, and therefore morallyistically open to scrutiny. Vanity and pragmatism are put in opposition to each other.

Michaela, similarly, underwent a bilateral breast reduction after struggling for years with uncomfortably large breasts. She noted in her interview that her opinion of aesthetic surgery had changed due to her now falling into the statistic of those who have had it done, and when discussed, elicited a mixed response in her perceptions of the practice,

Michaela: [...] I don’t think you can make a sweeping statement and say that all cosmetic surgery is good, or all cosmetic surgery is bad. And even things like – I have certain struggles with people who want to enlarge their breasts because I’ve spent so much of my life fighting with having big breasts, so I can’t understand why anyone would want to do it the other way round, I think they’re crazy, but at the same time, that’s not my judgement to make. If it makes them feel better about themselves – if it’s shallow or if it’s not, like if it affects your quality of life, I can’t make that decision. I think that media, I think that the Internet, [...] celebrities have had a massive impact on how much cosmetic surgery people are having, and I don’t necessarily agree with that. I don’t think that you should undergo any kind of surgery lightly – I don’t think that people understand the risks. So I think there is a lot of unnecessary cosmetic surgery that happens, but I also think that I’m not in a position to judge it. But I also think that yeah, celebrities having these perfect bodies, and having big butts, and whatever, but I think it’s driving us towards having more cosmetic surgery where it’s not necessary, which wouldn’t have my support.

Michaela did not agree with breast augmentation, but did not want to judge others. However, use of pejorative ‘crazy’ and comparison of breast augmentation against her experiences of ‘fighting’ naturally large breasts belied assertions of not judging individuals. Michaela equated increased media coverage, celebrity speculation, and specifically the Web, with normalisation and subsequent trivialisation of operative procedures. Again, a line was drawn opposing vanity – and frivolity – against pragmatism. Michaela considered her pre-surgical body as a ‘fight’. Denigrating desired bodies whilst simultaneously pertaining to not judge women who undergo procedures reflected inherent contradictions in narratives evident throughout the interviews.

Even Jessica, whose following extract was generally in favour of undergoing aesthetic surgery, tacitly implied that there were unacceptable surgeries,
Jessica: So, [...] if you feel like you want to do something to make yourself feel better, so then why shouldn't you? I'm not against it, obviously – because I've had it done [...] but there are some - like you see these women who have had like, Botox and their faces literally don't move, and their skin is so shiny. I think you should age [...] nicely. But with boob, or bum implants – or pec implants or whatever you want to have done, I think well, why not? If you want to do it, do it.

Women were vocally supportive of aesthetic surgery if it improved mental wellbeing of the individual. Jessica underwent breast augmentation because she felt unconfident and ‘unfeminine’ with her pre-surgical frame. However, statements of support were followed by when and why women should not submit to surgical procedures. Jessica outlined negative aesthetic outcomes of anti-ageing surgery – “their faces literally don’t move”, “shiny” skin – and highlighted people should “age nicely” as opposed to taking anti-ageing measures. This again, applied boundaries to approved aesthetic procedures. A subjective cosmetic gaze policed aesthetic surgery boundaries. It is not only women’s bodies that are judged as an outcome, but also their motives – individuals are allowed to desire augmentation of a body part in this case, but are not to yearn for the much coveted appearance of youth. Jade similarly expressed this,

Jade: I think cosmetic surgery itself, if you just look at it for what it is, is a fantastic thing, because you can’t put a price or a judgement on someone’s body confidence. You can’t judge that, and if someone needs to do something to feel better or to feel confident in themselves, then I don’t think it’s right to judge that at all... But I think it has become quite like ‘well, what have you had done?’ instead of ‘have you had anything done?’ – especially in some social circles. It’s like ‘well, why haven’t you had anything done? It’s there; improve yourself!’ so people go from being ok with their bodies to thinking ‘well, what could I improve?’

Like Jessica, Jade praised aesthetic surgery as something that has potential to empower people through enhancing self-esteem. Jade, however, took issue with the idea that individuals were expected to undergo procedures upon identification of deficiencies. Individuals are aware of what they need to improve, and how they can do it, so why would they not? Jade posited that this leads individuals to question their aesthetic appearance in self-surveillance, another feature of the cosmetic gaze. However, there is contradiction in how women are expected feel in relation to the cosmetic gaze. On one hand, they are perceived in late modern consumer culture to
have infinite choices and are imbued with knowledge – whether via the Web or elsewhere - of how to attain normative beauty characteristics. On the other, they are critiqued for undergoing operative procedures in order to adhere to ideals. Women are considered oppressed by, and complicit in (re)producing cycles of aesthetic idealism through undergoing procedures, yet are simultaneously praised and/or supported if they opt to improve their wellbeing through such means.

Reversing the idea of aesthetic surgery alleviating low self-esteem, aesthetic surgery as potentially negative for mental health was highlighted by Caroline. Caroline was the only participant who had not fleetingly considered undergoing procedures, and her own engagement with aesthetic surgery was seen as an unpleasant ‘side effect’ of Web use,

Caroline: I was a mental health worker. I’ve met a lot of people who were very unhappy about themselves, and no matter how perfect they are, they’re still unhappy with themselves because it comes from within. I’ve known a lot of people who have wanted to have changes. And changes to the self can become almost like an addiction or an abuse of the self, in a way. And to me, it’s not about how big or small someone’s nose is, or whatever, to me, beauty shines through. But I think a lot of people who are unhappy think that if you’re thinner, if your nose is smaller, if you have this lifted or that removed, you’re going to be happy then… and I feel that’s such a misleading life [...] I think the Web has played a huge role in this. I mean, if you look back 20-30 years ago, you would have to have had money, and gone to a private clinic – you would have to know who to go to. It wasn’t so readily available to most people. You see more advertising, you see clinics popping up all over and it’s more readily available.

Caroline asserted that aesthetic surgery, both desiring and undergoing procedures, was a form of addiction or self-abuse. Highlighting the old adage - in opposition to theories of alignment and physical capital - that beauty ‘comes from within’, she highlighted this as lost in pursuit of changes to bodies. The Web directly impacts this – accessibility to surgical provider spaces, and ready availability of multiple practitioners is contrasted against offline lives prior to the growth of the Web where individuals would have to have had adequate financial means, as well as knowledge of who to go to for surgery. This excerpt segues into Section 5.2 that looks at how women journeyed the Web in pursuit of aesthetic procedures.
Perceptions of aesthetic surgery, with the exception of Caroline, differed within individual commentary on the subject, making each – variably conflicted – narrative unique. It was clear that aesthetic surgery remained largely divisive, with participants splitting the pursuit into those deemed acceptable and unacceptable. Like representations of aesthetic surgery across the Web, women’s feelings towards procedures were contradictory. Women felt that surgery was adherence to hegemonic beauty, and this was something they disagreed with. Simultaneously, autonomy in body modification and choosing to reclaim aesthetic surgery as positive for self-esteem were seen as positive reasons to undergo procedures. Aesthetic surgery was both oppressive and empowering. These complexities of the discursive field form a useful basis for upcoming exploration and analysis of women’s online journeys engaging with aesthetic surgery, as well as understanding how they perceived the Web to be impacting on aesthetic surgery and ideations of beauty. Analysis addresses implications of the Web for women’s engagement with aesthetic surgery and how this informs feminist theory in an increasingly digital society.

5.2 From Google to Gossip: Women’s Online Journeys

Women started aesthetic surgery online journeys looking at sites that were not user-generated; either aesthetic surgery providers, or established medical bodies for clinical information, such as the NHS. Women directly interested in undergoing – or who had undergone - surgery factored in cost as the most influential factor in initial decision-making. It was prominent alongside – and occasionally predominant over - operative factors. Women began their online journeys by employing searches both to explore options for procedures, but also to discover how much surgery was likely to cost, and from that, the viability of pursuit. What became clear, however, was that women were sceptical of how price and operative information was presented by aesthetic providers, instead investing trust in user-generated content for truth.

Women employed generic searches related to their aesthetic interests,

Anna: I used a search engine, just basically ‘what is a tummy tuck?’ ‘Where can I get one?’ type of thing on Google...

Rosie: [...] I would begin by typing in just a general search for material about what is considered normal and abnormal. I would just do this using Google. Then, I would follow links to providers and other sites.
Julia: Basically, most of what I’ve looked has been breast enlargement because I have quite small ones, and so I started by just typing that into Google, and I came across things like [provider] and then I would check things like cost.

Serena: Before I spoke to anyone, I did all my research online. You know, just Googled stuff, and yeah, there were loads of different plastic surgery companies, and I remember looking at [provider] – which is quite a big and well-known one, which always kind of bodes well because you think ‘oh I’ve heard of them, they advertise on the TV, I’ve seen it, they look pretty good...’

Women had certain aims when beginning their online journeys. These took different forms. Anna and Julia sought out information about procedures they were interested in. Rosie, however, began her search on the basis of exercising the cosmetic gaze and knowledge developed from visual sources informing her ideas of what was considered ‘normal’ and ‘abnormal’. For Serena, viewing advertisements that traversed the Web and appeared in offline media provided additional evidence of company professionalism. Access to information via search engines drove women to similar initial resources – providers in the UK, specifically,

Beth: [...] I just started off using Google to see what kind of price ranges were for tummy tucks – abdominoplasty – because Google knows where you live – it links you to places near you.

Beth pointed out that resources retrieved could be linked to geography - nearest providers often being local branches of large aesthetic provider companies. Women repeatedly named particular providers. Google uses location services to map users to nearest available amenities; in this case surgery providers, reinforcing prominence and visibility of providers above other online content. This meant certain provider Websites were often the first port of call for many participants. Other women were more dubious about referring straight to providers after their Google searches, instead highlighting desire, for surgical information from medical resources,

Jasmine: [...] if I was considering having surgery [...] I would start off with the NHS, BMJ – whatever. You know, things that my country thinks are [...] factual, public type resources, and work from those outwards. I certainly wouldn’t go on the images, hearsay, and all the rest of it.

Dominance of medical information was at the forefront of Jasmine’s searches. There was an underlying assertion that the NHS and British Medical Journal (BMJ) were
good starting points for research because they represent medical ‘fact’ in a way designed for consumption by members of the public. This reaffirmed expertise and dominance of medical professionals in this context, but only practitioners separate from direct marketing of aesthetic procedures. Jasmine expressly highlighted erring away from ‘images’, and ‘hearsay’; putting trust in sites considered not driven by visuals, gossip, or commercial bias. Julia drew comparisons between her use of the NHS website, and information she was provided with by aesthetic surgery provider websites,

Julia: I’ve looked on the NHS website as well, but I suppose that was more about the risks involved, and it gave me more to think about, whereas [provider] was more like ‘you’re unhappy, you should get this done’.

Interests of online content producers calibrate aesthetic surgery information. For instance, aesthetic providers made a play on negative emotions to justify procedures. Miller et al. (2000: 361) saw this as a common advertising tactic, in which providers “purvey misleading images and slogans, appeal to emotional vulnerabilities, and foster unrealistic expectations, rather than convey useful information about cosmetic surgery”. On the other hand, the NHS website took a more impartial approach; providing facts about surgical aspects. The NHS was seen as a practical clinical resource trusted in providing accurate information for prospective patient-consumers. Cynicism some held towards aesthetic surgery providers – which is explored further in Section 5.3 – was countered by information provided by institutions/organisations it was felt held less market interests; thus deemed more reliable in providing neutral, factual aspects of procedures.

From exploring providers and/or sources of medical information, women went on to explore user-generated spaces. This was in the form of online discussion forums, blogs, and visually driven resources, such as Instagram, Tumblr, and YouTube. Women employed user-generated information to seek additional visual and experiential sources to complement information, and/or as a springboard to seeking potential surgeons. User-generated spaces are distinct and relatively chaotic in comparison with offline media. Users are confronted with myriad resources from multiple voices. Exposure to high volumes and variety of content sees users presented with complementary and contradictory viewpoints relating to aesthetic surgery.
Gaining ideas, information and experiential knowledge was cited in relation to online discussion forums amongst participants,

Jessica: Even after I’d had it done – I obviously had a sheet, but I was constantly on, like forums.

Sadie: And then [I looked at] forums of people who have actually done it and what their recovery was like. I did look at that, like, to get a broader perspective.

Both women highlighted use of online discussion forums in gathering information on aftercare, and other perspectives. Jessica emphasised this was supplementary to clinical information provided after she underwent a breast augmentation. Sadie complemented information she sought out about cost and providers with experiential knowledge of operative recovery. Simply put, marketing and medicine appeared no longer enough for women in making informed decisions. Online discussion forums allowed individuals to gather narratives of bodily experience with which to build expertise. Forums augmented information seeking for women.

Additionally, user-generated content had an impact on women’s decision-making. Gemma’s journey through forums and images ultimately dissuaded her from considering rhinoplasty at the time of interview,

Gemma: I guess I was put off after reading the forums of people saying, like, don't do it, and when I Google-imaged, like, “nose surgery before and after” and I saw noses before that were turned up and quite similar to mine, there was, like, no difference. Also just talking to people like [sister] or [partner], they’ve all said there’s not much that can be done for a turned up nose.

Gemma utilised the cosmetic gaze across online spaces to determine that her nose was not going to be changed via surgical means. This was expertise building with use of visual and experiential Web resources. Gemma did not go on to enquire with surgery providers, and her own research enabled her to conclude that surgery would not positively contribute to her self-esteem. User-generated content proved the end of the current journey for Gemma, acting less as an intermediary, but a definitive stopping point for the immediate future.

Others combined online discussion forums with additional visual sources. For example, Sasha’s detailed exploration of an elective double mastectomy was made difficult because she did not identify as transgendered, rather ‘genderqueer’ or non-
binary. Many materials were in relation to gender transition processes or non-elective mastectomies due to disease or injury,

Sasha: So I think I have used a lot of Instagram actually; following people who have been through the surgery, I have gone on to look at different internet forums to see what people are talking about, if they are transgendered, or are female wanting body modifications. And then from there I have found out quite a lot of surgeons that are within the area, within the UK who offer this kind of procedure.

Sasha was able to build a bank of visual experiences - seeing how individuals looked after surgery from a procedure previously hidden as taboo. The Web allows for presentation of transgender bodies in a way previously inaccessible. It can break down barriers in representation of marginalised bodies; providing users like Sasha opportunities to become familiarised with and empowered by physical forms they identify with.

Similarly, in building a repertoire of user-generated networks, Rosie highlighted online spaces conflict with one another – some offered advice and experiences about undergoing labiaplasty, and others celebrated diversity in natural genital appearance so as to turn women away from undergoing aesthetic procedures,

Rosie: I have ended up on lots of different online forums; ones where people discuss labiaplasty – like, their experiences of it, and asking questions and telling their stories and so on, and a site – which is actually a Tumblr - that I use frequently which tries to make women feel better about the natural appearance of their labia by posting pictures and empowering messages. I guess I try to look at alternatives to surgery, as well as surgery. It gets confusing.

This example showed the cosmetic gaze exercised to find beauty in naturalness, but informed by overarching notions of ‘ideal’ bodies. Engagement with aesthetic surgery is not a straightforward browsing experience. Sites present conflicting perspectives on procedures and bodies at the centre of concern. Ability to browse between spaces can be a source of contradiction for women confused by their own perspectives on aesthetic surgery.

Lastly, Megan, a midwife, used her knowledge of medical standards to journey the Web and gather information about a breast augmentation procedure for herself and a colleague. She did not, however, rely just on marketing material, or medical
Women’s Perceptions of Aesthetic Surgery and Engagement with the Web

information. She presented a comprehensive journey around the Web that implicated multiple online spaces to complement marketing information,

Megan: I started off looking at how much it would cost in this country, so I looked at the UK websites, and they were very expensive for that. Then I started looking at the European websites and they were half the price, so we had a discussion about that. I’ve travelled a lot, and she hadn’t so she was feeling a little bit uncomfortable about that. So I went away and did some more research online. I looked at lots of different websites. I looked at countries first of all. I went on forums and looked at what people said about the surgery in those countries, and also what country I had never been to before, because I fancied a holiday at the same time. So we were going to go to Prague, and there is quite a lot of surgery tourism there, but because of the surgery they said you needed to stay for 8 days which is quite a chunk out of our lives. In the end, we decided that Brussels would be a good place to go – there’s a lot of surgery there as well, and it looked like an easy option – you don’t have to take a plane. So I concentrated my searching in Brussels, and then I looked at the different companies – there are quite a lot of companies. So I researched cost and what people said about those different clinics. I also looked at the GMC [General Medical Council for the UK] website to look up surgeons there, because I didn’t want to completely abandon the UK system. So the clinic I settled on had GMC and Brussels affiliated doctors, and the website itself was lovely. It had lots of little videos on it about the theatre and where you recover. It had lots of information sheets about all the different types of cosmetic surgery you could have. It had information about the transport. They had reviews, and I looked further into this on the general internet to find out what people had said about this clinic, because obviously they’re going to be biased on their website.

Megan journeyed around the Web in a highly informed way – she knew where she wanted to start the journey, what sorts of information she wanted to find, and how to find it online. Unlike other participants who vocally denounced aesthetic tourism as something they would never consider because they had heard negative things, Megan was confident to combine surgery with a ‘holiday’. Megan asserted that accessing provider websites was not quite enough information for her to settle on; using the “general internet” to look for experiences of patient-consumers who had used selected clinics. Megan combined information from professional, surgical and user-generated spaces to come to a decision as to which provider she would entrust not only with her body, but also her colleague’s. Marketing information was never enough
it was important for Megan to have experiential information to back up “biased” claims on provider sites. Expertise encompasses experiences, going towards balancing power between providers and patient-consumers.

Google searches signalled the beginning of online journeys through aesthetic surgery providers and various forms of user-generated materials collated by women as a way of gathering information about, and experiences of, aesthetic surgery procedures. The Web is not a straightforward 'beginning to end' journey yielding results originally set out for. Women began with curiosity, or a need for information – culminating in a journey through materials spanning a spectrum; user-generated to expert. Women were concerned with multiple factors in relation to aesthetic surgery – they did not simply consume marketing materials. Women were more than unconscious consumers. They were concerned with a multitude of aspects of surgery that fed into their decision-making and how they browsed the Web for information. They critiqued online spaces for usefulness. I now expand on types of information women were concerned about, and how they perceived aesthetic providers during their journeys.

5.3 Ambiguous Risk: Mistrust in Aesthetic Surgery Providers

Aesthetic surgery provider spaces have been criticised for ways they actively denigrate bodies to sell procedures. Atiyeh et al. (2008: 832) saw blurring of boundaries between ‘science and glamour’. Desirable outcomes of procedures, usually in the form of ‘before and after’ photos take centre-stage, whilst operative risks are rarely alluded to. Pejorative language is commonplace when describing ‘before’ bodies of prospective patient-consumers. Emphasis is on generating interest in providers and a desirable final product through commoditising female bodies. The interviews echoed these concerns, where operative risks and pricing took a backseat to outcomes of surgery. Women in my interviews were sceptical of aesthetic surgery provider websites and I now discuss factors that saw women investing trust in user-generated spaces.

When asked what information was most important to them in relation to procedures and how information was sought out, there was emphasis on cost,

Sadie: I guess it would just be another Google search. Then I might compare like, different doctors, and like it's basically like – price, and then I would go from there.
Rosie: When I actually looked at the surgery, one of the biggest considerations was cost, which is actually really sad because I prioritised that over the implications of surgery – like, how the operation is actually carried out, how long it would take to recover, what the long-term effects would be. It all came down to money.

Marketisation of surgical procedures in an aesthetic context has long been a point of contention. This has become particularly pronounced with rises in aesthetic tourism (see: Connell 2006, Ackerman 2010, Holliday et al. 2013). However, women searched for affordable surgery and noted price as a restrictive factor in undergoing procedures. An exception was Jessica, who stated that she researched prices to ensure she did not go with the cheapest provider,

Jessica: I did look into price – I didn't want it to be the lowest. I didn't want to go for the cheapest. Especially because I was financially able to do it, and I thought I'm not going to spend less money – because sometimes you get what you pay for, don't you?

Jessica was able to spend a large amount on her breast augmentation. Her search was to ensure she did not opt for the cheapest provider, because 'you get what you pay for'; for her low cost was equated with low quality. However, locating prices online was difficult on surgery provider websites. Anna, for instance, expressed frustration with how price was presented online and this partly fed into apathy towards providers,

Anna: [...] mainly I was looking for prices because I haven’t got much money and I just thought it would be interesting. Some of them were very matter of fact about their prices up-front, and, ‘eurgh I can’t afford that! I’m going somewhere else’. Some of them were much more ‘come and talk to us for a consultation; we do finance packages...’ and that’s quite frightening to start with! Because these finance deals are worth a lot of money. So, some of them were off-putting in that way. I knew what I wanted to know, and then sometimes when I went there [provider websites], they weren’t that helpful in giving me that information.

Anna expressed frustration at ‘off-putting’ ways that price was presented on aesthetic surgery provider websites. Providers have increasingly offered finance packages that can be discussed at a consultation, along with price. This was unhelpful from Anna’s perspective, because consultations were a step further than she wanted to proceed at the information-gathering stage. Laura details similar difficulties with finding prices on some websites,
Laura: I think I've looked mainly on [provider], partially out of curiosity in that I've always wondered how expensive they are, and on the websites it's really hard to find an actual price, so you have to go through the process of making a consultation and all that before you can find out if you can even financially go through with it.

Lack of transparency on part of providers made up part of the reason for collective cynicism towards these websites. Requiring women to book a consultation to find out prices is a potentially powerful sales technique that put women under pressure to choose surgery.

Mia’s cynicism towards surgical information online extended to doubt regarding qualifications listed for clinical staff,

Mia: Even on the people who were going to do them. Like, they would have a name and it would say ‘PhD’, ‘MD’ etc. but again, how can you actually trust that from a website? I’m quite sceptical of that. But it’s always nice to get an idea of what’s being said generally. Like, you’ll get a review of a procedure that someone has actually done, or there’ll be a section on the website which is like ‘tell us about your experience!’ or ‘meet our clients’ and they’ll say ‘it was a fab experience’, ‘I was very comfortable’, and they’ll that and say they’re feeling more confident about what they've had done, you know – lips done, boobs done, bum done, legs, whatever, but I don't know. I'm a little bit sceptical about how they really do it.

Mia saw patient-consumer testimonials as unreflective of the toll that procedures take. Testimonials from Chapter Four corresponded with this; focusing on subsequent successes in fashion and romantic lives as main outcomes of surgery. Allusion to operative procedure was effectively eradicated from marketing material in favour of describing how ‘simple’ and easy to recover from it may be (Miller et al. 2000: 361; Atiyeh et al. 2008: 832). Providers do not include unsatisfied customers on their websites for obvious reasons. Information included in reviews is generic focus on problematic pre-surgery bodies, compared with desirable post-surgery bodies. There is no allusion to ‘in-between bodies’. Anna concurrently discussed this view,

Anna: It was all quite [...] not how you’d expect surgery to be discussed. There wasn’t much ‘here’s the anaesthetic, blah blah blah’. It was mostly ‘you’ll come out feeling lovely!’ So I was very interested in a tummy tuck but after I started to look into it, I realised that you have to be off your feet for so long! It was something like six weeks, and ‘you can't do this for six weeks, you can't do that’, and I was like ‘I
can't not drive for six weeks! [laughs] The kids would have to go off school for six weeks!' and then I was thinking ‘it would have to be the summer holidays! At the start...’ and then I thought – there was none of that on the actual websites, that was me going and talking to other people who had it done, and thinking ‘oh god... that’s amazing.’

Similarly to Mia, Anna emphasised that positive body esteem outcomes were the focus. When Anna said ‘talking to other people’, she was referring to online discussion forums, which she frequented. It was through online dialogue with women who had undergone surgery that issues of recovery came to prominence. Forums opened up entirely new environments to gain information that was not mentioned or prominent on provider websites. When asked as to why she was more critical of provider spaces, she asserted,

Anna: It's not trivialised, but it's simplified. It's made to be so simple – ‘it's so simple, why aren't you having it done already?’ And you have to go to people who have already had it done to find out the truth about it. I mean – how many people get infections? It's amazing. And not even just simple infections – I mean – you're cutting through the muscle wall and then sewing it back together again. That doesn't ever repair correctly – what kinds of issues are you going to have 15 years down the road? You just don’t know do you?

Whilst Anna did not infer that surgeries are trivialised in provider spaces, she stated simplicity in presentation undermined experiences of having procedures - “It’s so simple, why are you not having it done already?” Anna said later on in her interview that when – not if – she began to look at aesthetic surgery online again, her first port of call would be online forums, over provider websites; bypassing initial marketing and predominant voices of ‘experts’ in favour of patient-consumer experiences because she found them more reliable and informative. Women are repositioned as experts in initial explorations, disseminating information more worthy than marketing.

In addition, women were cynical about visual images. Aesthetic provider websites were perceived as ‘sanitised’ spaces that attract women and sell them idealised bodies. Jade, in an excerpt discussed in more depth in Section 5.4 was derisive,

Jade: I wanted to know what it entailed, because when you go on to a cosmetic surgery website, it’s all so shiny, the website’s so shiny – it’s clean and white, and
there’s all these people with like shiny white teeth. And they’re all like ‘oh there’s a
general anaesthetic, and it will be done in 2 hours’, but they don’t actually tell you
what they need to do!

Similar to Mia and Anna, provider websites did not give Jade information she was
looking for (“I wanted to know what it entailed”, “they don’t actually tell you what
they need to do!”). Instead the focus was on a ‘shiny’, ‘white’ and ‘clinical’ appearance,
presumably to present professionalism. Yet lack of emphasis on procedures led
women to critique sites as presenting surgery as inconsequential when they wanted
to learn more about operative processes, risks and recovery. To remedy this, women
turned to user-generated materials to fill an information gap that provider website
were not felt to adequately address.

Further regarding images, Lucy harboured cynicism. She claimed - drawing on her
work in marketing and public relations for the aesthetics industry - that pictures used
on provider websites were generic modelling shots repurposed for advertising; not
representative of surgery recipients,

Lucy: I know that these people have been purchased from shutter-stock image
libraries; they're not people, and they're putting across probably a model's
body. The person that they're using for cosmetic surgery probably went and did
a beach bikini shoot, then they signed off a disclaimer – they probably didn't
know they would one day be used for a cosmetic surgery advert. So I think that
if people are looking at those types of websites and see that body image, they
aren't getting the correct type of information.

Images on Websites purporting to present results of surgical services are accused of
merely purchasing images of models with which to sell an aesthetic ideal as opposed
to showing genuine patient-consumers. 'Shutter-stock’ photography is not new
phenomena, but volume of images available online sees ease of availability for
companies producing Websites for their services. Lucy extended her argument
further,

Lucy: The image that we are projecting to the consumer is not built by the surgeon,
it's built by marketing agencies, media agencies, so that's quite interesting, in that
they're selling people a dream, because that's what they do – they're advertisers,
marketers, they want business so it is a sales tool, and the surgeon is secondary in
that.
Women’s Perceptions of Aesthetic Surgery and Engagement with the Web

Actual surgery is secondary to exercise of the cosmetic gaze in realising the ‘dream’ of an ideal body. Provider websites are not selling a truthful representation of surgery or a place to explore negative outcomes. Rather, Websites focus on being visually appealing and selling services via use of simplistic language about improving appearances and heightening self-esteem. Bodies are commodities; they are bought and improved easily – reducing actual surgical process to nothing more than a momentary inconvenience for women in regard to undergoing and recovering from procedures. Taking this as a point of departure into Section 5.4, it will be seen that women I interviewed were not ‘surgical dopes’ (Wisjbek 2000: 455), blindly looking at advertising of procedures and settling on the most visually attractive resources. They required additional – experiential – knowledge in order to make informed decisions about procedures.

When embarking on online journeys, women were concerned with costs and risks of desired aesthetic processes. Provider websites were not found to comprehensively address concerns that women had about pricing or operative procedures. Instead, there was focus on simplicity and positive surgical outcomes. As a result of these omissions, women journeyed to other online spaces – largely user-generated, as will be discussed next – in order to find ‘truthful’ representations of aesthetic procedures. This has enabled women to explore multiple dimensions of aesthetic surgery: sales, medical information and patient-consumer experience. My interviewees derived most helpful information from user-generated spaces, showing the Web shifting voices of aesthetic surgery dominance in instances of exploration. Dynamisms of Web content saw women migrate to user-generated spaces for honesty of experiences.

5.4 User-generated Truth: Intermediary Spaces Online

Online discussion forums provide experiential information. In Chapter Four, it was clear from forum dialogues that women had done prior research on certain surgeries and providers; migrating to forums to pose questions to those who had undergone procedures, before proceeding further in the decision-making process. As Jones (2008a) highlighted, individuals are positioned as ‘powerful’ consumers who have to be actively sold a service. In my sample, user-generated materials acted as powerful intermediaries between women and providers - delivering additional information affecting decision-making.
Online forums were found to be helpful, even if women did not directly engage in dialogue. Observers were able to find relevant information that answered questions about procedures. Anna emphasised why forums were useful to her as opposed to provider websites,

Anna: I think [forums] were more critical of the lack of information. I mean, they were very pleased with the outcomes, people who were talking, although some of them had horror stories to tell, you know, ‘it wasn’t very nice, it was really painful, I woke up and I was in agony for three weeks and no one told me that was going to happen, but I’m really pleased I had it done…’ I think it’s like having a baby! No one told you that labour’s going to be so awful like ‘oh my god, I’ll never do it again!’ but when you get the baby it’s alright [...] so it was like those kind of outcomes. They were very honest, you know ‘go to someone reputable, go to someone you trust’ because if you go to someone you don’t like it’s going to go horribly wrong...

‘Honesty’ was found to be the difference between providers and online forums, in Anna’s view. Women in these spaces critiqued lack of information on provider websites through recounting their own immediate post-surgery bodies and pain. The likening to childbirth was an analogy that compared overlooking pain in favour of focus on a desirable outcome, as many providers do. Women, in their own words, were more honest about brutality of surgical procedures when given a platform largely unfettered by editorial or commercial constraints. Freedom to express personal narrative around surgeries presented information and experiences in ways that providers frequently gloss over. Beth similarly highlighted that aesthetic surgery providers were deliberately vague in relation to transparency about procedures and this made personal accounts more valuable,

Beth: [...] it’s nice to know what other people have gone through, and their experiences, and to know that, like, other people are having the same transformative things, and that you can get through it, and yeah you might regret it, but... I’m not going to lie, the plastic surgery sites didn’t go into how painful it is, and it was only because of looking up other people’s experiences that I found out how spectacularly painful all of this was - and how invasive, actually. Yeah, so that kind of stuff really helped.

It was through understanding and interpreting patient-consumer narratives within online discussion forums that provided Beth, like Anna, with an indication of how ‘spectacularly’ painful she could anticipate procedures to be. Online discussion
forums presented women with accounts of actual bodily experience. It was less the cosmetic gaze employed in these spaces; more expertise building so that informed decisions about procedures could be made. Women utilised the Web to ensure comprehensive information was gathered from sources that were not purely marketised, (re)positioning them as knowledgeable, empowered patient-consumers.

Serena, differently to other participants, was actually directed to an online space by a nurse at a post-surgical check-up, which she actively contributed to after her surgery,

Serena: I think it was the nurse at Transform when I had my first check-up after the initial operation, gave me some information of a forum for people who had had gastric bands, and gastric bypasses – so I joined that forum. It was for people who had gone to all different companies; it wasn’t just through [provider]. She told me about it and then you’ve got other people to talk to about their experiences, all different questions – basically a chat forum. You register, log in, and you can track your own weight loss, and look at other people’s, you can put pictures up. Back then, it was quite a simple website – it wasn’t like Facebook, but it was quite good.

Prior to affordances of the Web to communicate with individuals globally, this type of support would have only been available in a physical meeting. Here, however, women with access to the Web were not limited by geographical location. Individuals contributed to online dialogue about surgical procedures; offering support for both pre- and post-surgical patient-consumers in addition to any formal medical information they may have received from practitioners. Serena was an active prosumer – adding her own personal expertise to be consumed by others, whilst simultaneously interacting with their narratives. The Web allows ease of storytelling, sharing experiences, and modes of communicating with others who may be seeking advice, pre- or post-surgery. Women are not necessarily reliant on clinician expertise in a lot of ways. These kinds of spaces allow a collective port of call for women’s queries, empowering each other pre- and post-surgery.

It was not only realistic-but-positive experiences that women highlighted in these spaces. Ruby highlighted that online discussion forums were spaces where women also relayed negative experiences that sometimes contradicted information presented to them in provider spaces,

Ruby: it was pretty interesting reading other women’s stories. So there seemed to have been quite a lot of successful surgery, and those women seemed to be generally
really positive, and it seemed to have done a lot of good things for a lot of people, but then there were other women where perhaps they had removed too much or something, and they were just in a lot of pain all the time with the amount of scar tissue and things down there. Sex wasn't the same for a lot of people, like unable to orgasm and things, and you just think – that's such a big risk that maybe that's not worth that in the end?

This information raised questions for Ruby, who highlighted risks of surgery, including sexual dysfunction. Moran and Lee (2012) showed in their study on FGCS that online advertisement of procedures like labiaplasty focused on sexual benefits, at odds with how women in this excerpt recounted experiences. Ultimately, these undesirable aspects turned Ruby away from labiaplasty at the time of interview, showing the power of women's experiences versus marketing material. In further building expertise via employment of the cosmetic gaze, Ruby accessed user-generated content in relation to normal versus ‘abnormal’ aesthetics,

Ruby: I've seen a lot [of labia] now, because I've seen a lot of pictures of women who post theirs. Then I even found one Website, where it was like that, and then there were people going around who had had surgery like ‘oh yeah, that looked like mine pre-surgery, I definitely advise you get the surgery…’ so yeah, those were kinds of things I looked at. They were all pretty interesting, actually. At the time I was pretty sad about it, like, I was seriously considering the surgery. [author edit]

Women were judged if their labia were normal or ‘abnormal’ - and ‘advised’ to undergo surgery to correct the latter. Ruby identified that opinions often came from women who had undergone surgery, making comparison to their own perceivably deficient ‘before’ bodies. Women posting photos employed cosmetic gazes on themselves and identified a problem driven by constructions of ‘normal’ versus allegedly ‘abnormal’. This was a Website for collective surveillance based on a set of pre-defined aesthetic expectations. Experience was expertise, derived from both undergoing procedures, and subsequent employment of the cosmetic gaze related to women's own body narratives.

For Rosie, likewise, browsing user-generated content online provided positive spaces, alongside those that negatively affected her body-esteem,

Rosie: It's weird – I found some materials helpful in regard to my own self-esteem. Then I would read about surgical experiences and feel like I could be as happy as
some of those women if I underwent surgery. These feelings were just, I don’t know, strengthened by the information you’re given on surgical websites – like, if your labia looks a certain way, you might want to consider surgery. And that’s pretty awful because I’d previously looked at all these pictures where these exact appearances are praised as natural, normal, and beautiful. With labiaplasty especially, I think it’s almost an entirely new frontier in popular surgery, and I really think the Web is driving that popularity… Like, online pornography only really shows you one type of vagina, and that’s the ideal. I would probably even go as far to argue that the Web has created genital dissatisfaction… The numbers of women opting for this kind of surgery really do speak for themselves.

Rosie was resolute in asserting that the Web has not only driven, but also created the idea of aesthetically homogenous female genitalia through volume of online pornography that has traversed boundaries of taboo and become part of everyday body politics. She shifted between feeling positive about her genital appearance due to empowering websites, and reverting back to feeling uneasy having read other experiences, alongside advice on surgical websites. Individuals can browse different types of information and feel a certain way, but can quickly access materials with a completely different tone, altering feelings once more. Empowering and disempowering, the Web presents spaces for constructing a heightened sense of self-esteem, alongside those that deconstruct it. In relation to this, volume, variety and navigability of Web content saw individuals accessing potentially dangerous Web spaces. Jade outlined an interesting experience when researching bariatric surgeries online. She was the only interviewee who referred to actively stumbling across a space that completely turned her away from undergoing a particular procedure, and why,

Jade: I think the day I realised that I was never going to do anything stomach-related was the day that I accidently ended up on an anorexia and bulimia forum, which was hideous. They were trying to encourage a positive relationship with their anorexia; they were giving it names and calling it their friend and stuff, and they were saying ‘oh I’m going to have [surgery] to get rid of excess skin’. So there were conversations on there about it being an option. But then there were people that I found absolutely disgusting. There was a girl on there who I would say was a normal body type, you wouldn’t have immediately thought she had an eating problem, she didn’t look skeletal at all, she looked like a healthy body type, but to her obviously she wasn’t comfortable. When she was talking about resorting to surgery – the others on the
forums rounded on her and told her that she was failing, that she was an awful human being for looking at that and not being strong enough to stick with her eating disorder, and I just thought ‘this is a world I do not want to get into’, because these people have severe problems with themselves, and if I start looking at something that grotesque, and I did decide to have something taken away... well, what about the next bit, and the next bit. You could see the decline of some people on these forums. I was only about 15 or 16, which is an impressionable age, and thankfully it pushed me away from it, as opposed to getting me thinking that it was another option for me instead. And the thing is, it doesn't take much to find it – a few key words into Google and it’s there. [...] I think the fact that you can go from researching just tummy tucks, and you can find yourself very innocently on a pro-anorexia website – that’s dangerous. That’s not just encouraging body modification, that's potentially encouraging disordered eating, especially if you’re impressionable.

This highlighted ways the Web enables journeys that are unexpected and potentially dangerous. Hypertextuality led to a space unforeseen by Jade. With immediacy of information retrieval from search engines comes potential for individuals to access Webpages that may lead down an entirely different path to an original exploratory topic. In pro-anorexia spaces, surgery was either praised as an option to remove excess skin from weight loss, or seen as a ‘failure’ on part of the sufferer who was not perceived to be ‘dedicated’ to their eating disorder. A recognised psychological disorder, but one discussed in an online environment accessible to non-sufferers informed the cosmetic gaze. The Web can have unintended consequences and spaces like pro-anorexia forums did not exist prior to the Web; now links are prominent on search engine pages. Experiences of lived bodies, including those of those suffering from psychological disorders are accessible online. Journeys can have unintended consequences for women, and user-generated content at the same time as being an empowering tool, has negative and sometimes dangerous consequences.

Moving away from online discussion forums, women further highlighted journeying into visually driven user-generated spaces such as YouTube and Instagram. For instance,

Sasha: I will continue probably using Instagram a lot, as Instagram has that way of connecting someone on the other side of the world, and automatically you could become friends with someone through their experiences – I think that’s a massive resource out there that not a lot of other things provide.
Instagram is similar to online discussion forums. It not only provides a visual window into experiences on a global scale, but also affords fostering potential friendships unhindered by geography. Photographs can be deeply personal artefacts – in this context showing results of double mastectomy surgery as part of the gender transition process. They provide a visual insight into an experience, a tenet valued by Sasha,

Sasha: I think that’s why I looked on Instagram – because there is a massive, huge open network of people who have top surgery with their stages of the procedure: pre-op, and how to look after their bodies, and afterwards as well, you know – the scarring and healing and how to look after it. So from, my point of view, it was really interesting to see how on a woman, the scarring would look, and how if it’s changed their body...

Instagram offered Sasha a glimpse into the healing process post-surgery and seeing how scarring would look once fully healed. Individuals can construct visual stories of their surgeries and recovery. Ease of storytelling transcends purely linguistic accounts online, and this is the case with platforms like Instagram, Tumblr and YouTube, where images take predominance. Bodily experience is brought to the fore through sharing images. Individuals are not reliant on just marketing material to show surgical procedures; users are afforded varieties of media to present visual narrative. In this context, the cosmetic gaze becomes adaptable to subjective context – driven not only by edited imagery within mass media, but also by everyday users.

In addition to employing a cosmetic gaze on still images of post-surgical bodies, YouTube offered ways for women to view surgical procedures in their entirety, thus gaining a better understanding of actual surgical techniques and what happens to their bodies when they are under general anaesthetic. Michaela integrated this into her research on breast reduction surgery,

Michaela: I’d say I probably used it to look into – this I going to sound weird – but YouTube videos of the procedure and things like that, because it’s quite an invasive procedure.

Overlooked in sales of aesthetic surgery - and representations that do not revolve around botched or reconstructive surgeries - is that at the centre is surgical process, simple and complex. The Web enables access to materials that have otherwise been sidelined in favour of selling services, glossing over the surgical epicentre. Michaela
considered it unusual to seek this information out, but resonating with comments presented thus far; women lamented lack of surgical information on provider websites. They turned to user-generated spaces in order to build understandings of pain and recovery. Furthermore, Beth found surgical procedures using YouTube - along with other user-generated spaces – and used these to collate experiential views of the procedure, complementing clinical, financial and provider information,

Beth: Once I'd looked at that and found out yeah I can have this done, and what sorts of aftercare were available, I started going on YouTube, and, like, Tumblr and Pinterest and stuff and basically blogging websites to find out about the experience... and like the aftercare, and [...] what kind of stuff you needed to do, all that kind of stuff. People’s experiences basically, so I had some vague idea of what to expect. You can also find, like, surgery videos on YouTube, which is quite cool...

Beth valued these kinds of experiences in providing a “vague idea of what to expect” - implying that surgery provider Websites did not feature as spaces where she could expect to find any beneficial information regarding surgical experiences. Again here, an example of experience as expertise – user-generated content as intermediary sources to bolster knowledge and understanding of procedures. Women browsed between these spaces, making sense of volume and diversity of material to identify information and experiences relevant to them; complementing information they gleaned from provider Websites.

Lastly, Jade, who had looked up three different types of procedure, emphasised that sometimes, when looking for materials, the Web could retrieve unappealing results when searching for information about aesthetic surgery,

Jade: So I looked at like YouTube videos. But the problem is that as soon as you research it, people will go to the Internet to talk about bad things. People won't go to the Internet to talk about good things. The first thing you see, always, is horror stories. People’s wounds opening up and infections – people going to outer Mongolia to have things done and things like that – images of it going wrong, scars causing big shape differences... YouTube has a lot on it, and quite a lot of it is quite intrusive, like there are cameras on the actual operating table, so you can see that. Yeah, it's hideous.

The Web is a vehicle for ‘horror stories’. Visual presentations of bodies negatively affected by surgeries appeal to viewer's visceral curiosities that err them away from
undertaking risks. A representation of aesthetic surgery ‘gone wrong’ feeds into a moralistic cosmetic gaze that implicates patient-consumers as somehow deserving of their fate because they are electively challenging nature. Unlike Michaela and Beth, Jade noted that watching procedures on YouTube only serves to emphasise the brutality of procedures in a ‘hideous’ and ‘intrusive’ way. When set alongside negative portrayals of surgical procedures, operative process can seem unappealing, and as with all Web content, women have to journey through content that may alter their decision-making or expose them to undesirable stories; linguistically and visually.

5.5 Conclusion

Women’s perspectives of aesthetic surgery presented conflict and contradiction; women simultaneously praised and criticised aesthetic surgery: as empowering for self-esteem, yet oppressive in reinforcing a paradigm of beauty. Aesthetic surgery was presented as something to aspire to in order to ‘feel better’, or maligned as symptomatic of narcissism and/or an excess of materialistic culture. Women’s attitudes towards aesthetic surgery were nuanced; a practice and pursuit bound up in complex feelings towards adhering to standards of beauty.

The interviews revealed that women firstly entered provider spaces to look up information on operative costs, process and risk, or went straight to medical information in order to access information from voices of medical authority who were not invested in selling aesthetic procedures. Women ventured from marketised or medicalised websites into user-generated spaces in the form of online discussion forums, blogs, or visual mediums like Instagram. It was through these spaces that women gathered experiences of others in order to broaden experiential understandings of surgical processes. Akin to utilisation of online-discussion forums in health consumption, women in my sample built expertise around aesthetic procedures by engaging with those who had undergone surgery, not merely relying on marketing. The Web offers user ways to traverse dominant methods of marketing and information; enabling journeys through unencumbered content – not subject to the same editorial constraints as offline media and marketing spaces.

Women were sceptical of aesthetic surgery provider websites. There was cynicism levelled at provenance of imagery used on websites, as well as disdain towards what was deemed a lack of valuable surgical information. Providers were felt to merely
'sanitise' aesthetic surgery, reducing operative process to merely undesirable pre-surgery bodies versus desirable post-surgery bodies. This conflated with Chapter Four – aesthetic surgery websites rested upon little information, other than carefully selected patient-consumer testimonials and reiterations of ‘expert’, ‘world class’, ‘world leading’ surgical care. This was not enough for the women interviewed. Meredith Jones (2008a) posited that women are positioned as powerful consumers in competitive aesthetic surgery markets. Companies have to vie for attention. I argue that the Web is a prime location for this kind of power. Users are enabled through volumes, velocity and variety of data to easily navigate multiple sources of information at the same time. This information may reinforce, divert or reverse attitudes and decision-making concerning aesthetic surgery. Women valued user-generated content in enabling them to better explore aesthetic procedures.

Women browsed a multitude of content, including online discussion forums, blogs, image sharing sites and YouTube. What they sought in these spaces varied; many looked for recollections of recovery from existing patient-consumers. Others looked at visual images for an indication of how bodies looked post-surgery outside of the realms of glossy marketing. Some women looked to YouTube for operative procedures, wanting to see what surgeries entailed. Women required holistic representations of aesthetic surgery to build expertise and inform decision-making. In attempting to detangle and fully understand the implications of surgery, women were invested in online content that purported to show a more ‘honest’ and ‘truthful’ representation of surgery.

I found that women I interviewed - regardless of how conflicted their journeys were - used the Web to explore aesthetic surgery comprehensively. They employed a vast number of resources – marketing, medical and user-generated – to explore desired procedures. Through the cosmetic gaze and building of expertise across online spaces, I posit, echoing Jones (2008a), that women have never been more powerfully placed when it came to agential decision-making about how to alter their bodies. However, implications of the Web for aesthetic surgery stretches further than immediate information resources about procedures. It is rooted in hegemonic aesthetic ideals. Chapter Four argued that women’s bodies are presented as perpetually deficient, surgically altered or not, and this segues into Chapter Six. How women considered the impact of the Web on an ever burgeoning ‘beauty landscape’ will now be explored.
Chapter 6: Exploring the Beauty Landscape Online

The Web increasingly shapes how women obtain physical capital and the cosmetic gaze is intensified through volume, variety and velocity of online sources. Moved from the realm of consumer to prosumer, it is not enough to posit that women unconsciously buy into aesthetic surgery marketing, or that they are empowered without feelings of conflict towards procedures. This Chapter explores women’s attitudes towards representations of beauty online and how these align with pursuits of aesthetic surgery. The Web intensifies complexities of aesthetic surgery and debate about beauty standards, whilst increasing its visibility and women’s feelings are competing and contradictory as a result. The Web facilitates and drives ways of perceiving and pursuing aesthetic procedures. On that basis, the Chapter is structured as follows:

- 6.1 Omnipresent Myth of Perfection: Volume and Velocity of Beauty Content Online
- 6.2 Invariant Ideals; Deficient Bodies? The Web and Hegemonic Beauty
- 6.3 Driving Hegemony or Inspiring Change? Observations of the Web and Beauty

Section 6.1 focuses on volume and velocity of beauty content online and how women critiqued what they felt were ‘omnipresent’ aesthetic ideals. Materials about ‘improving’ bodies ‘bombarded’ women across online spaces. Section 6.2 considers diversity of beauty on the Web, with women arguing that spaces reinforced a dominant ideal. Lastly, Section 6.3 shows how women were divided as to role of the Web in stimulating positive change in how women’s bodies are viewed by society. There was both scepticism and optimism in how the cosmetic gaze was being altered via Web content to include a broader spectrum of appearances.

6.1 Omnipresent Myth of Perfection: Volume and Velocity of Beauty Content Online

Women journeyed the Web in search of information and experiences that aided expertise building around aesthetic procedures they wished to undergo. However, women were critical of aspects of the Web that saw women ‘bombarded’ with
advertising of aesthetic ideals, products and services. Women took issue with adverts; mentioning inescapability – even on unrelated Websites – and pressure to match ideals presented. Women were not merely accessing spaces online that presented them with ideal bodies. Targeted advertising has capabilities to follow women around the Web as a ‘reminder’ of content they may have look at previously, or linked to related searches they may have undertaken. The cosmetic gaze is built into the technologies of the Web - making beauty ideals omnipresent. Sasha, for example, explicitly tied ‘bombarding’ of imagery to enduring aesthetic expectations on individuals,

Sasha: I think at the moment, the Web absolutely bombards women with imagery of ideal perfection. I think you see it everywhere, even on Facebook. You know, it comes up with ‘pages you should like’ of a skinny body with big boobs if you eat healthy. I think that everywhere we go now, on the Web, there’s this idealistic appeal on how we should be and how we should look, and how there is something wrong with us if we don’t look like that. Yeah, I think that’s kind of really worrying for the younger generation if you haven’t really developed how you feel as a woman. Yeah, scary.

Content highlighting adherence to beauty were seen to be “everywhere we go” online. In direct opposition to literature that argued the Web as sites for disembodiment, or depletion of boundaries as envisioned by Haraway; gendered beauty ideals are everywhere on the Web, positioning women as deficient if they do not meet bodies presented to them. Through omnipresence of ‘ideal’ bodies online, Sasha expressed concern for generations of young women. She made a link between age and (un)acceptance of bodies. The cosmetic gaze is potentially more vulnerable during youth, something that Jade previously mentioned in relation to stumbling across pro-anorexia content online. Julia made a similar point,

Julia: I think that through some sites, I would say feminist sites; you’ll find things that teach you to accept appearances, like on online forums and things. But the advertising is so in your face all the time, and people spend so much time online – it’s hard to escape the ideals.

There were spaces browsed online that relayed empowering messages to women in relation to appearances. However, volume and velocity of advertising online saw women unable to ‘escape’ ideals presented to, and expected of, them. Oversaturation of beauty ideals potentially dilutes messages that feminist forums are trying to
deliver. The cosmetic gaze is a staple of everyday life; and it adds contradiction to women’s journeys. They can browse spaces for body positivity, alongside those constructing women’s bodies as deficient, and are followed and confronted by advertising regardless of content in spaces being browsed.

Adverts were a particular point of criticism for women I interviewed. Referencing impressionability of advertising materials depicting perfect bodies, Mia alluded to a particularly controversial advertisement,

Mia: All I keep thinking about is that campaign at the moment, like that ‘are you beach ready?’ so obviously you’ve got the massive photo of this woman – abs, slim waist, boobs, blonde, pretty, you know – everything that everyone wants, and ... that’s awful. I think – yes, I know they’re promoting a protein powder, so it’s not cosmetic surgery – but for someone who doesn’t want to go through the pain and the gripe of doing regular exercise, and having a healthy diet, they’ll go ‘actually, I’ve got enough money, I’m going to nip on to the internet and see what I can get’, or ‘I’m just going to nip down to the clinic and get everything sucked in tighter’, and I think that’s really awful.

At the time of interview, there was an advert online and offline, publicising a fitness supplement. Mia linked the aesthetic presented in the advertisement to that which women are not only expected to adhere to, but presenting “everything that everyone wants”. Hegemonic beauty represents the ultimate in physical capital; therefore individuals should not only ascribe to aesthetics aligned with prevailing ideals, but also desire the look. However, Mia posited that images like those in the advertisement act as a spur for women to “nip on the internet” – emphasising accessibility and navigability - to look into aesthetic procedures.

Similarly, Ruby emphasised that whilst she expected typical standards of beauty to follow her around the Web, she also felt deflated by ‘safe’ online spaces,

Ruby: I guess every page has got an advert on, and most adverts have got beautiful women in. I have a lot of lingerie adverts on my Internet, so clearly I look at a lot of underwear, and obviously those are mostly girls in their underwear unsurprisingly. So even spaces like Imgur and stuff, which are supposed to be like a little safe haven, like they have things like ‘redhead Monday’ and stuff where it’s all of a sudden – beautiful women everywhere! And it’s like, come on guys, we are meant to be having a fun time looking at hilarious pictures of dogs and kittens, but there is still a
beautiful woman every third post. And obviously there is no variety in that – she
gets down-voted if it's a fat chick... unless it's a fat chick who's lost weight.

There was resigned lack of surprise at how adverts are presented; Ruby was aware
that targeted advertising saw spaces saturated wherever she was browsing. However,
dissatisfaction was expressed with a so-called ‘safe haven’ in image-hosting site
Imgur. ‘Beautiful women’ were suddenly ‘everywhere’ on certain days of the week;
subverting from what Ruby saw as a comforting feature of that space for light-hearted
imagery. Variety was not seen in images presented; something discussed in-depth in
Section 6.2. The Web has played a role on beauty via entrenchment of images across
online spaces, whether through advertising, or randomly themed days, even on
Websites deemed ‘safe’ from pervasive representations of beauty. Omnipresence is a
collection; it is perpetuated through Internet technologies targeting adverts,
but users are also integral to all-pervading perfection through participation in image
sharing and commentary.

Omnipresence of hegemonic beauty advertising was a feature brought up
consistently. Volume and velocity of content sees aesthetic ideals as inescapable
when browsing. Michaela assessed the Web as a good and bad thing – something that
will be further discussed in Section 6.3,

Michaela: I think you can say the Web is good because it's allowing people to make
an informed choice, but I think at the same time it has got a lot to answer for,
because you know, everywhere you go, you get those adverts on the side bar saying
things like 'how to lose 10lbs in ten days' kind of thing. There's a lot of focus on body
image on the Internet, definitely. Things like Tumblr and Twitter, and things – we
are so image focused, and definitely the Web is the largest source of that.

Michaela was critical of influence the Web wields through constant advertising,
describing it, like Sasha, as “everywhere you go”. The Web is considered the ‘largest
source’ of body image focus; acting as a form of surveillance and ensuring that women
do not forget that they can, and should, adhere to hegemonic aesthetic standards. The
cosmetic gaze is such that regardless of what lifestyle women follow, and regardless
of the bodies they already possess, they are lacking; they can strive to be better.
Advertising reflects mythical aspirations; presenting women with ‘ideal’ bodies
honored through products and services they can explore within a click of a link. Self-
surveillance is the outcome of omnipresence. Constant exposure to ideals reinforces the cosmetic gaze and drives journeys through aesthetic surgery content.

Caroline found similar adverts in spaces she browsed. As someone who had not directly engaged with aesthetic surgery, she assumed during her interview that targeted advertising of this nature occurred because she had entered her age somewhere online,

Caroline: I think a lot of it has been foisted on me, as opposed to me looking. A lot of adverts I see... I feel horrified for many reasons about the things that I see. So you’ll see the face of a normal, mature woman, and I’m sure they’ve put extra wrinkles on her to make her look extra-old and they take all of her make up off, and then afterwards, you know with tight skin, and I feel quite horrified that we’re being given that message that it’s not ok to age as you are, and that you have to look a certain way. It worries me who it is telling me that I have to look a certain way. So it’s the age thing that’s one of them. The others that I have seen – I was again horrified seeing these faces. To me, and it’s because I’m an artist – I look at faces, always. I’ve always looked at faces, and some of the faces I’ve seen on the Web on the adverts to me, look unnatural. So I think I’ve had mainly negative feelings towards the things that I’ve seen.

Web users are not only confronted with materials they have actively searched for, or are interested in. It also presents those that they may entirely disagree with, as was the case with Caroline. Visually deconstructing advertisements she was confronted with, age was pejoratively presented. Ageing bodies are not considered desirable bodies. Vestiges of aged appearance should be rectified, whether women have searched for anti-ageing products and services, or not. The Web as surveillance comes to the fore again. It seemed that women should not only be aware of products and services at their disposal to alleviate signs of deficiency, but they should endeavour to take notice of ways they can adhere to aesthetic ideals even if they have not previously sought out anti-ageing content.

Scarlett also alluded to effects of targeted advertising, but displayed reluctance to follow links that confronted her,

Scarlett: I’m sure you’re aware, but even looking on websites that have nothing to do with cosmetic surgery, like the kind of [...] gossip websites, a lot of them advertise, and they have like little things at the bottom of the page. There was a nose job one that was like – flashing before and after pictures, and I was like ‘this is great!’ I don’t
think I actually ever clicked on it because I was afraid, that you know it was one of those 'bad' websites [laughs] leading me astray! But they do! Have you seen them?

It’s awful! Really awful.

Hypertextuality in this context saw aesthetic surgery links pop-up even in spaces that had nothing to do with the practice. Targeted advertising is based on browsing habits and known demographic traits of consumers (Jansen et al. 2013). Scarlett was interested in Rhinoplasty, and she encountered an advert for this procedure on an unrelated site. Expressing reluctance to follow the link, it appeared that women in my sample did not tend to pursue adverts. They were generally seen as an inevitable annoyance of browsing the Web. Whilst the women I interviewed did not allude to following links, this would not be the case with every individual – some may click on these types of links and start an unintended aesthetic surgery journey. Web adverts are in this sense hypertextual versions of those found in women’s print magazines. As highlighted throughout, where the Web departs from traditional forms of media advertising is through ability to quickly jump from space to space, constructing a fast-paced, personalised journey through online content. Constant advertising fed into ideas about omnipresence more broadly, and Scarlett discussed this, and how cyclical journeys can become,

Scarlett: I think it's just everywhere. You literally can't get away from it, can you? Like, you go on to one website and there's that, or there's like links to other things, or [...] yeah, I don't know, you just can't get away from it. It's literally just everywhere [...] a lot of it is portrayed quite negatively on the internet. Say, I'm reading [...] I don't know, so I'm just using an example okay? So, I'm on the Mail [Daily Mail], and [individual] was on there, and they're like 'what has she done to her body?' and literally, she looked completely different, but that's how they kind of portrayed it – do you know what I mean? Like they didn't think of the reasons as to why she'd done it. Like, she was obviously in the media for a long time because she does look ridiculous, like she's got these massive boobs like I've never seen before – they're just ridiculous. But, like I don't think they glamourize it as such on actual news websites, they always show it quite negatively, like 'what have they done?' like 'Pete Burns; what has he done?' I mean, what has he done to his face? [laughs] but do you see what I mean? I don't think it's necessarily glamorised, but then you see those things, and you'd be more inclined to look at it more, if you see what I mean? And then you're more likely to come across websites where you can get similar
things done. So, you’d look at the bad side of it, and you’d research it, but then you’d come across a website that promotes it, and it’s kind of like a massive circle.

Scarlett interjected sympathy with a series of judgemental comments, justifying why the media focus on aesthetic outcomes of operations. However, she goes on to astutely point out that even presentations of excessive or botched aesthetic surgery could lead people to browse the Web for more information on those cases, which in turn may lead them to marketing spaces, thus being caught up in a cycle of promotion, even though they were initially searching for information on a ‘negative’ story. Although this is a hypothetical scenario, Scarlett points out cyclical nature of browsing the Web – starting from looking at ‘bad’ aesthetic surgery, coming full circle and ending up looking at spaces that promote it instead.

Women raised volume and velocity of content in relation to advertising of beauty products and services. Referencing omnipresence of advertising of idealised physical appearance, beauty is an inescapable feature of the Web, whether women previously sought similar materials or not. Targeted advertising was not brought up in Chapter Five. It was only when delving into women’s perceptions of the role of the Web on beauty and aesthetic surgery that women critiqued saturation of advertising materials. There was perceived to be damaging homogeneity in presentation of bodies that women did not agree with. The cosmetic gaze online dictates that women should aspire to certain standards of beauty, and women are inundated with content across online spaces that reinforce this. Given omnipresence of beautiful bodies and women’s opinions on how damaging this can be, Section 6.2 analyses whether; given affordances of user-generated content, the Web represents a variety of beauty, either as a pushback to dominant forms of beauty, or as an organic shift given the global reach of the Web, and prevalence of user-generated content.

6.2 Invariant Ideals; Deficient Bodies? Hegemonic Beauty Online

The Web was felt to ‘bombard’ women with imagery of ‘ideal perfection’. To explore this further, women were asked during their interviews to outline features of beauty, with the Web in mind. Physical capital had distinct features. However, women were disparaging of norms, as they were aesthetic advertising - rallying against expectations to adhere to beauty discourse, and emphasising alternatives. There was disdain towards aesthetic uniformity; promotion of ‘assembly line’ beauty (Balsamo
1996) that the Web has exacerbated through volume of images and advertising. The cosmetic gaze is Fordist: hegemony is key and the Web is a hypertextual conveyor belt - enabling women to journey a global selection of information, goods and services. This assists in adherence to desirable aesthetics. Paradoxically, at the same time as critiquing beauty standards, women – apart from Sasha, and to an extent Michaela - interested in undergoing aesthetic procedures aspired to attain features they were critical of. Women, such as Rosie, expressed awareness of this contradiction, yet continued to desire alteration. Women journeyed complementary, competing and contradictory content online, complicating their narratives with conflicting perspectives.

The Web, in Jade’s opinion pushes certain beauty trends, and reinforces persistent beauty trends,

Jade: With the Web in mind, beauty is focused on having the smallest waist you possibly can, and largest arse possible. I mean, squats are great, but some of that shit is definitely not made by squats [laughs]. I think there’s a big thing with contouring as well, so cheekbones, collarbones. I have always found curvy women to be most attractive, and I think we are increasingly heading back that way and encouraging curves, but unfortunately like I said, it’s small tiny waist and curvy bum. So I think that’s what the Web is pushing at the moment. But I think things like toned arms and having pert boobs – those things have never changed – and a flat stomach, those have always been the three important things – oh and a nice face obviously, oh and long toned legs! Oh and always a small nose. No one ever embraces different types of noses. I have an afro-Caribbean friend and she has a beautiful afro-Caribbean face, and she hates her nose – but it’s so beautiful, and I know that if she ever had anything done, she would lose her ethnic characteristics, and I find that really sad.

Positive portrayals of women with curves were considered an attractive facet of the past, one that women lamented when observing prevailing beauty standards. Bodies anything other than thin are felt to be underrepresented in beauty discourse. Further excluded from desirability were long-marginalised bodies – namely, non-white. Culturally, Caucasian bodies have been upheld as demonstrative of ‘beauty’, with the cosmetic gaze trained to see features of Caucasian bodies as aspirational. The Web allows pushback against this, demonstrated in the speculative YouTube videos about Bollywood actresses in Chapter Four, which overtly criticised pursuit of Westernised aesthetic norms. However, in order to emphasise importance of ethnic characteristics,
bodies of women felt to have subverted them were deemed deficient for abandoning their ethnic heritage. The cosmetic gaze is perpetually imbued with ideas surrounding deficient bodies.

Some women challenged that even when it came to different representations of beauty, these were all in some way linked back to one hegemonic model regardless. Ruby, for instance, came at this question from a multitude of directions,

Ruby: So, like, obviously I’m a feminist, and for me personally, I try and avoid that sort of thing, but obviously I also know what beautiful is... and you know in the media, it’s all like size ten, hourglass, nice pert, perky tits – they like perky tits, symmetrical face, you know like, none of this chin skin... I think a lot of it is symmetry. Like, it doesn’t matter if you’ve got a wide jaw or a small jaw, or broad shoulders... if you’re symmetrical, you fall into the beautiful category, and obviously you’re slim, with good tits and nice ass. So yeah, I think that’s the thing that makes up beautiful, and I think that’s the thing that really bothers me. I was having this conversation with my boyfriend, like two years ago about models in ‘alternative’ magazines, and how there isn’t really any alternative beauty anymore? The alternative girls are the same girls as in the mainstream media, just with tattoos and different coloured hair... that’s not different or unique in any way. And even across races, it’s still the same, just with a different skin colour, and you’re like ‘this is boring’ – it’s just all the same.

Feminism, for Ruby, was about not categorising women based on physical appearances. However, the dictates of the cosmetic gaze meant that she “obviously” knew what characteristics held value. Ruby took issue with how ‘alternative’ and intersectional beauty was represented across media. She was critical of the lack of variation, even when ‘alternative’ was key. Hegemonic beauty is homogenous beauty. Within the excerpt, focus shifted from generic term ‘media’ – even though the question explicitly implicated the Web as a point of reference – to talk about magazines. Media seemed interchangeable, the Web and offline media woven together in narratives where women’s bodies are the focus for content.

Drawing upon Ruby’s point about representations of race and ethnicity in advertising and wider media, Laura also expressly mentioned race when considering presentation of beauty norms on the Web. Whilst other women named characteristics detailing typically Caucasian bodies, she suggested that a cultural shift had taken
place whereby society was hybridising selected racial characteristics, but ensuring the resultant look was not ‘too black’,

Laura: I think it’s changed a lot, especially in the last 10 years. I think there is more interest in women who are tanned, or mixed race, but aren’t too black. And then I find it really weird because people are really into exoticising black features, like big lips, big arse, thick thighs and all that. So I think there has been a real shift towards that type of image, and obviously like slim and toned. But they’re wanting to bring things like... they’re wanting to bring in aspects of black women that they’ve like sexualized, and then they’re putting that on to white features, if that makes any sense.

Laura observed, from the perspective of a mixed-race woman, that black and minority ethnic women have been exoticised and sexualised in a way that white women have not. Physical capital in this example takes on a globalised form where beauty is considered a mixture of ethnic characteristics, but largely transferred on to Caucasian ideals presented in media. Beauty ideals presented by Jade and Laura alluded to invisibility of non-white ethnicities. Ruby emphasised that even with inclusion of black and minority ethnic women, bodies still took on a particular ‘form’. The Web, with global reach and user-generated content, was not found to traverse beauty discourse in relation to diversity.

From emphasising that the Web reinforces hegemony in beauty discourse, women also considered the Web as a space for alternative representations of beauty. Scarlett reeled off characteristics that reinforced the idea of ‘assembly line’ beauty. However, she also commented that the Web presented access to alternative forms of beauty; transcending typically ‘beautiful’ images of mainstream media,

Scarlett: I think if you were to look quite generally, you would find tall, skinny, big boobs, long hair, blonde – but you know, I think that’s the kind of [...] that’s what’s seen as beautiful, and that’s when you see it so kind of far from what everyone else is. But I guess more recently [...] I don’t know, I guess there is kind of more alternative now. And I think if you look in the right places [...] I think the web has made less classically beautiful – it’s made things more accepting. Like you see tattoos and you see piercings everywhere on the web, don’t you, and there’s like websites dedicated to it, like alternative kind of beauty, so I guess in that way, the Web has helped because where else are you going to find things like that, really, in day to day life. But then I still think that tall, beautiful women, you know, that’s a lot
of what's around and that's a lot of what you see and I think that's what a lot of people still want to be like.

Typical forms of beauty were considered unrealistic, or 'far away from what everyone else is' – beauty as unobtainable, a mythical form. Scarlett emphasised that the Web provides individuals with alternatives to the mainstream by allowing creation and accessibility of spaces presenting other forms of beauty. However as before, the limits of influence for content representing alternative beauty are made stark when it is noted that hegemonic beauty is “what a lot of people want to be like”. The Web allows for differential representations of beauty but women are sold on hegemonic beauty.

It was on this basis that shifts in a beauty paradigm were deemed unlikely. Jasmine was the first to emphasise that she did not feel that the Web was having ‘organic’ impact on how beauty is represented and perceived,

Jasmine: Obviously the definition of what is beautiful is different in different cultures, and has historically been different... You know, I don't observe that changing a lot I don't think. I mean, there are more plus sized models and stuff, but again it seems in response to, not just like an organic thing developing – ‘oh yeah, that's beautiful isn't it', it's 'oh you've got borderline anorexic models, so we're going to have bigger models'. I don't see a sea of change.

Whilst Jasmine did not feel there had been ‘organic’ shift in attitudes towards beauty on a societal level, the Web enables dissemination of visual and linguistic counter-content opposing beauty norms. This challenges - but is perceived to not be superseding - dominance of beauty archetypes, which will be further discussed in Section 6.3. In reference to the ‘beach body ready’ advertisement mentioned in 6.1, individuals reacted on the Web with a multitude of content – blogs, tweets, Facebook responses, and imagery uploaded by women that contained hashtags pertaining to being 'beach body ready' even if their bodies did not align with that presented in the advertisement. Jasmine was dubious of inclusivity in beauty discourse. There may be challenges to hegemonic beauty, but not for the purposes of truly altering the cosmetic gaze. Rather, merely a reaction to overarching beauty standards. Michaela echoed Jasmine’s sentiments,

Michaela: I mean, if you look at any kind of social media that's on the Web as well, even though people try to say ‘big is beautiful’ or whatever, the vast majority of people still don't believe that. So whilst I think there are drives, and there are
campaigns to try and avoid, you know, that perfect figure that people are trying to achieve – I don't think it is anywhere near successful yet.

Campaigns for body positivity challenging dominance of beauty norms were seen as an optimistic first step, but ultimately not a ‘standardised’ way of thinking. Entrenchment of ideals dominates media, whilst online campaigns for broader ways of thinking about beauty are akin to countercultural protest, but enabled on a global scale. The ultimate goal of which is to alter perceptions of beauty to be inclusive of varying physical features. Uniformity in aesthetic ideals is dominant and represented across the Web. Undesirable body parts are invariantly pejoratively described, advocating a homogenous aesthetic considered optimum in desirability. The message received by women through advertising and marketing of aesthetic surgery is that of a singular ‘look’ women should adhere to – slim, with pert breasts and minimal signs of aging. Women are not sold an alternative; these are born from dissent and a desire to subvert aesthetic expectation of mass media and marketing agencies.

In bringing these perspectives on aesthetic surgery together, Caroline demonstrated uniformity in beauty by providing a popular culture reference,

Caroline: I was actually thinking about this yesterday, and I was thinking about the Stepford Wives. So a feminist woman moves to a place where the women are all perfect homemakers, and are all the perfect shape, with perfect faces, and she fights against this until she disappears and comes back as this perfect – or what society sees as this perfect person; this celebrity looking person, who is there to please her husband. I mean, for me, this goes back a huge amount of time. It goes back to the Greeks, you know, it used to be men who were perfect, and then they allowed women to be perfect too. It’s the shape, the features that are the right size – not too big, not too small, and that was supposed to be beauty. And anyone outside of that is not beautiful. So if you’re elderly, or you’re disabled – you’re not beautiful. I’ve seen elderly people who when they talk to you, or when they smile at you, radiate such beauty and it’s character – not this banal beauty. That’s what it is – it’s banal. You can take beauty to such an extreme that it becomes boring. You know, we could all look the same couldn’t we. We could all have the same shaped nose, the same eyebrows, the same colour hair – we could be like robots, like the Stepford Wives.

Homogeneity of beauty is banal. Through production and consumption of beauty ideals online women aspire to and obtain a ‘robotic’ look. Using Caroline’s apt summation of The Stepford Wives to look at the Web and consider the women I
interviewed, there were overlaps. Women ‘move’ to the Web where they are inundated with women across mediums that possess ‘perfect’ bodies. Regardless of resistance, derision of prevailing beauty standards and some defiant feminist statements, they journey the Web in search of procedures to make them reflect some semblance of perfection. Cyborg in nature through interactions between different online spaces, beauty services and products, women create a highly gendered, aesthetically desirable product at odds with the conception put forward by Haraway (1985). Caroline is cutting in her assessment of societal beauty norms; rooting it in history and asserting that collective ideas of beauty have simply resulted in the assembly line that Balsamo (1996) referred to. The cosmetic gaze in this context is dictatorial - pressuring women to conform until they surrender. This, however, implies that women have no agency – they are victims who merely give in to pressure. It does not highlight ongoing conflict and contradiction that women feel browsing the Web, which will be explored in Chapter Seven.

There was awareness amongst women that certain physical features were coveted, whether they agreed with them or not. The ‘Stepford Wife’ model of Caucasian, slim, with large breasts was outlined repeatedly. Women noted that these ideals are still predominant, but that the Web has provided opportunities to challenge hegemonic beauty. Critiques of hegemony were somewhat tempered when considering that women – apart from Caroline, Jasmine and Michaela - were interested in undergoing, or had undergone, procedures to help them achieve a sought-after aesthetic. Beauty remains a site of conflict – women were disparaging of what they deemed mythical and/or unfair standards, yet simultaneously aspired to attain ideals being sold by aesthetic surgery companies. The Web, with volume, variety and velocity of information, products and services bring contradiction to the fore: women were critical of restrictive, homogenous beauty standards, but they wanted to adhere to them by any means - including surgical. Section 6.3 takes as a point of departure arguments about the role of the Web in challenging hegemonic beauty. This has implications for my research in understanding how women view the Web in relation to not only beauty, but how their opinions of Web materials can be reconciled with engagement with online aesthetic surgery content. It will be seen that, like opinions towards aesthetic surgery and beauty, women are similarly contradictory in their attitudes surrounding implications of the Web on aesthetic surgery and beauty.
6.3 Driving Hegemony or Inspiring Change? Is the Web altering Beauty Standards?

Despite opportunities for the Web to present a multiplicity of bodies and voices, it was not seen to present any great challenge to hegemonic beauty. For every space presenting alternatives, women are inundated with high volumes of adverts, information, products and services directing them to adhere to a particular ideal. Women presented mixed views towards both aesthetic surgery and beauty standards. This section looks in more detail at women’s views of the Web in relation to presentations of aesthetic surgery and beauty. Volume of data, particularly visual imagery, alongside variety in content drove views of the Web as both a help and hindrance in changing the ways that beauty is considered. Women saw the Web reinforcing hegemonic beauty standards, or in the case of Mia, making things ‘worse’. Notable is that the Web was not seen as driving positive change. Images, information, products and services regularly confronting women were felt merely to reinforce hegemonic beauty. As seen in Chapter Five, women placed their trust in user-generated content to provide ‘broader’ and more ‘honest’ representations of aesthetic surgery. Similarly in the context of beauty discourse, user-generated spaces and online spaces outside of mainstream media and advertising were those countering hegemonic beauty. This section is broken down to focus on arguments pertaining to the Web as reinforcing hegemonic beauty, and those that consider ways the Web challenges hegemony.

The Web was considered by Megan, Mia, and Caroline to reinforce hegemonic beauty. Megan was the only interviewee who referenced “selfie” culture as one of the biggest changes to beauty driven by the Web, but one that reinforced standardised notions of beauty,

Megan: I suppose it’s kind of like the selfie/filter generation. I take my wrinkles out, or I take the bags out from under my eyes – so I would say it’s kind of like the perfection kind of thing. I think the Web kind of enforces that sort of thing. If you look on Instagram and spaces like that, because it’s all picture-oriented, and selfie-oriented – I think it reinforces beauty, I would say, just because we’ve become more visual through the types of social networking that we use.

Employing technologies to remove unwanted aesthetic ‘blemishes’ is achievable through various mobile apps. Previously relegated to costly professional software,
digitally manipulating images has expanded to handheld devices where changes can be made quickly, easily and the results uploaded across image-sharing sites. Megan constructed and presented a carefully visually manipulated self to the online and offline world. The Web is a site for performance, including still images. It echoes, in this respect, media outlets like magazines and advertisements that carefully construct and edit images of individuals to tell stories, sell services and products. Megan took heed of the cosmetic gaze, and her understanding of what constitutes beauty – in her case, eradicating signs of ageing – and ensuring selected images were altered to represent ‘perfection’ that the Web was deemed to reinforce. Technology enables women to adhere to gendered dictates of aesthetic idealism. In opposition to collapsing boundaries that Haraway (1985) posited, the Web can be seen as not only reinforcing beauty standards, but augmenting women’s experience of them in a representational capacity. Women can present images to the online world that may not reflect their offline appearance; but a version that – to the cosmetic gaze – meets expectation.

Capabilities to digitally manipulate photos in adhering to hegemonic beauty, alongside numerous platforms through which to share images, saw selfies become an unprecedented phenomenon. However, reinforcement of aesthetic norms through images perfected for social media saw Mia critique the Web as merely making things worse in regard to aesthetic pressures. She made an impassioned statement about the state of online beauty landscapes causing women to get trapped in a ‘hole’ - looking at beauty ideals, or – in reference to immediacy and navigability – a ‘stream’ of images,

Mia: I think it’s making it so much worse. We are sitting at home looking at these images – we are putting ourselves into a hole and talking ourselves into the fact that we are never going to look like these images – no matter how much we try, no matter how much we run, starve ourselves, do a hundred abs crunches every single day, we are never going to look like that. And I think that just being at home, and looking at a photo over and over and over again, or like a stream of photos, it just puts it in your head that you’re never going to be like that, whereas if you didn’t have that – you wouldn’t be looking at that! You’re going to be focusing on the qualities that make you a better person. You know, guilty, I’ve sat there and I’ve looked at photos. I’ll send photos to my housemate, and we’ll both joke and be like ‘life goals’ and it’ll be this picture of a skinny girl, but we both know that we’re never going to have that – we love pizza too much. But then I’ve got another friend who I could never do that with. She’s so sort of conscious of all of her imperfections; I just
think she's beautiful as she is, and I know she sits there and looks at photos because she gets wound up by another girl. It's a vicious circle.

The 'myth' of beauty is driven by volume of images accessible online. Women are unable to meet ideals presented no matter how much physical strife bodies are put through – linking back with Scarlett’s point from Section 6.2 that beauty ideals are far removed from what is physically possibly. However, that does not prevent these body types from being aspirational, or 'goals'. There was conflict in Mia's account about focuses being in the wrong place. Similarly to Caroline, she is disdainful of value placed on aesthetics, arguing that character traits should take predominance. This counters the idea of alignment; that personalities should be physically represented. However, contradictory thoughts are evident. Mia had looked into a number of procedures, and admitted ('guilty') that she browsed a large volume of images. At the same time she was critical of emphasis placed on appearances and of the Web's influence on beauty. Much of her disdain appeared to rest on the Web exacerbating pressures to obey ideals through easy access to photos of standardised beauty on a scale not seen previously. Her interview will be looked at in more detail in Chapter Seven.

Presentations of idealised beauty – particularly through digitally altered imagery – draws comparison with the theme of sanitisation, which was more frequently spoken about in relation to aesthetic surgery provider websites. Caroline, however, applied this notion across her interview, particularly in relation to images of perfection,

Caroline: I think the Internet gives this message about perfection. About everything being smiley, perfect and sanitised. I wanted to do a project recently about people in care homes who were being neglected. When I was researching this, I could only find beautiful, gleaming images of nurses smiling, leaning over people being lovely and attentive, and I say this because I think that is how things like cosmetic surgery and many other adverts for most things are portrayed. Everything is this perfect, wonderful, sanitised image of how a woman should be. I’m sure there are challenges to this online if you look for them. I’m sure if you looked, you can find pressure group that say something like 'disabled people are different but it doesn’t make us ugly', but I think in the mainstream pages, it is this sanitised imagery.

The description of images being 'sanitised' neatly linked to Caroline's previous assertion that beauty trends were banal and comparable to the Stepford Wives; projecting a perfected and desirable presentation of women both aesthetically and
behaviourally. However, there was uncharacteristic acknowledgement in Caroline’s overarching dystopian view of aesthetic surgery that there are ways online to challenge discourse on idealised appearances. User-generated spaces are presented throughout as routes to empowerment; giving users a large degree of freedom in content they post. Although cautiously optimistic, Caroline was similar to those who do not see the Web as inspiring organic shifts in attitudes, but who do see the Web as an effective vehicle for protest and countering dominant discourse.

From this latter point, Sally and Rosie all proposed that the Web acted to reinforce beauty ideals but also had propensity to be empowering. Pursuit of aesthetic surgery is cyclical; it is not a cursory search remedied by access to sites presenting body-positivity. It ebbs and flows through the power of the cosmetic gaze rooted in everyday practices of looking. It follows women around the Web, and in turn women engage with it, as Scarlett highlighted in Section 6.1.

In engaging with campaigns against dominance of beauty norms that bear similarity to the third phase of cycle expressed by Anna above, Sally was optimistic in the Web allowing pushback against discourse,

Sally: I think the Web has allowed a lot of campaigns against that sort of thing. I think it has helped and it’s hindered. Because on the one hand you do have access to all those people and those adverts that you would have seen on TV or in magazines, but are now seeing on the Web. You know, all those weight loss adverts come out, and you know you can have this ideal body, and I never believe any of them because they look like entirely different people. [...] I guess I’m seeing more ‘anti’ stuff on the Web. [...] I do read trash magazines still sometimes, and when I look at them, it’s still very much ‘look at the bikini bodies’ and look at the summer bodies, and look at all these models. I don’t know if it’s just where I look on the Web, or based on all my friends, or based on social media, but I see a lot more like ‘stop the beach body’ campaign. I’ve seen my friends post stuff which is anti it [...] I’ve seen pro that type of stuff come up on my targeted advertising and things, but it’s more actively anti things being posted by people that I know.

There was scope online to respond in various ways to beauty demands, particularly if networks of online contacts have similar views on an issue. Unlike content in publications where only one ideal is presented to consumers, the Web enables individuals to voice dissent towards beauty discourse on a mass, global scale. With reference to the ‘beach body ready’ advert, campaigns were started that countered
fundamental aesthetic idealism underpinning the original image. The cosmetic gaze can align with subjective opinions on beauty and subvert dominance. Individuals can glean from the Web whatever they want to, and the journeys they make online can reflect their own interests.

Rosie made reference to a previous criticism of the Web in that it is driving what she termed ‘invisible beauty’ – the most intimate realms of aesthetic appearance were under scrutiny, with emphasis on attractive genitals. On the other hand, like Sally, and Caroline, Rosie sees the Web offering opportunities for altering the cosmetic gaze,

Rosie: I certainly think the Web is changing what we view as beautiful bodies - in both good and bad ways. I’ve already said that I think images on the Web mean that genitals are now in need of modification to fit a particular standard, and I don’t like that. What I also think though is that the Web is drawing attention to alternative forms of beauty. You know, there’s always drives for plus-sized representation in fashion and things, but I also think that the drive within feminism for intersectional representations means that women from different ethnic backgrounds are seen less as an exotic ‘other’, but kind of more like the beautiful human beings that they are. I think certain spaces on the Web can really challenge dominant, racist Caucasian ‘beauty’ norms, and it can celebrate diversity. Whether this will have any long-term effects in other forms of media, mainly because I think these images are more frequent in social networking than mass media, I don’t know. But I have – probably a naïve – belief that the Web can do some good.

Rosie presented conflicted views – her own body insecurity stemmed from Web use. Her notion of ‘invisible beauty’ drives the idea that the cosmetic gaze in relation to genitalia is now normal practice online. Body surveillance has increasingly extended even to parts of the body that largely remain unexposed. However, in the context of broadening exposure and perceptions of beauty, the Web’s global reach and ability to overcome editorial restrictions of offline media allows variation in presentations of beauty. There are opportunities to access and view images of diverse ethnicities and appearances; not just being presented with what the participant characterises as ‘racist’ and predominantly Caucasian standards through offline media. Rosie posited that the Web can “do some good” – by countering Caucasian models of beauty that women highlighted in Section 6.2, and diversifying beauty ideals through representations of alternative beauty, ethnic beauty – and not in the sexualised way that Laura alluded to in 6.2 – and representations of women of different body sizes.
Only one participant expressed seeing the Web as 'kind of helping' through allowing creation of 'niche' communities. Beth produced an argument akin to earlier disembodiment theories, where individuals are able to access spaces where beauty is irrelevant, body types are irrelevant, and focus is on presentation of the self, abstracted from a physical form,

Beth: The Internet is really good at having lots of niche communities, so maybe in that way it does kind of help. So if you join all kinds of communities where beauty is irrelevant, and body types are irrelevant and it has nothing to do with what you look like, maybe that's then like a better thing because it highlights the disembodiment.

It is difficult not to attach physical features in non-face to face communications - down to gendering an individual, or making assumptions about their physical appearance from linguistic 'clues'. Beth’s form of Web empowerment is not expressed through varieties of beauty online, but escaping the body altogether. This reflected theory of the Web that became popular during its early inception – the idea that inscribed characteristics such as gender, ethnicity, and age could be deconstructed akin to Haraway’s (1985) Cyborg. Critique of this literature placed it in the realms of escapism as opposed to ‘true’ disembodiment. The Web allows individuals to present in whatever way they want – whether truthfully through uploading images of themselves, in a representational capacity – via avatars, for instance – or not at all by frequenting spaces where beauty simply is not the focus. However, as Scarlett pointed out previously, even when reading a seemingly unrelated article online, she found herself attracted to adverts for rhinoplasty. It is debatable that users can ever truly escape targeted Web content and general advertising about beauty. As highlighted, the cosmetic gaze is ever-present and built into Web technologies; ensuring women survey their bodies at all times.

6.4 Conclusion

The ways the Web is perceived to be changing ideations of beauty conflict. There was reference to volume, variety and velocity of materials that play a role in presenting beauty online. The Web presents multiple perspectives on beauty – hosting a multiplicity of voices that could serve to challenge aesthetic norms. However, when it came to perceptions of beauty, nearly every participant outlined the same idea of what a ‘beautiful’ body looked like – tall, blonde, and skinny; typical Caucasian
aesthetic ideals. At the same time as women in my sample were aware of what 'looks' were considered desirable in Western consumer culture; they also derided these characteristics as unobtainable, unrealistic and banal. Whilst the Web affords variety in presentation of women’s bodies, women interviewed were only cautiously optimistic about alterations to beauty standards or the possibilities of Web spaces as challenges to hegemonic beauty. A few sites were praised for exposure of alternatives, and potential for co-ordination of protest and awareness-raising on a global scale was noted. Most of the women, however, lamented that the Web merely reinforced beauty ideals through advertising and upholding Western standards of beauty across spaces.

Web content that underpinned women’s journeys of aesthetic surgery revolved around typical notions of beauty. How the Web is implicated in reinforcing or challenging beauty standards was discussed with women I interviewed. It was clear that women felt ‘bombarded’ by ideals in advertising of products and services related to beauty. There is a level of online surveillance that enables the cosmetic gaze to pervade everyday Web use. Even if the site being browsed is not related to beauty or aesthetic surgery, adverts and content can appear for view. The Web supports targeted advertising as a vehicle for companies to sell goods to certain cohorts of users – those of a known demographic, or those who have looked at products previously.

The Web augments experiences of the cosmetic gaze that have become a staple of media targeting women’s lifestyles. Women are bombarded with imagery purporting to show standards of beauty that they could and should be striving for. Women, even those who espoused staunchest of empowered feminist views, could enter an environment where their values were challenged to the point of compliance. This is not to suggest that women are porous and naïve but simply that volume, variety and velocity of Web content displaying beauty and routes to obtaining physical capital are so omnipresent that women are forced to consider images they are confronted with.

The Web presents an ever-expanding beauty landscape where women are confronted with both the reinforcement of, and potential challenges to, idealised beauty. At the same time as employing their own cosmetic gaze – upon themselves and others – women doubted that Web content could challenge hegemonic representations of aesthetic appearance, despite the presence of user-generated content for campaigns. When focusing on this critically, women who engaged with aesthetic surgery content
for purposes of pursuing procedures for themselves did so – with the exception of Sasha – to adhere to the very standards they were disdainful towards. Web spaces encountered were thus influential in swaying attitudes towards beauty and aesthetic surgery and opinions veered and changed dependent on content women were confronted with. As a way to comprehend these contradictions and shifts the next chapter employs a novel conceptual lens - that I term ‘hypertextual feminism’ – to explain how women navigate aesthetic surgery on the Web.
Chapter 7: Hypertextual Feminism

From its rise to prominence as a patient-consumer pursuit, aesthetic surgery has garnered controversy for selling risky operative services in order for individuals to meet aesthetic expectations. Feminist literature has addressed contentions surrounding uptake of surgical procedures. Arguments are nuanced, but there are those staunchly against women undergoing ‘oppressive’ procedures, and those that consider it as potentially empowering and agential. My research has uncovered a decidedly contradictory picture of aesthetic surgery online, and how women engage with it. The contradictions push beyond binaries of oppressive versus empowering – the two are inextricably bound and the Web is central in women’s conflicted narratives.

Aesthetic surgery is variably represented online. The Web augments traditional media forms with user-generated content. Women’s bodies are unpicked by multiple sources to expose aesthetic deficiency – surgically altered or not. Representations of surgery as a practice are similarly divisive – within media content, material was unfavourable; aesthetic surgery largely presented as a narcissistic pursuit. Negative outcomes were made into spectacles of morbid curiosity and objects of moral judgment. Aesthetic surgery has been reinforced as rooted in vanity; yielding unpleasant and unnatural aesthetics. On the other hand, aesthetic provider websites presented surgically unaltered bodies as sites of deficiency that surgery could improve. Pejorative language was used to highlight characteristics deemed undesirable. This was also the case in user-generated spaces where women discussed surgical narratives and posed questions for online peers. Natural bodies were denigrated, but results of surgical intervention were described as heightening confidence and self-esteem. Web spaces were contradictory in how aesthetic surgery was presented.

Women’s engagement with aesthetic surgery online was similarly contradictory. Women interested in undergoing procedures began online journeys; accessing provider websites and medical information initially, but migrating to user-generated spaces such as forums and social media as their explorations progressed. User-generated materials were deemed trustworthy against marketing materials, providing voices of experience and visual imagery outside of ‘sanitised’ provider
spaces. Women’s perceptions towards surgery and aesthetic ideals were often at odds with how they engaged with online content. All women exerted the cosmetic gaze and emphasised awareness and understanding of how they were expected to look. Beauty expectations were found to be oppressive, homogenous, and in some cases ‘mythical’. Despite this, women interested in undergoing procedures used the Web to journey materials.

Contradictions in women’s views towards aesthetic surgery and spaces they accessed online showed that attitudes towards aesthetic surgery could be fluid and changeable. I therefore propose that ‘hypertextual feminism’ is a concept that allows understanding and interpretation of how women engage with aesthetic surgery materials online. With aesthetic surgery typically critiqued as a binary, hypertextual feminism acts akin to a magnifying glass that emphasises discursive complexities heightened by the Web. Women retain information that is navigable, varied and voluminous to a degree unseen in offline media. Never before have women been able to journey such diverse content so quickly, and hypertextual feminism is a way of understanding everyday online journeys and how content encountered online can clarify and/or contradict women’s perceptions of aesthetic surgery and beauty standards. I will predominantly be focusing on hypertextual feminism as a conceptual tool, as opposed to practice on the part of my participants. However, in the upcoming case of Rosie, it was clear that she journeyed the Web for content sought to ‘alleviate’ her body esteem issues. Aesthetic surgery content challenged what she considered feminism demonstrated by pride in her natural body.

This Chapter uses narrative analysis of three women – Mia, Anna and Rosie. These women’s interviews were particularly demonstrative of contradictions women encounter when journeying aesthetic surgery online. Women found it difficult to reconcile desires for aesthetic surgery and expectations placed upon them by society. The Web enabled journeys around competing and contradictory materials that made women question themselves, their morals, their strength of character and society around them.

### 7.1 Mia: Women as Victims and Villains of the Beauty Landscape

Mia was selected as a case study demonstrating particularly stark contradictions with how she used the Web to search aesthetic procedures, against her perceptions of
aesthetic surgery and beauty. Mia had tendencies to veer between pragmatism, scepticism, sadness, anger and humour in her online journeys through aesthetic surgery content. Her response to content in online spaces varied and elicited emotive responses that did not form a concurrent narrative about aesthetic surgery or perceptions of beauty. Mia did not explicitly mention feminism in her interview, but she expressed sadness at how women were judged in an aesthetic capacity. Abstracted from her own pursuit of numerous procedures, she did not reconcile her own journey with how she viewed others who opt for surgery. Women were both victims and villains of the beauty landscape.

Initially, Mia expressed scepticism towards providers when searching for procedures,

"It was just a case of typing all the variations of the five things I said and seeing what came up. And there’s always a lot of pictures, and it was always made to look really clinical, but again, they were very hazy on the procedures. Even on the people who were going to do them. Like, they would have a name and it would say ‘PhD’, ‘MD’ etc. but again, how can you actually trust that from a website? I’m quite sceptical of that. But it’s always nice to get an idea of what’s being said generally. Like, you’ll get a review of a procedure that someone has actually done, or there will be a section on the website which is like ‘tell us about your experience!’ or ‘meet our clients’ and they’ll say ‘it was a fab experience’, ‘I was very comfortable’, and they’ll that and say they’re feeling more confident about what they’ve had done, you know –lips done, boobs done, bum done, legs, whatever, but I don’t know. I’m a little bit sceptical about how they really do it.”

As demonstrated in Chapter Five, providers were not considered highly trustworthy sources of information due to ambiguity in explaining procedures, along with ‘sanitised’ visual presentations of aesthetic surgeries. Mia exercised critique of Web content produced by providers – she was not easily drawn in by graphics and assertions of expertise online. Aesthetic surgery was not sold to her on the basis of marketing. For Mia, online marketing did not hold enough provenance to persuade her to opt for procedures. Mia elaborated criticisms with focus on visual presentation of pre- and post-surgery female bodies,

“You know when you see photos of a friend who’s gone for like a photo-shoot? And the photographer has set up the light in the right place, they’ve got to turn their head just that little inch more to get their face to look that little bit slimmer – it’s all very posed. I wouldn’t believe it unless I saw it. If I saw someone before they went in, and
literally after they came out. But they're made to look happier, they're made to look healthier. Like chemical peel ones – their faces look very saggy, very drawn - just really droopy. It's like they've had a really bad night out: it's really puffy, and discoloured everywhere. They've made you look really sad, and then when they bring them out, it's like their hair is better, their skin looks younger, they've got a smile on their face, and their eyes look brighter. It's like, so if I go for a chemical peel, my everything else will look better apparently! [laughs] So, it makes you feel as though that's going to happen. And I know that's absolute bollocks – that's not going to happen!"

Mia highlighted awareness of photography tricks, referencing derogatory illusions like making women look 'saggy', 'drawn', 'droopy', 'puffy' and 'discoloured' when capturing them pre-surgery. The cosmetic gaze ensures that 'flaws' of female bodies are reinforced both linguistically and visually. Characteristics typically associated with aged bodies are at the forefront in discourse of undesirable bodies. Women are not expected to look aged – physical capital is attached to youthful vitality as a visual representation of a healthy body (Featherstone 1999). The post-surgical body in marketing materials presents an individual entirely made over, with different hair, make-up and facial expression, as well as benefiting from photographic and post-production technology in order to present surgery as nothing short of 'miraculous'. Female bodies are technologised not just by aesthetic procedures, but also by cameras and computers in both their pre- and post-surgical states. Technologisation allows others to gaze upon an undesirable body and then a finished 'product' – selling services of practitioners. Mia, regardless of her own searches for aesthetic procedures, was not lulled into thinking that she would have an outcome in any way similar to what was presented online – she was not a 'surgical dope' (Wijsbek, 2000: 455); duped into thinking that her own journey would result in an image that represents the pristine.

It was precisely this scepticism in representations of women that extended beyond the Web for Mia. She proclaimed that she would never buy print magazines again due to undue pressure on women to adhere to a certain lifestyle and maintain a certain 'look',

“I have a massive issue with like 'Hello' and 'OK' magazine because that is all you see in magazines. My housemate and I have actually decided that we are never going to buy them again because every other page, it was about beautiful girls, losing weight,
diets... and then at the back it would be like ‘let’s look at the back of your fridge and see what you’ve got’ and it all becomes a bit too much.”

The cosmetic gaze exercised in magazines, from scrutinising bodies, to the contents of women’s fridges conveyed a level of surveillance off-putting enough to turn Mia away from purchasing these types of publications. Female bodies as objects of surveillance reinforce hegemonic beauty standards. In taking a stand against this level of scrutiny, Mia established a position of empowerment. When pressed as to whether this active avoidance would extend to online content as well, Mia stated that she simply would not click on content, but that the Web is easily navigated. ‘Interest’ in something could lead on a journey through lifestyles and products not previously encountered,

“I just don’t click on them. Obviously there’s a little bit of interest in it, because your [...] you’ll see, I don’t know, say Instagram for example, you’ll see a picture of a beautiful girl and you’ll think ‘oh she’s so pretty, I wonder how many likes she’s got’, and you'll click on it, and it’ll be like ‘oh I went for this’ or ‘I just had my teeth whitened’ and she’ll tag the brand she’s used as well. And, I don’t know, you might search further into all of her photos and think ‘yeah actually, her teeth are really white, obviously nothing has gone wrong because she’s posted a photo every other day’, but it's difficult. You want to click on it, but in the back of your mind, you’re thinking ‘why am I doing this?’ because in actual fact [...] that’s not a lifestyle! It’s not like a normal lifestyle.”

Mediums such as Instagram do not just operate as image-sharing platforms, but can also act as lucrative advertising for companies via individuals who have a large ‘following’. The example above shows how ‘interest’ can develop by innocuously clicking on an image; inadvertently discovering a product used by that person, consequently researching the product and analysing its effectiveness by looking at additional images. Buying into hype created by images deemed ‘pretty’ was a point of contention for Mia – “why am I doing this?” – at odds with her stance on no longer buying magazines for the reason that they endorse and sell something that is “not like a normal lifestyle”. The cosmetic gaze is exerted by women who, like Mia as well as Anna and Rosie, question their intentions and motivations when doing so. The Web enables users in visually driven spaces, such as Instagram, to upload carefully selected images of themselves alongside links, or ‘tags’ to companies marketing products. Physical capital can be bought and sold through a hyperlink contained in a single image. Print magazines - and advertising contained within - can be ignored on
the shelves if consumers refuse to buy them. The Web, on the other hand allows ease of navigation that sees women journey from image to product in a single click. Mia’s empowered stance on avoiding oppressive magazines is intermittently dismantled by images online - where volume and navigability saw her consuming similar materials of her own volition.

Mia went on to contend that aesthetic surgery is ‘too accessible’ online. Tying aesthetic surgery numbers to Web promotion, she argued that aesthetic surgery would not be as common if it were not for marketing online,

“[…] I think we’ve gone a little bit too far into cosmetic surgery, and doing as much research as we can on the Internet, and saying ‘oh I’ve found this procedure, this website says they can do it for this price’, it’s just too accessible, so people are just jumping into it and going for a procedure, when in fact there are other things you can do before jumping into it. I think if the Internet wasn’t there to promote it so easily, for it to be flashing up in the corner; for it to be in our subconscious, I don’t think we’d be doing it…”

In Chapter Five, Michaela posited that the Web promotes aesthetic surgery casually, resulting in individuals not taking time to comprehensively consider operative risks before undergoing ‘unnecessary’ procedures. Mia similarly viewed the Web as encouraging aesthetic surgery, enabling prospective patient-consumers to browse between spaces gathering information on procedures and prices in ways dissimilar to offline routes. Critiquing the Web as a negative tool for encouraging aesthetic surgery, Mia simultaneously researched numerous procedures herself – highlighting contradictions in her narrative. ‘Taking a stand’ against advertising content was not an option online, despite Mia initially saying she would simply not click on links. Inescapability of materials means that women are constantly confronted with content that challenge empowered feelings about their own bodies.

Criticism of the Web was reiterated in relation to how women adhered to hegemonic beauty,

"It’s harming women - just generally, we’ve destroyed our own image. We seek out everyone’s opinion now; we seek out everyone’s admiration for the way that we look. We are no longer happy with just how we are as just women, you know with our lumps and our bumps and our imperfections. I don’t see why we can’t get back to loving that. Yes, I mean, guilty as charged, we all like a nice compliment, we like it
when someone says ‘oh, you look really pretty’ or ‘wow, you look really slim’ but then I think, ‘well hang on a minute, why have you said that?’"

Mia equated advertising of ideal bodies with spurring desires to undergo surgery. Idealisation was framed by denigration of women’s bodies, partly through advertising, but also through women being complicit in reproducing beauty norms through ‘seeking’ admiration from others. Mia adopted a critical stance on how women used the Web to research aesthetic surgery and how women have “destroyed” their “own image” by seeking aesthetic approval within society. She conceded regretfully - “guilty as charged” – that she enjoyed receiving compliments. There was contradiction in what Mia espoused in regard to other women, when situated alongside her perceptions and pursuits. She implied that there is guilt to be felt if women enjoy compliments based on their aesthetics, because focus should not be on appearances. However, everything Mia discussed throughout her interview was underpinned by a desire to meet aesthetic standards through surgical means and products she encountered online. Mia’s narrative contrasted and reinforced a hypertextual journey where women were conflicted. She expressed injustice and oppression from being framed as valuable only on the basis of aesthetics, asserting that women are complicit in this cycle, yet seeking to meet beauty standards.

Mia went as far to suggest that the Web needed to be filtered to prevent individuals from accessing information about surgery providers before considering other courses of action. She was the only participant who championed utilising the Web to intervene when aesthetic surgery was sought out,

“I’ve seen a few drives of people saying that we need to change the way that we think and not the way that we look [...] I wish there were more campaigns, I wish there was a way of [...] filtering is the word I’m thinking of, the stuff that – surgically – the stuff that we see, because I think before someone goes ok [...] ‘I want to get bigger boobs’ and types in ‘boob implants’ but actually something comes up before the results and says ‘ok, let’s have a look at the way that you’re thinking’ maybe you need to be a little bit more body positive and you need to realise that you’re just perfect the way that you are. You know, ‘you might not feel it right now, but here’s a book that is 99.9% cheaper for you to read and actually change the way that you feel before you consider going for surgery”

Web-based interventions are not new phenomena. There have been Web interventions developed for numerous areas of health, including weight loss (see:
Pagoto et al. 2013, Nepolitano et al. 2013, Turner-McGrievy & Tate 2013), giving-up smoking (see: Lehto & Oinas-Kukkonen 2011, Civljak et al. 2013, Maher et al. 2014), and mental health (Donker et al. 2013, Andersson & Titov 2014, Price et al. 2014). Mia, however, suggested an approach where individuals have not previously consented to, or opted for intervention measures – where simply Googling a query meant they were confronted by advice in an attempt to turn them away from surgery and toward cost-effective self-help. Aside from not considering her own Web journeys, Mia did not consider privacy implications of tracking Web searches to this extent. Whilst this idea was put forward with intention of making women more body-positive, it diminished the idea of women as agential. Mia did not exercise naivety in her own Web research into aesthetic surgery. She was sceptical of operative practice and disdainful of marketing techniques. However, women were viewed as victims of marketing and in need of Web interventions before they could freely browse aesthetic surgery providers. Mia did not see that this was also a form of surveillance, however well intentioned. In suggesting empowerment through intervention, Mia undermined autonomy in browsing content.

Throughout her interview, Mia consistently referenced aesthetic surgery online and perceptions of beauty abstracted from her own research. There were occasions where she conceded participating in image searches, or enjoying compliments, and these were revealed akin to an admission of guilt. Whilst overtly critical of aesthetic surgery to the point where Web-based interventions were suggested, Mia did not make any connection between what she searched for and what other people searched for. She consistently made a case for body-positivity, yet had researched the highest number of procedures of all the women I interviewed. Even in the closing two questions, contradiction was clear. When asked if she was still considering aesthetic surgery presently,

“It’s good for an easy way out. But after my own research, I think nah, it’s not worth it.”

When asked why she felt that surgery was not “worth it”,

“The pain, the money, the risks. It’s not worth my life.”

Operative process, recovery and risks alongside finances have been highlighted throughout as factors in turning women away from aesthetic surgery. Women did not consider surgery akin to other beauty pursuits, regardless of how ‘easy’ marketing
made it look. There were a number of implications that women gleaned from their online journeys, and these were enough to temporarily dissuade them from undergoing procedures. However, when asked if and how she would use the Web in any future research into aesthetic procedures, she enthusiastically proclaimed,

“Oh god, yes. I still think I’ll look into it, because medicine is always changing, procedures are always changing. So I’m not going to say ‘oh it’s only done in one way and it’s never going to change again’. I think I’ll still look into it. I still think I’ll aim to research the top companies, and see what they can offer, and I don’t think I’ll go for anything less”

Although opting against pursuing aesthetic surgery at the time of interview, Mia did not definitively state that she would not consider it later on – resting her future intentions to undergo procedures on development of surgical techniques. Her research habits would not change, and she was aware of what information she would seek when she resumed research. She had accumulated enough expertise to feel as though she could make a sound aesthetic decision based on surgical innovation in the future.

From space to space online, Mia’s principles were rooted in women celebrating their natural bodies and positive characteristics of their personalities. However, she criticised women for reinforcing aesthetic norms through compliance and accepting compliments. Mia proposed an intervention system based on women’s perceived vulnerabilities to marketing. Her proclamations aligned firmly with aesthetic surgery as oppressive and women perpetuating ideals by buying into services and standards set for them. However her own journey through aesthetic surgery content online was not subject to the same criticism as others around her. Mia did not refer to herself as oppressed in searching for aesthetic procedures. She instead projected both sympathy and reproach at others. Unlike Anna and Rosie, Mia did not bind her own narrative with those of other women, and did not appear aware of the contradiction in her views. She asserted that the Web made things worse for women in relation to beauty pressures and access to aesthetic surgery, but actively engaged with the same content she disparaged. Mia freely browsed sites to build expertise around desired aesthetic procedures, yet criticised the Web for being too accessible and driving people to aesthetic surgery. Her own body autonomy in searching for procedures was not questioned, but Mia viewed other women as victims. Similarly, she actively engaged with images online displaying hegemonic beauty, but felt that women were
guilty of perpetuating unrealistic standards by buying into images and services. Had Mia not used the Web for her own pursuit of aesthetic products and procedures, her narrative would have fitted neatly into notions of aesthetic surgery as oppressive. However, it was completely at odds with how she used the Web. Hypertextuality bound with contradiction; autonomy bound with oppression.

7.2 Anna: Shakeable Feminism and Exercises in Judgement

Anna was not entirely different to Mia in occasionally detaching her own exploration of procedures from what other women were doing, but in her interview the focus was more heavily placed upon the ways that the Web has propensity to stimulate contradictory perceptions in women via volume, velocity and variety of information. Anna expressly mentioned feminism in her interview related to how she engaged with aesthetic surgery content online, and that the Web had a way of encouraging behaviours and attitudes at odds with what she believed.

Anna mentioned effects of hypertextuality immediately. Navigability of resources and ease of exploration saw Anna investigating one type of surgical procedure and then being drawn in by another one,

“The stuff that I’ve looked at that I’m really interested in are tummy tucks, because I’ve had three children and I lost a lot of weight, and the tummy wasn’t like it used to be! So I’ve looked those up, and I’ve gone as far as looking up the actual clinics online and working out prices. Then there is other stuff that really grabs your interest, like you see people who have had their vaginas remodelled, and you think ‘wow! What’s that?’ and you just go and have a look to see what it’s all about…”

The Web enables instant access to a plethora of diverse resources if something “grabs your interest”. Similarly to Mia and Michaela who asserted that the Web makes it increasingly easy for individuals to look up aesthetic surgery, Anna demonstrated how quickly attention can be grabbed and potentially inspires a completely unforeseen journey through online content. Anna, however, was focused on undergoing bariatric surgery. Her reasons for doing so fell back on ideas of bodies that do not present effects of natural bodily processes, like ageing and childbirth. As seen throughout, female bodies are presented as betrayed by biology that renders them aesthetically deficient. The cosmetic gaze is employed both as a way of
surveying bodies, and understanding beauty landscapes in order to rectify these biological ‘flaws’.

On the basis of visually assessing aesthetic outcomes, Anna was similar to Mia in awareness and scepticism of photographic tricks used in provider spaces. Anna talked about how easy it is to become enraptured by images on display,

"Yeah – they're always smiling afterwards. The before pictures are always of really miserable faces, that look like everyone in their family has just been massacred or something awful. And then you see them afterwards and they're like ‘hahaha!’ and they've got lovely clothes on and they look fantastic. And it's almost like, if you have this done then your whole life will be different – that all your problems that existed beforehand will be gone, with the slice of a knife. You get sucked into that kind of idea, and you think 'yes! It doesn't matter that I can't pay the rent – if I look gorgeous, nobody will care that I can't pay the rent!' And that's what's coming out – that everything can be sorted just by looking a certain way."

The idea that along with a renewed aesthetic come a range of positive life situations was something commonly outlined in patient-consumer testimonials. Aesthetic providers hinge quality of their services on delivering outcomes that not only alter bodies, but also improve the general lives of those who undergo procedures. Women in patient-consumer testimonials recounted their experiences as enabling them to not only feel better about themselves; but their new-found confidence provided opportunities to broaden fashion choices, and even form romantic relationships. Physical capital sees individuals obtain social value through their appearances. Anna overviewed visual representations of post-surgical bodies in a sardonic way; poking fun at focus on prospects that socioeconomic advantage could be attained through adhering to hegemonic beauty. Women interviewed were not sold on content produced by providers. Aesthetic surgery was not something they were willing to undergo on the basis of carefully selected patient-consumer testimonials and glossy visuals. For women in my study, understanding a ‘broader’, more ‘truthful’ experience was more important.

It was mentioned in Chapter Five that Anna gleaned most useful information from online forums. In direct opposition to outcomes marketed in provider spaces, Anna found online forums offered her a space for looking at more honest experiential
representations of surgical outcomes, and ultimately informed her decision to not undergo surgery in the immediate future,

“They would say ‘my surgeon was blah blah blah, and he did a good job’ [...] they were very much, as well, ‘don’t believe the hype’, like if someone says you’re going to have a flat stomach, don’t believe them because you’re not! [laughs] you know, they were saying, you know, ‘they might show you before and after pictures of other people, but don’t believe it because everyone is different. So don’t go in there thinking you’re going to be one way’. So in the end, after talking them, I decided ‘it’s not worth it’ [laughs] it’s just not worth it in the end!”

Forums for Anna were about building expertise regarding surgical procedures, but more focused upon expectation management. Spaces where existing patient-consumers actively discouraged belief in outcomes presented by providers was enough to dissuade Anna from pursuing bariatric surgery at the time of interview. Women empowered to share their stories online similarly empowered other women to make surgical decisions away from market contexts. Contradictions in presentation of aesthetic surgery online are driven by disparate voices; lending either to belief in outcomes presented by providers – whom ultimately women would have to approach for procedures – or trust being put in other women’s narratives. Women browsed between these contradictory spaces; judgemental of providers, trusting of forums, and surrounded by additional body discourse in online media, that Anna went on to detail,

“I think there are two stories going on in the media. You know, you get this one like ‘you’re perfect as you are, so don’t bother changing yourself in any way, shape or form’ and then you get this other one which is ‘you’re not perfect! Oh my gosh, you need so much work doing to you!’ and you sort of have dual things going on in your head at the same time? ‘I’m lovely as I am so hahahaha’, and then ‘well I could just be better if I was a little bit more like this’, so you kind of get stories that mean both, and you end up flipping between one or the other. And it’s really strange, because you might be reading ‘you’re perfect as you are’ and you think ‘well actually...’, or then you might read ‘well you need this done’ and you think ‘well no, I’m perfect as I am!’ so the two kind of cancel each other out, but at the same time you’ve got these things going on in your head, so you’re walking down the street thinking ‘ah I’m fantastic’ and then ‘... but if I had a tummy tuck, I’d be even more fantastic’ [laughs] which is ridiculous!”
Anna astutely outlined a duality that drives contradictory thoughts in women when browsing materials online. Online spaces vary in what kinds of bodies are valued. Women’s empowerment varies according to which online spaces they browse. Feelings of body insecurity, in Anna’s case, switched dependent on what content she looked at. Desire to undergo aesthetic procedures was not a constant. Hypertextual feminism sees women go on journeys that complement, challenge and contradict their perspectives. Aesthetic surgery is not just oppressive; women are not merely ‘surgical dopes’ (Wijsbek, 2000: 455); yet surgery is not just an expression of autonomy, and women are not just empowered consumers. They can be all of these things. Hypertextuality is by its very nature non-linear and Anna was conflicted in how she viewed her body due to content she was confronted with.

When asked to elaborate further about how she felt the Web was influencing how women’s bodies are viewed, Anna outlined aspects of the cosmetic gaze,

"Like [celebrity] she was always being targeted – ‘she’s not smiling because she’s worried about wrinkles’. And it’s so funny because it sort of creeps into what you’re doing in your everyday life [...] sometimes I sit and think ‘is that person fat or pregnant?’ and I feel so judgmental in myself for thinking that. It’s almost as though you have this dichotomy going in your head like good and bad, and you’re doing them both at the same time? Like, you’re reading a really important article, and you see flashed up like ‘so and so has had surgery’ or ‘how does she do this’ or ‘look what she looks like now that she’s done this exercise regime!’ and you look, thinking ‘I can do that’ and then you think actually, I can’t afford to work out for eight hours a day for 6 weeks, I cannot do that! You’ll just have to put up with me the way I am. But also with that acceptance of yourself, there is that ‘oh you’ll just have to like it or lump it!’ and it’s not that ‘I’m fantastic as I am’ – it’s that ‘put up with it’. It’s not the strong feminist message that I’d like to send to myself.”

This complex passage covers a multitude of points raised throughout my research. In scrutinising women’s appearances and speculating about how they may be trying to alter/have altered their bodies, the cosmetic gaze places emphasis not only on knowledge surrounding how bodies should look, but extends to speculating about how they may have been changed. I termed this a ‘speculative gaze’, and it was rife across online media. Women’s bodies have been dichotomised into ‘before and after’ images, with Web users invited - usually via comments sections - to contribute to conjecture. Women’s bodies are deconstructed into component parts, judged altered
or unaltered, and a moral judgement is made. Anna chastised herself for participating in speculation. There was emphasis on inescapability of Web content drawing users into advertising or speculation because it ‘flashed’ up. Women sometimes unintentionally engaged with online content at odds with their overarching beliefs. Feminism is not unshakeable. The pervasiveness of the cosmetic gaze and ease in navigability of the Web sometimes led to participation in speculative activities reinforing discourse about desirable versus undesirable bodies. What women understood to be tenets of feminism – in this instance, not judging women’s appearances – were directly challenged by Web content confronting them. Anna was drawn into activities in scrutiny that she did not understand her participation in, and also into constantly considering the aesthetic condition of her own body. Anna emphasised that her body-esteem only reached ‘acceptance’ level, at odds with her desired feminist mind-set.

Anna’s online journey, and the contradictions it raised about her own aesthetic aspirations and behaviours online culminated in three stages,

“I think I’ve gone through different – I mean, when I was younger I thought ‘who’d want it done, that’s ridiculous, blah blah blah’ and then it became like, you knew everybody who was having it done and it was like ‘why aren’t I having it done? I should be doing something!’ and now I’ve come to the point where I don’t really give a damn, and I think the Web is really influential in the last two stages because it was like ‘everybody is having this done – you ought to have a look, you ought to be doing this’, and then there’s a lot more stuff about ‘you don’t need to have it done, you’re great as you are’ and I’m thinking ‘yeah I am’ [laughs].”

Anna’s stages of self-acceptance go from subversion; to exercising a powerful cosmetic gaze upon herself with awareness of aesthetic ideals and how to obtain them; and finally a transition to no longer caring and ‘accepting’ her body. Explicitly tying Web materials to the last two stages, Anna reiterated contradictory discourse online that sees women as deficient versus defiantly praised for their naturalness. On the one hand the cosmetic gaze is employed to identify alterations that can be made to the body in order to gain physical capital. On the other, the gaze is used to view beauty as a natural, unaltered body. A menagerie of content online evokes confusing, contradictory views of women’s bodies, as well as products and services to alter them. Looking at aesthetic surgery online is not black and white – there are no clear-cut journeys. On a hypothetical basis, it is likely - particularly if they have previously
looked at surgery providers - that in pursuit of content expressly against aesthetic surgery, women will encounter advertising pertaining to benefits of procedures.

Anna was different to Mia in that there was awareness of conflict in her narrative. She was mindful that the Web was the basis for contradictions she had towards her own body and how she perceived bodies of other women. Explicitly identifying with feminism, Anna lamented that her own body-esteem and behaviours online did not match with what she felt to be tenets of feminism: empowerment through loving – not just accepting - her body in its natural state. Anna expressed similar scepticism towards providers as Mia and other women interviewed. She, again like Mia, could not be considered a ‘surgical dope’ (Wijsbek, 2000: 455) taken in purely by advertising. Women built expertise from other women to provide truthful representations of surgery and its outcomes. In Anna’s narrative, she depended on other women’s accounts of surgery, but unpicked surgically altered bodies with ‘judgement’. She accepted her own body, but was swayed by materials that said otherwise. Women’s bodies are in a permanent state of flux. The cosmetic gaze is employed on themselves and others, often simultaneously. The Web, on a single journey through aesthetic surgery materials sees women empowered, oppressed, praised and criticised. Volume, navigability and variety in materials contradict and confuse; making women question their views, in Anna’s case – feminism.

7.3  **Rosie: Perpetually (Re)building Feminism and Body-Esteem**

Rosie was similar to Anna in realising contradictions in her narrative. Rosie identified as a feminist and found it difficult to conflate her understanding of what it meant to be a feminist with her desire for surgery and how she engaged with aesthetic surgery content online. This struggle was at the forefront of her interview throughout. Entrenched in searching for labiaplasty online, Rosie tried to counter her insecurities by actively seeking out spaces where women were empowered by image-sharing their natural bodies. It was previously noted that Rosie emphasised the cosmetic gaze extended to what she termed ‘invisible beauty’ – the idea that surveillance of women's bodies now includes parts that are usually covered up. Like expectations for women to be permanently epilated, there is now pressure to also have genitals that meet restrictive expectation. Rosie was considered the most aware of contradictions and conflict in her narrative – practicing hypertextual feminism to a degree - as well as astute awareness of how the Web influenced her journey and perceptions.
In contextualising her online journey, Rosie emphasised televisual media influence encouraged the beginning of her online search, rooted in pre-existing self-consciousness,

“I have always been conscious of that part of my body and things weren't really helped when I saw a programme a few years ago where women were encouraged to celebrate the diversity of appearance in their labia. They talked about how porn had made women doubt what was normal, and the programme kind of focused on an artist who made moulds of vaginas in order to show how different – yet ‘normal’ – everyone was. I suppose I should have felt comforted by this, but instead I just felt worse and got into this really obsessive cycle of looking at Labia online. I didn't feel normal, I still don't feel normal. It’s pretty horrid. No matter how many spaces you try and browse, no matter how many people you communicate with online – it's countered by a huge stream of representations that just show a perfect vagina – it kind of looks like a Barbie doll. All neat and small, and contained. I've just looked at so many things – providers, porn, sites where women post empowering messages and images, forums. I’ve even tried to browse stuff from the British Medical Journal so I can get an academic, physician-based opinion on the issue... I do this repeatedly. I always return to spaces, see if there's new information, a new image that will make me feel more permanently better about myself. I think it makes me feel worse, the longer it goes on, though.”

Rosie’s online journey was triggered by a television programme aimed at challenging increasing preconceptions that women's genitals should adhere to a certain aesthetic – “it kind of looks like a Barbie doll. All neat and small and contained”. Hypertextuality in Rosie’s context became cyclical and veered between marketised spaces, medical information, user-generated spaces - both ‘empowering’ and surgically experiential – and even online pornography. She employed the cosmetic gaze across a number of contexts in order to gain a comprehensive visual ‘catalogue’ of genital diversity. However, access to multiple online spaces did not alleviate Rosie’s enduring lack of confidence; instead enabling her to constantly review content at the expense of her self-esteem. The cosmetic gaze was powerful in this regard, dismissing visual images that countered hegemonic ideations of ‘invisible beauty’. In looking at Rosie’s practice as hypertexual feminism; she sought out spaces that both confirmed and challenged her self-esteem issues, binding Rosie into a cycle of both empowerment and oppression that she willingly engaged with. As emphasised from Anna’s interview, women’s feelings towards aesthetic surgery are not fixed and
unchangeable. Web content can play a considerable role in how women feel about procedures.

From emphasising hypertextuality, Rosie was questioned for further information on what she found useful in online spaces, and what she found unhelpful,

“It's difficult to say because the sites were so different. I guess the main reason I went to surgery providers was to look at cost. I didn't find the information provided about the surgery that useful because, basically, you're just given information on why women undergo that type of procedure and how it could help in the long-term. It was weird because I couldn't really, like, see myself wanting any of the outcomes... But I just wanted the surgery. Anyway, I'm going off topic. I didn't really take much away from the surgery providers apart from that it was either outside of my price-range, or I was going to have to book a consultation to find out about the price. Otherwise, I spent a lot of time on that website, like I said, where women posted pictures of their labia alongside either kind of shy and self-conscious, or empowering messages. I tried to take away something positive from these spaces, but at the same time I found myself going on forums where women had undergone the surgery and they were talking about how much better they felt in themselves. What should have been making me feel better really didn't because I got into a habit of immediately going on forums after I'd browsed - really silly. But, sorry, I keep going off topic... I guess I found it most helpful looking at experiences online, from real women. Like I said, looking at providers was purely for cost.”

Rosie highlighted contradictions in her journey as 'really silly' and presumably counterproductive in her desire of increased confidence. Unlike Mia, who appeared to separate her online research and her feelings towards surgery, Rosie's feelings were bound up with spaces she accessed. She was fully aware of her conflicted feelings and how this was represented in her journey. She employed the cosmetic gaze to judge 'normality' of labia on a website designed to empower women through presentation of diverse female genitalia. However, this did not challenge the hegemonic ideal that Rosie had come to relate with normality, which she went on to substantiate by visiting forums immediately afterwards where women outlined their surgical journeys to genital 'normality'. In attempting to overcome hegemony, Rosie employed her feminist mind-set to enter spaces where women were praised for their natural appearance. Empowerment was to be obtained through presentations of natural bodies. For Rosie and Anna in this Chapter, and Ruby and Julia previously, self-esteem and feminist spaces were deemed as those where unaltered female bodies were
praised. This reinforces essentialist notions of acceptable female bodies being those that do not submit to surgery (Wolf 1990).

When pushed about the role of the Web in this cycle, Rosie highlighted that a lot of content was inescapable, and extended out into other media publications on a daily basis,

"It's not only me I'm interested in – I'm always interested when there are articles about women who might have had surgery. Like... there are always articles posted on Facebook or news sites, usually with the same few faces. People – I guess I'm included as well – are obsessed with guessing what surgery they've had, and judging them for it. You can look at the article, then quickly Google them and look at more images to do comparisons. Everyone's a detective [laughs]! Women who have had surgery are always seen as shallow or vain. I bet the people commenting have all considered surgery at one point or another. But I still find myself clicking on those stories, looking at the before and after's – judging them as looking 'better before' or whatever. I don't understand why I do it! I think women should be able to do whatever they want with their bodies – it's a choice, at the end of the day. But who drives that choice? And why do we judge women when they try to attain something that a lot of us try to? It's a choice I'm considering myself... Yet I'm always feeling judgemental and expressing thoughts about their decisions in ways that I don't like to see expressed from others. It's so confusing."

This excerpt was almost identical to Anna's forays into speculation - down to using 'judgemental' to express self-criticism in employing a speculative gaze. Rosie compared hypertextual journeys to detective work. There was clear contradiction between Rosie's beliefs in agential pursuit of body modification and how she ended up judging women, emphasising power of discourse and the cosmetic gaze in online spaces. Rosie veered between moralistic judgements driven by access to Web content, advocating agency as a way of countering her own speculative and judgemental activities, and questioning the origin of bodily decision-making that encourages surgical aspiration. Rosie's feminist foundations were not solid in believing that aesthetic surgery is simply a good or a bad thing. She found herself overwhelmingly influenced by Web content that reinforced notions of hegemonic beauty and participating in speculative activities – hence her cyclical routine of looking at these kinds of materials and then attempting to counter them by browsing 'empowering' spaces for displays of natural bodies.
In Chapter Six, Rosie further journeyed through her perceptions of beauty and highlighted that not only did the Web both reinforce hegemonic beauty, but it could also stimulate diversification in representations of beauty. When asked if/how she would use the Web in future for looking at surgery, Rosie expressed feeling conflicted,

"See part of me wants to say 'no, I'm getting more confident' because in one part of my brain, that is exactly how I feel. I feel strong and confident – the ways that I think women should feel about their bodies, regardless of appearance. Then there's this other part of my brain which is completely obsessed by the prospect of feeling just that little bit happier about myself if I 'fixed' something, which I know isn't broken, like I said. That really gets to me, and I know I don't help myself. When I'm in that mind-set, I go from looking at pictures of women who are trying to come to terms with how they look, to immediately – or sometimes at the same time – looking at other websites where women talk about what a huge change it made to their confidence. I think that's the Web though, isn't it? You go from one site to another either searching for something in particular, or developing habits which do absolutely nothing but continue the confusion. I want to be strong and proud and all those qualities that I equate with feminism. It's so confusing. Then I'm participating in behaviour that I should find gross – finding entertainment in judging women who change their bodies. There is so much content, and I look at so much at the same time that it's difficult to take a step back and really assess what I'm thinking. Sorry, I know I've spoken a lot. I guess no matter how much I try and convince myself I'm happy with that part of my body, I am truly not, and I use the Web to feed that way of thinking. Which is probably not healthy, but there you go.

This excerpt sums up how entirely divisive aesthetic surgery can be, particularly when women are confronted with volume, velocity and variety of content online. The ease with which content can be looked up and browsed between is changeable depending on the feelings of women in control of browsing the Web. In Rosie’s case, she was able to simultaneously look at spaces she considered empowering, alongside those that she knew would drive her desire to undergo labiaplasty. She was aware of contradictions in her narrative through participation in speculative and judgmental exercises when employing the cosmetic gaze on other women, whilst at the same time searching for procedures. Rosie used the Web to both ‘feed’ her desire to undergo surgery, and to desperately attempt to rebuild her fractured self-esteem.

Rosie was the most self-critical of my participants. She was acutely aware of the contradictions in her use of the Web and attitude towards aesthetic surgery. Driven to
the Web by a television programme, Rosie embarked on a journey through myriad Web resources, including aesthetic surgery providers, online pornography, online discussion forums, user-generated visual content, and online gossip and media stories. The resultant outcome was heightened feelings of confusion, both in regard to her perceptions of aesthetic surgery as well as what she understood as feminism. Rooting feminism in agency, ‘strength’, and pride – there was an unsubtle hint to feelings of shame in engaging with aesthetic surgery materials online. The Web enabled Rosie to navigate resources that led to conflict and directly opposed what she understood feminism to stand for. She veered between oppression and empowerment, questioning agential decisions, and passing moral judgements through employment of the cosmetic gaze. Rosie highlighted powerlessness when it came to hegemonic beauty online. Her own cosmetic gaze was informed by what she knew to be characteristics of ‘beauty’; regardless of whether she ‘agreed’ with them or not.

7.4 Conclusion

The Web has augmented experiences that would have previously been relegated to purchasing or viewing edited media content. The Web has transformed media to include users, implicating multiple voices in (re)production of discourse online. Hypertextual feminism provides a conceptual lens that moves beyond dichotomies in feminist thinking. Women are producers and consumers of online content. They can be empowered by engagement with women who provide surgical experiences, away from the gaze of marketers. There are spaces that celebrate altered and unaltered bodies from multiple perspectives. However, the Web can bombard women with adverts for services to enhance their appearance. Marketing and media that problematise bodies, in both altered and unaltered states can oppress women. Some websites advise that surgery is a feasible option for those who are not felt to meet a normative ideal. The Web encourages participation in the speculative gaze and moral judgement of altered bodies. Women can experience all of these things at the same time. Conflict is unsurprising. A majority of my participants were not resolute in their feelings towards aesthetic surgery. Even those, like Mia, who professed aesthetic surgery a negative feature of oppression afforded and encouraged by the Web, engaged with it. The volume and omnipresence of visual content; variety of spaces exhibiting different representations of aesthetic surgery, and ease of navigability and
engagement with individuals for and against surgery deconstructs feminist boundaries of aesthetic surgery. Not unconscious victims of marketing, yet not empowered consumers - aesthetic surgery continues to be a divisive practice and pursuit.

Where focuses have previously been on disparate media, the Web is unique in combining all forms of media. This has implications for feminist theory in how aesthetic surgery is understood. It is not enough to focus on one type of space. Nor is it enough to presume that women are either for or against aesthetic surgery. As my research shows – women actively engage with aesthetic surgery and desire procedures, but attitudes may contradict practice. Mia was disparaging of aesthetic surgery, images of beauty and women who engaged with it; yet she was pursuing more procedures than any of the women I interviewed. Anna was more self-aware and questioned why she participated in speculative and judgemental activities - seeing the Web as influential in why she felt the way she did. Rosie was the most critical of her own Web behaviours; finding it difficult to reconcile her strong feelings of feminism against her exploration of labiaplasty. Veering back and forth, there was no finality in women's feelings towards aesthetic surgery. Boundaries that have previously kept competing discourse apart – for instance, physical boundaries between offline media – have been collapsed. Uncovering the nuances in women's attitudes, hypertextual feminism allows research to explore and understand how women engage with aesthetic surgery in a constantly growing, endlessly changing, variant digital landscape.
Chapter 8: Conclusions, Limitations and Future Directions

This research explored the role of the Web on women’s engagement with aesthetic surgery. It set out to examine the implications of the Web for aesthetic surgery in feminist theory and practice. To answer this, I explored two questions:

- *How is aesthetic surgery represented across the Web?*
- *How do women engage with aesthetic surgery on the Web?*

I sought to understand the role of diverse Web spaces on discourses of women’s bodies and aesthetic surgery. I have shown how the Web has intensified volume, variety and velocity of aesthetic surgery content and that women are confronted with materials where the cosmetic gaze casts judgement on women’s bodies.

My research explored the Web as a medium for prosuming aesthetic surgery. I examined the role Web spaces play on aesthetic surgery perceptions and decision-making, and the role of the Web on ideations of beauty. I examined representations of surgery and women’s engagement with it as they journeyed the Web, showed how these were conflicted and contradictory, and that women’s bodies were presented as spectacles and products online. When addressing how Web content impacted on women’s engagement, those I interviewed were not unconsciously adhering to beauty norms. They were critical of content provided to them and of societal notions of perfection. Simultaneously, and somewhat conversely, women – apart from Sasha - who wished to undergo surgery, desired features conveyed as beautiful or ‘normal’. Desire to obtain certain aesthetics was reflected in their online journeys, but notable was how women’s attitudes shifted and changed as they described their experiences of different websites. Women’s engagement with aesthetic surgery online was discursive, complex and alluded to an amalgam of feminist thinking. For these women, it was insufficient to think of aesthetic surgery as purely oppressive, or empowering - it was both. It was not enough to see women as (un)conscious victims, or powerful consumers – they were both. In addition, attitudes towards aesthetic surgery were not static – they ebbed and flowed with the Web, where a pervasive cosmetic gaze was built into the very technologies.
Conclusions, Limitations and Future Directions

From this analysis emerged the concept of hypertextual feminism, a conceptual lens to enable understanding of the discursive nature of women's engagement with aesthetic surgery online. Seeing women as unconscious victims of patriarchal aesthetic oppression, separately to empowered by agential corporeal decision-making is reductionist and undermines the experiences of women who are routinely confronted by myriad perspectives in online content. I found that women often had similar online journeys when pursuing aesthetic procedures. They started with aesthetic providers, or medical sources of information and migrated to user-generated spaces. They sought to build expertise on aesthetic procedures away from marketised sources; actively traversing claims of clinician expertise and seeking experiences and advice from other women in a multitude of formats: forum discussions, blogs, images, and online videos. Their perceptions of materials accessed were sometimes at odds with their own attitudes towards women’s bodies. This caused conflict, particularly if they identified as feminists. Feminism in the case of women I interviewed had identifiable tenets: autonomy, naturalness and pride, but these clashed with each other and aesthetic surgery, particularly when journeying the Web.

This chapter is split into four subsections. 8.1 sums up the study in relation to my substantive findings and contribution to methodologies. 8.2 reflects on strengths and limitations of the study. These limitations, as well as the outcomes of the research will inform 8.3 that discusses potential future directions for this work. Lastly, 8.4 is my reflection on undertaking this study and the consequent Web-related issues I encountered that have implications for those undertaking similar research.

8.1 Summary of my Findings

There were a number of outcomes that arose from my study. Firstly, from exploration of multiple online spaces, there were significant discontinuities in representations of aesthetic surgery online compared to offline media. The main discontinuities were volume, variety and velocity of materials, and enrolment of users. There was simply more material, more variety in material and this content was constantly changing and moving. The interactive capacity of the Web has particular ramifications for how individuals engage with content formerly produced purely for consumption. Web users are not passive consumers of these materials; they are bound up with online content, lending their voices to discourse about women’s bodies in a way previously
impossible. Due to the differential representations of aesthetic surgery across multiple online spaces, and inconsistencies in the ways that women’s bodies were judged in these spaces, there is no unified way to view the practice, or those who undergo procedures. There are contradictions in how aesthetic surgery is presented online. It is advocated in some spaces, maligned in others. Female bodies are rarely praised unless they undergo surgery and, paradoxically, criticised if they do. The cosmetic gaze was found to be all-encompassing across Web content about aesthetic surgery, whether for or against the practice. Women’s bodies were sites of surveillance on a much larger scale than offline media.

This leads secondly into the finding that women’s bodies were presented as deficient across online spaces in relation to aesthetic surgery. This was categorised into two dichotomies: fake versus natural bodies, and desirable versus undesirable bodies. The ways that these discourses manifested across online spaces was contextual: within online news content, there was speculation and consequent judgement levelled at women suspected to have undergone aesthetic procedures. There were limits to acceptable accumulation of physical capital – altered bodies not felt to be deserving of praise. Body projects had to be ‘gained’ through acceptable routes like diet and exercise to be deemed worthy of praise. In online video content, there was a focus both on speculation, and videos that made a spectacle of surgery considered excessive, subversive and/or botched. Individuals in these visual spaces were paraded akin to ‘Freaks’ from anachronistic shows of the 19th and early 20th centuries. A moralistic gaze operated in these spaces to denigrate bodies and question both personality traits, and mental health of those who had submitted to aesthetic intervention. On the other hand, the idea of undesirable bodies in online discussion forums and surgery provider websites were the natural bodies of women prior to surgery. ‘Before’ bodies were described negatively, often in being in need of surgery. ‘After’ bodies were a source of happiness, confidence and empowerment in autonomy and heightened self-esteem. The Web comprised sites of surveillance. The cosmetic gaze abounded unhindered by traditional editorial restrictions as on print and televisual media – the voice of users becoming louder in the denigration of bodies that were altered and unaltered.

The third finding showed that women went on journeys across the Web that exposed contradictory feelings towards aesthetic surgery and beauty. Women I interviewed had engaged with aesthetic surgery to differing degrees. Those interested in
Conclusions, Limitations and Future Directions

undergoing surgery began on provider websites and then migrated to user-generated spaces such as online discussion forums for experiential information. Women critiqued the veracity of information they encountered on provider spaces. Affordances of the Web meant that women were no longer reliant on advertising and dominant voices of clinicians for portrayals of surgery when deciding to undergo procedures. This departs from existing health literature on use of online discussion forums in positioning women as both ‘expert patients’ and powerful consumers that Jones (2008b) referred to. Unlike typical health issues, aesthetic surgery is an elective pursuit whereby women choose a provider. The voices in online discussion forums and other social networking websites were felt to offer ‘honesty’ that was not apparent elsewhere. User-generated spaces played the role of a powerful intermediary in women’s decision-making and attitudes towards aesthetic surgery.

Women in my sample did not feel that the Web offered any significant challenge to dominance of aesthetic ideals. Hegemonic beauty was felt to bombard women across the Web in multiple forms; particularly targeted advertising. As I posited previously, this evidences the cosmetic gaze as built into Web technologies, seamlessly binding online/offline bodies and reproducing discourse of aesthetic idealism to an inescapable degree. Bodies on the Web were deemed omnipresent and a frustrating dictate of a culture obsessed with surveying women’s bodies. Beauty standards were likened to the Stepford Wives – entrenched in ‘banal’ perfection. I argued that this conflated with Balsamo’s (1996) idea of ‘assembly line’ beauty – the Web acts akin to a conveyor belt, Web journeys directly affecting materiality of bodies. Bodies are the product of a sociotechnical construct. Although critical of how pervasive surveillance of women’s bodies was online, there was a glimmer of hope from some women in seeing the Web as offering countercultural pushback to ideals, particularly in user-generated content. The cosmetic gaze is ubiquitous, but it is tempered by additional spaces that challenge hegemonic beauty norms. Body-positive spaces and presentation, however, were felt by some as a reactionary protest as opposed to organic transformation and did not prevent women interested in surgery from pursuing it further. There was value in adhering to certain aesthetics. Garnering physical capital was important for women, even if they criticised banality and homogeneity of beauty norms.

Lastly, it was diversity and navigability of spaces that made women's journeys through aesthetic surgery content multifaceted and contradictory, leading to
hypertextual feminism being identified as a conceptual lens through which to interpret women’s experiences of aesthetic surgery content online. The Web has had a transformative effect on how aesthetic surgery can be explored. Women journey online spaces, encountering and retaining huge amounts of information. “Switching off” from the Web is difficult with pervasiveness of media, user-generated content and targeted advertising. Multiple voices online reinforce and challenge beauty discourse. The cosmetic gaze is all-encompassing. Volume, variety and velocity of information has transformed how women engage with aesthetic surgery and it is no longer enough to regard women as simply for or against it, or as oppressed or empowered should they choose to explore it for themselves. Women can be all of these things at the same time, considering oppression and empowerment simultaneously. Sociotechnical affordances collapse the boundaries of critique, inundating women with multiple perspectives.

8.2 Strengths and Limitations

My research contributes to feminist theory. As the Web diversifies aesthetic surgery content, hypertextual feminism offers a way to understand women’s engagement with materials and the effect this has on decision-making and attitudes towards aesthetic procedures. Viewing women as unconscious victims of oppressive beauty standards undermines their experiences and agency. However, it is similarly naïve to perceive them exclusively as powerful, autonomous consumers when they are confronted by persistent advertising of hegemonic beauty. When women browse spaces online, they encounter far more material than previously possible in offline media. The Web, for researchers, offers a way of understanding women’s experiences without reducing them to generalised binaries. Hypertextual feminism emphasises not only the inconsistencies presented across multiple online spaces in how aesthetic surgery is represented, but also how women articulate their own perceptions of the practice, and ideations of beauty more broadly. It captures the importance in dynamics of the Web and how women engage with these. This contribution extends understandings of aesthetic surgery in feminist theory. It is simply not enough to see aesthetic surgery as oppressive, or empowering. It can be both, and the Web brings each to the fore across different spaces.

In addition, my research extends works by Jones (2008a) and Wegenstein (2012) to include the Web in analysis of aesthetic surgery. One of the real strengths of this work
lies in use of multimodal critical discourse analysis throughout to explore aesthetic surgery online. It still remains the case that much research on aesthetic surgery is focused on offline media, or on single types of online space. This research not only explored multiple online spaces to understand wider discourse surrounding aesthetic surgery, but furthered this by ‘engaging with engagement’ – talking to women who have used the Web to look at aesthetic surgery in myriad ways. From this, I feel I have pushed forward both theoretical and empirical work on aesthetic surgery, as well as contributing to evolving qualitative online research methodologies applied across Web resources.

However, there were limitations to this study. Firstly, in importance of emphasising the volume, variety and velocity of content online throughout this study, it is notable that this was precisely a significant limitation. In relation to volume, I gathered only a snapshot of these materials and individual women’s engagement with the Web. Although qualitatively useful, my website sample size was small and my findings not statistically generalisable. Furthermore, although I tried utmost to explore different types of online spaces, again, volume of online data directly impacts on variety. I did not, for instance, explore social media, like Facebook, Twitter and Instagram. These could and should be incorporated into further research. In regard to velocity, the Web constantly changes and gathering a sustained view of online spaces poses a particular difficulty. The Web will always be a moving target for researchers. Web data is constantly being updated and replaced. This is a general issue for Web research – the speed that the Web ‘moves’ makes it challenging to gather a broad, varied and longitudinal sample. Similarly, the sample for my interviews consisted of women who had engaged with aesthetic surgery on the Web in varied ways. It was not a prerequisite for my research that women had to have undergone an aesthetic procedure. Although all women I interviewed went on online journeys, further research may consist of a sample of women who had all undergone aesthetic surgery and journeyed the Web as part of their experience. This would provide a sample firmly binding online journeys with tangible offline outcomes.

Secondly, given the scope of the project, male cosmetic surgery and their Web journeys were not included. There have been questions provoked by its omission from this work, but it was felt to inundate the study with too much data that would be deserving of a project in it’s own right. Secondly, and less deliberate, it was found during both phases of research that the materials encountered and individuals
spoken to, were ethnocentric in that the focus was more often than not, on Caucasian women. This did not provide any data on how black and minority ethnic (BME) women engaged with aesthetic surgery, and the only representations of BME women within multiple online spaces, was in relation to speculations of surgery to alter ethnic characteristics. In the interview phase, only two of my participants were of mixed ethnic heritage, with the remaining eighteen being White British.

Lastly, and directly related to the latter, the sample of interview participants, despite advertising online, was composed of individuals only from across the South Coast of England. Whilst this is not particularly limiting given that within the sample, the individuals were of a mixed demographic age, it was a reflection on how the online method of recruitment was largely unsuccessful for this project.

8.3 Future Work

Hypertextual feminism can be applied to number of areas of feminist interest, particularly those that elicit particularly conflicting societal perspectives. Issues of gender, sexuality and reproductive rights, for instance, are all areas that have garnered controversy and diverse perspectives. The Web is an opportunity to explore, as my research has, a number of spaces that represent these subjects emanating from multiple voices. The Web is a frontier for feminist research that can enable topics to be explored in a depth not previously possible.

Use of multimodal critical discourse analysis alongside semi-structured interviews not only allows a multifaceted approach to research, but also ensures that voices of actual users are not lost in empirical Web research. Throughout the interviews, participants made reference to aesthetic surgery alongside other types of body modification, such as body piercing and tattooing, and the role of the Web in bringing these practices to a wider audience - potentially making them more ‘acceptable’. As a researcher whose interests include body modification more generally, this methodology could be applied to any number of body related alterations, including those more frequently researched, such as bodybuilding. Abstracted, MMCDA is a way to gather a snapshot of any given issue by analysing multiple online spaces to investigate representations of a topic(s). This can then be followed up by actively engaging with Web users to broaden understandings of the role of Web spaces and user interactions with them.
Drawing upon the limitations of my current study, there is leverage for expanding into further work. Firstly, the case of male aesthetic surgery would be a particularly interesting given that there still remain taboos surrounding men who pursue aesthetic procedures. In the past, men who have undergone aesthetic surgery have been viewed with some contention – as mentally ill, narcissistic, and it has also been viewed to pertain to feelings of latent homosexuality (Davis 2002). The Web, and the relative anonymity it affords users who may want to explore topics means that male aesthetic surgery would be an intriguing case study to further build upon the research carried out in my current research.

Secondly, aesthetic surgery as a pursuit for BME women was not a possibility for this research given the aforementioned ethnic backgrounds of the interview participants. Race and ethnicity were alluded to within some of the online spaces explored, and some of the participants discussed it in relation to hegemonic beauty expectations. Use of the Web for BME women would be another particularly interesting evolution of this project. However, as a white female researcher, there would be ethical issues to overcome, including appropriation of experiences, as well as elucidating analytical outcomes of materials from a perspective that I could not truly understand.

### 8.4 Researcher Reflections

As a researcher, undertaking this research had an enduring effect on my own Web journeys. The first phase of this research, when utilising MMCDA to explore multiple online spaces, I could not abstract myself entirely from the subject matter. Of course, researchers are invested in their projects, and subject matter can become inescapable as we craft studies. In the context of Web research, however, it was particularly difficult to escape. My own day-to-day Web use reflected materials I had used for analysis. I found my own networks becoming saturated with aesthetic surgery and related advertising. My use of Google transcended the singular machine I used to carry out my research, and was accessible on all of my devices. My social media networks were awash with aesthetic surgery providers. Targeted advertising for procedures infiltrated almost every webpage I entered until things that I searched more often came to prominence and replaced them. In exploring spaces for aesthetic surgery, the encouragement for user contribution piqued my own curiosity, and against my better judgement, it was easy to become caught up in cycles of speculation that dominate so many spaces; unpicking women’s bodies; taking notice of the
diversity of voices that abound in these spaces. It was easy to become a contributor, to add a voice to countless others putting women’s bodies under a microscope.

In engaging with women who had explored aesthetic surgery on the Web, there was a large degree of empathy, particularly for those who disliked their own behaviour in engaging with content that scrutinised women so closely. The cosmetic gaze online is unlike offline media. The ease with which users can become embroiled in surveillance activities; the speed of access to marketing spaces that are omnipresent when innocuously browsing the Web on a day to day basis and the temptation to embark on an online journey were constantly present. The Web is a transformative space, and it challenged my own perceptions of aesthetic surgery, and drew me into activities that I largely find abhorrent. My own feminist foundations, I found, are not unshakeable. They are hypertextual.
Appendices
Appendix A  Interview Questions

What kind of surgery were you considering/have you undergone? Why?

How have you used the web to explore aesthetic surgery?
- What kinds of websites have you accessed?
  - How did you find these websites – search engine (what did you ‘search’ for specifically), word of mouth, other websites (links) etc.?
- Which websites did you find the most helpful? Why?
- Were any websites unhelpful? Why?

How did these websites present aesthetic surgery?
- Did websites present aesthetic surgery as a good or bad practice? How did this vary between websites?
- How were surgical aspects of procedures presented?
  - Did this affect your decision-making process?
- How was aesthetic surgery presented in terms of post-surgical body satisfaction? What advantages were there to undergoing certain procedures?

How did these websites present female bodies?
- How would you describe typical presentations of female bodies on these (different) websites?
- Did these challenge your notions of what beauty is?
- How did the images make you feel about your own body?
- What do you consider ‘good’ aesthetic surgery? Why?
- What do you consider ‘bad’ aesthetic surgery? Why?

What impact has web exploration had on your feelings towards aesthetic surgery?
- Has online research into aesthetic surgery made you want to undergo or avoid procedures? Why?
  - Were other procedures considered? If so, why?
  - Were certain products considered? If so, why?
  - Did any websites have more of an influence over the research than others? If so, why?
Appendix A

- Will you continue to use the web for researching health and consumer related information?
  - What kinds of websites/particular websites?
  - If not, why not?
Appendix B  Call for Participants Advertisement

Have you used the Web to look at cosmetic surgery or non-surgical procedures/products?

Are you female, and aged over 18?

I want to interview women about cosmetic surgery and non-surgical procedures/products online. You DO NOT have to have undergone any cosmetic procedures or purchased products to take part – I am interested in how women of all ages over 18 use the Web to look at cosmetic surgery.

The interview will ask about use of the Web to find out about products or procedures that change or modify appearance (this might include plastic surgery, non-surgical procedures such as injections, and products such as chemical peels).

This is for my PhD research funded by Research Councils UK, as part of the Web Science Institute at the University of Southampton (ERGO I.D. 8545). If you can spare up to 1 hour of your time to be interviewed, either face to face or over Skype, your input would be greatly valued. This study is open to all women, not just students.

If you would like to participate or have any questions about the research, please contact Rebecca Nash (Faculty of Health Sciences, University of Southampton):

rn5g08@soton.ac.uk
Appendix C  Participant Consent Form

**Study title:** Making Bodies: What is the role of the Web on women's engagement with aesthetic surgery?

**Researcher name:** Rebecca Nash

**Ethics reference:** 8545

*Please initial the box(es) if you agree with the statement(s):*

I have read and understood the information sheet and have had the opportunity to ask questions about the study ☐

I agree to take part in this research project and agree for my data to be used for the purpose of this study ☐

I understand my participation is voluntary and I may withdraw at any time without consequence ☐

Name of participant (print name) ...........................................................................

Signature of participant ..........................................................................................

Name of Researcher (print name) ...........................................................................

Signature of Researcher ........................................................................................

Date ......................................................................................................................
Appendix D  Participant Information Guide

Study Title: Making Bodies: What is the role of the web on women’s engagement with aesthetic surgery?

Researcher: Rebecca Nash

Ethics number: 8545

Please read this information carefully before deciding to take part in this research. If you are happy to participate you will be asked to sign a consent form.

What is the research about?

You are asked to participate in a piece of research conducted by PhD candidate Rebecca Nash (Web Science Doctoral Training Centre, Faculty of Health Sciences, University of Southampton). This piece of research is looking into the role of the Web on how women engage with aesthetic surgery. You will be asked questions about your use of the Web in looking at information and/or products and services related with aesthetic surgery, and what influence, if any, this had on decision-making. Your experiences will be included in, and go towards, the completion of a PhD thesis. This piece of research is funded by RCUK, as part of the Web Science DTC at the University of Southampton.

Why have I been chosen?

You have been chosen to participate in this piece of research as a respondent to an advert calling for participants who have used the Web to engage with aesthetic surgery.

What will happen to me if I take part?

Should you agree to take part in this study, your participation will involve:

- Consenting to an interview, to be conducted by means including face-to-face meeting or Skype
- Agreeing to a maximum of 1 hour within which interviewing will take place
- Answering a range of question on your use of the Web related to aesthetic surgery
Appendix D

- Consenting to the interview being recorded by an audio device, and being saved for future reference until the completion of the research, when the interview will be deleted permanently.

Are there any benefits in my taking part?

Whilst there may not be a significant personal benefit, your participation in this research will contribute to a new area of knowledge – the role of the web in making and remaking bodies.

Are there any risks involved?

There are unlikely to be any risks involved in this research.

Will my participation be confidential?

The confidentiality of all data is of paramount importance. Disclosure of any information will be on the basis of your permission, or as required by law. All data will be coded, and kept on password protected computers which only the researcher and their supervisory team will have access to. Furthermore, anonymity of data is a priority. No names, or distinguishing personal characteristics, or information will be disclosed. Upon completion of the research, all data will be deleted permanently.

What happens if I change my mind?

On the basis that you wish to withdraw from the interview, be assured that you may do so at any time, without providing a reason, and without any consequence. Furthermore, you may refuse to answer any question, without reason and without consequence.

Where can I get more information?

If you have any questions about the research, please feel free to contact:

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