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Web Science

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

By

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ABSTRACT

MAKING BODIES? THE ROLE OF THE WEB ON WOMEN'S ENGAGEMENT WITH AESTHETIC SURGERY

Rebecca Louise Nash

Aesthetic surgery encompasses elective procedures that alter appearance. In the UK, 10,700 aesthetic surgery procedures were carried out in 2003, rising to 51,141 in 2015. As numbers have grown, there has been a huge increase in information, services and discussion of aesthetic surgery online. Women make up ninety per cent of aesthetic surgery recipients, but how they engage with online content remains under-researched. Aesthetic surgery has been divisive in feminist literature; seen by some as oppressive, others as empowering, and more recently, as an intersubjective process implicating diverse, interknit actors. Considering the latter, the Web comprises multiple networks. It has been transformative; surpassing 'traditional' offline content in offering almost instant access to diverse spaces that users engage with as consumers and producers.

I sought to examine implications of the Web for aesthetic surgery in feminist theory and politics. For this research, I used multimodal critical discourse analysis (MMCDA) to analyse four types of online space, exploring intersecting visual media in representations of aesthetic surgery. I then used data from nineteen semi-structured interviews with women – who had undergone, or were contemplating procedures - to understand how they have engaged with aesthetic surgery online.

The Web offers volume (array of relevant spaces), variety (traditional media alongside/integrating user-generated content), and velocity (material is constantly replaced, and offers new navigability). In exploring these, there were three main findings. Firstly, representations online saw aesthetic surgery – as well as altered and unaltered bodies - praised in some spaces and maligned in others. Secondly, women in my sample explored aesthetic surgery online tempered by conflicted and contradictory feelings towards politics of surgery and gendered standards of appearance. Lastly, women presented reflexive attitudes towards aesthetic surgery, resulting largely in resistance to procedures. Where feminist theory has typically considered processes of aesthetic surgery from pre- to post-procedure, my research contributes empirical findings of women who have become caught in a loop of interknit actors online - intermittently considering practicality and, crucially, politics of undergoing aesthetic surgery, and not pursuing procedures beyond the Web.

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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.

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I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
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3. Where I have consulted the published work of others, this is always clearly attributed;
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Signed: ………

Date: ………

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Chapter 1: Introduction

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. Concerns have been raised about damaging pathologisation of bodies, and trivialisation of costly, medically 'unnecessary' surgical procedures (Miller et al. 2000; Chatterjee 2007; Atiyeh et al. 2008). Moral and ethical concerns about aesthetic norms and standards and marketing procedures have accompanied debate about aesthetic surgery. Growth of the Web has radically extended the volume, variety and velocity of information that circulates about aesthetic surgery, raising new questions about how it is seen, sold and consumed online.

With growth of the Web, in particular participatory culture fostered via user-generated materials, representations of aesthetic surgery have increased and diversified. With this, come questions about how women engage with the content. The Web offers empirical sites for exploring potentially shifting politics of aesthetic surgery in a hypertextual world. Historically, aesthetic surgery has been divisive in feminist theory and politics. It has been seen as oppressive through sale of aesthetic ideals – symbolic of patriarchal power over women's appearances (Morgan 1991: 38, Bordo 1993, Negrin 2002: 21), but by others as empowering for women liberated by the autonomy to alter their bodies as desired (Davis 1995; 2002, Gimlin 2000, Banet-Weiser & Portwood-Stacer 2006). Later theories have moved to decentralise the motives of aesthetic surgery patient-consumers within feminist theories, and reposition them amongst a number of actors – both human and technological - in an interactive process (Jones 2008a, Pitts-Taylor 2009). The Web has changed how aesthetic surgery is represented and marketed, and how women engage with information, services and other patient-consumers has shifted. My research addressed this using multimodal critical discourse analysis to explore representations in 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 the diversity of the Web.

1.1   The Growth of Aesthetic Surgery in Contemporary Society

Whereas reconstructive plastic surgery has a long history - evidenced as dating back to 1000 BC in locations such as India - aesthetic surgery is comparatively new, emerging in Western Europe in the mid-1800s (Davis 1995, Gilman 2000). However, it was not until after techniques were refined whilst 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 post-war socioeconomic conditions - with burgeoning mass production and consumption of goods - and increasingly affordable travel, contributed to rapid expansion of aesthetic surgery industries (Atiyeh et al. 2008: 830). Meredith Jones (2008a) described an emerging 'makeover culture' at this time. Media endorsement of body alterations pervaded television advertisements, and women's magazines presented 'desirable' and 'undesirable' bodies (Jones 2008a). 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 became an increasingly common route to bodily 'enhancement' for women – and increasingly men - within consumer culture.

Until 2016, numbers of individuals undergoing aesthetic procedures in the UK had been steadily increasing. Although there are omissions in statistics – such as male hair transplants - the British Association of Aesthetic Plastic Surgeons (BAAPS 2016) reported that in 2015, 51,141 procedures were undergone in the UK. In the United States, the American Society for Aesthetic Plastic Surgery (ASAPS 2016) reported that board certified surgeons conducted 1,912,468 surgical procedures. Whilst US numbers continued to grow across 2016 – with 1,979,595 surgical procedures carried out (ASAPS 2017) – the UK saw a substantial dip in surgery numbers, with 30,750 procedures carried out (BAAPS 2017). Theories were put forward to understand the 40 per cent reduction. It has been posited that an uncertain political climate in the UK after the decision to withdraw from the European Union meant individuals were not

making 'frivolous' financial commitments (BAAPS 2017). In a different theory, the slump was attributed to the rising popularity of the 'Insta-famous' – those with large social media followings, who have been argued to represent a broader spectrum of aesthetic appearances than seen in selective and edited offline media (The Guardian 2017). In both the UK and US, women still make up approximately 90 per cent of surgery recipients (BAAPS 2016, ASAPS 2016). As aesthetic surgery continues to be an evidently gendered pursuit, my research focused exclusively on women.

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 'qualified' aesthetic providers and problematically into locales like hair and beauty salons. Numbers of individuals in the UK opting for these types of procedures have not been accounted for because there are no formal regulations stipulating who can carry them out, making numbers difficult to track. In the US, ASAPS (2017) statistics for non-surgical procedures reached a record high in 2016 of 11,674,754. Non-surgical procedures present diversification of the aesthetic surgery industry, arguably casualising alterations and moving them firmly into the realm of everyday aesthetic consumption.

Pursuit of altered bodies has been exemplified by 'body projects' (Shilling 2003) - continual processes of body modification through diets, exercise, cosmetics, and procedures such as aesthetic surgery. Body projects are not new phenomena. They are located historically across diverse cultures - practices such as foot binding (see: 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 norms and expectation. 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. Furthermore, 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 enhance them. More importantly, the authors asserted, is the cosmetic gaze as a 'moralising' gaze; assessing bodies as always pending physical or spiritual enhancement (Wegenstein & Ruck 2011: 28).

Increasingly topical in feminist literature of the early 1990s, two themes dominated critiques of aesthetic procedures. Firstly, aesthetic surgery as 'unalterably opposed' (Haiken 1997: 275) to feminism through 'oppressive' constructions of aesthetic ideals asserted by the male gaze (Wolf 1991, Morgan 1991, Balsamo 1996, Bordo 2003). Secondly, aesthetic surgery as expression of autonomy and choice in consumer society (Davis 1995; 2003, Gimlin 2000, Negrin 2002; Banet-Weiser & Portwood-Stacer 2006, McRobbie 2008; 2009, Braun 2009). 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). In 2008, Meredith Jones used actor-network theory to argue that aesthetic surgery should be considered an interactive process between a number of human and non-human actors. Concurrently, Victoria Pitts-Taylor (2007, 2009) argued that tendencies to focus on women's motives to undergo surgery have oversaturated feminist theory and reduced the processes and actors involved with procedures to afterthoughts.

Furthermore, there is a body of work considering arguments surrounding aesthetic surgery as a branch of medicine that requires careful regulation. Miller et al. (2000: 353), for instance, posed the question: is aesthetic surgery a "medical privilege or an abuse of medical knowledge and skill?" Aesthetic surgery operates as a lucrative marketplace that is 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). 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. These included patient-consumer care, and qualifications required in order to perform aesthetic procedures (p. 15-28),

regulation of aesthetic products (p. 29-34); an informed and 'empowered' public (p. 35-39), and responsible advertising (p. 40-43). Because of the report, the General Medical Council implemented actions from June 2016. These included ensuring practitioners have been trained adequately, and avoiding 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).

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 and politics that my research addresses.

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 & Flanagin 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). Ritzer and Jurgenson (2010) termed simultaneous production and consumption in the digital age 'prosumption'. They argued that, although present in earlier capitalism, the rise of Web 2.0 with

collaborative capabilities has seen prosumption becomes central in everyday Web use (Ritzer & Jurgenson 2010: 13).

Web use in the UK is reflected in yearly reports carried out by the Office for National Statistics. (ONS) In 2016, the report found that 87.9 per cent of adults in the UK (45.9 million) had used the Web in the preceding three months (ONS 2016a). In a separate report 'Internet Access – Households and Individuals: 2016', it was found that 82 per cent of adults in the UK used the Web on a daily basis (ONS 2016b). Of this population, 70 per cent used the Web 'on the go', and 77 per cent purchased goods or services online, compared with 53 per cent in 2008 (ONS 2016b). Over half of those surveyed (51 per cent) used the Web to search for health information (ONS 2016b). Adults aged 16 to 24 were the largest group (91 per cent) engaged in recreation activities, such as social networking (ONS 2016b), and 76 per cent of adults aged 25 to 34 reported use in 'day-to-day' activities such as reading online news; the highest of those surveyed (ONS 2016b). The Web is increasingly central to everyday life, connecting the previously unconnected and enabling prosumption of considerable volumes and varieties of data that is rapidly replaced.

The growth of Web use 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 everyday 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, and 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). The Web can be used to build expertise around aesthetic procedures where traditionally, advertising has been reduced to 'before and after' binaries and operative processes have been 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 – whether the Web is shifting aesthetic surgery discourse, and influencing decision-making processes.

Shifts afforded by the Web have seen aesthetic surgery providers expanding their global reach through websites. Pursuits such as aesthetic tourism, and medical tourism more broadly – travelling abroad to obtain aesthetic 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 & Elfving-Hwang 2012: 65, Holliday et al. 2013: 1, Jones et al. 2014: 189-190). 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. The Web is not a single space – it is many spaces, and aesthetic surgery is a pursuit subjected to media, medical and societal scrutiny. My research addressed experiences of the Web at a subjective level, binding online engagement and potential pursuit - and resistance - of embodied offline outcomes.

The emergence and expansion of the Web has enlarged, diversified and sped up sharing of information and imagery in wide-reaching, diverse online environments that have moved far beyond offline resources - 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 multiple 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.

1.3   Research Question and Objectives

The role of the Web on seeing and selling aesthetic surgery is integral to understanding prosumption. There are spaces produced exclusively *for* users, as well as those produced and maintained *by* users. Production of images, information, and discussion online sees individuals met with a deluge of ideas, opinions, services, and products concerning aesthetic surgery. Women can access and move across and between multitudes of content from a single device. This transformative aspect of the Web has ramifications for feminist theory and politics 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 politics?

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. Use of MMCDA as a method 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. 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 nineteen 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. 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 it shaped their perceptions of aesthetic surgery. Significantly, I opted to interview both those who had undergone surgery, but also those who had not. Processes of aesthetic surgery in literature have had a tendency to focus on pre- to post-surgery narratives of women. Both phases of research informed my overarching research question looking at the implications of the Web for aesthetic surgery in feminist theory and politics.

The structure of my thesis is as follows. Relevant literature about bodies and aesthetic surgery from sociological and feminist perspectives are explored in Chapter Two. I then focus on how the Web has altered how individuals engage with information, products and services, with focus on health prosumption and aesthetic tourism. Chapter Three introduces my methodological approach using MMCDA complemented by semi-structured interviews. Chapter Four is the first of four empirical chapters. The main findings show 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 an exploration of providers and user-generated content, with trust placed in the experiences of other users. Chapter Six focuses on critiques from my sample towards aesthetic ideals and the role of the Web on body image and aesthetic surgery. Chapter Seven uses narrative analysis to explore how women move around the Web when engaging with aesthetic surgery. The Web is not necessarily a means to an end – for women in my sample, considerations are intermittently live, and they engage with aesthetic surgery, in pursuit and resistance. Women were not opposed or supportive of aesthetic surgery in straightforward ways. Their views were contradictory, informed by, and changeable because of, materials encountered online. The Web consists of contradictory sites that drive multifaceted responses to a traditionally controversial feminist issue.

Women in my study presented reflexive attitudes towards aesthetic surgery, and this largely resulted in non-participation in procedures amongst my sample. Where feminist theories have concentrated on women's motives or processes of aesthetic surgery from pre- to post-procedure, my research contributes empirical findings of women who have become caught in a loop of interknit actors when considering aesthetic surgery online. Circularity of women's online browsing saw them remaining on the Web - intermittently considering practicalities and, crucially, politics of undergoing aesthetic surgery, but ultimately resisting.

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'. Malleable bodies are a reflection of a fast-paced late modern world. Within social theory, presentation of bodies - particularly modified bodies - has become of heightened interest in the past five decades (Featherstone 1999: 1). As a concept, '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 theory for thinking about the continuous and variant manners that bodies can be transformed. Aesthetic trends shift and change over time - 'project' captures continual effort put into pursuits. In understanding how individuals develop awareness of aesthetic attributes they desire to obtain, Wegenstein and Ruck's (2011) concept of the cosmetic gaze developed out of Silverman's (1996) suggestion that the gaze is a culturally constructed, co-dependent 'need' for individuals to see and be seen (Wegenstein & Ruck 2011: 27-28). Wegenstein and Ruck (2011: 28) see the gaze as a 'trans-historical category' that informs the relationship between human actors and non-human apparatus that results in culturally understood projections of the gaze on to a 'screen'. Silverman (1996: 135) noted that the screen is

> "… the site at which the gaze is defined for a particular society, and is consequently responsible both for the way in which the inhabitants of that society experience the gaze's effects, and for much of the seeming particularity of that society's visual regime."

The screen can now refer to more than just offline media, such as television and film. The screen is an increasingly present fixture – phones, tablets, laptops and desktop computers – and enables access to content online that is part of everyday life. The gaze can be exercised with ease across multifarious visual networks. Without ascribing universalised notions of beauty to their definition, Wegenstein and Ruck (2011: 28) described the cosmetic gaze 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. Offline, processes of body modification such as aesthetic surgery involves heterogeneous networks of influence, advice and surgical intervention - magazines, television, family, peers and surgeons that have to be physically sought out, purchased, and/or scheduled in. The Web affords rapid hyperlinked navigation of resources from a single device; representations of aesthetic surgery and engagement with narratives, materials and services are more prevalent, accessible and navigable than ever on a globalised 'screen'.

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 bodies have been theorised in relation to, and on the Web. This will segue into discussion of ways that aesthetic surgery has been considered in feminist literature. This latter section leads into Section 2.3, which shifts attention to what the growth of the Web has meant for representation and engagement with embodied processes and practices, with focus on health consumption and aesthetic tourism. This chapter lays a theoretical and empirical foundation upon which I developed my study.

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:

Cosmetic **OR** Aesthetic **+** Surgery **OR** Procedure

Cosmetic **OR** Aesthetic **+** Surgery **OR** Procedure **+** Theory

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

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

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 individuals present 'the self' constructs and maintains social interactions in different contexts (Goffman 1959, Layder 1994: 178). In society, bodies 'perform' according to the role of the individual and the social situation they are in (Goffman 1959). They 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). The way that bodies are presented mediates the relationship between 'self' identity and an identity that is socially acceptable. The binding of appearance and identity has informed aesthetic surgery theories. For instance, drawing on Goffman's (1959) work, Holliday & Cairnie (2007: 66) suggested that 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. There are clear overlaps with Goffman's work, the idea of body projects and the cosmetic gaze. Body projects are a way of enabling individuals to adhere to appearances, both coveted and subversive. Shared understandings of body idiom is relatable to the cosmetic gaze as a way of understanding changes that *could* and *should* be made to bodies in order to conform to socially expected physical standards (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 certain types of physical capital (Bourdieu 1984), whether that be in financial resources or social connections. Although aesthetic surgery may not always be undergone to adhere to 'beauty', pathologisation through negative representations in media and aesthetic surgery advertising sets a standard of 'normality' that acts as a benchmark when considering physical capital. Descriptions and visual depictions of undesirability using deliberately ambiguous, often colloquial language such as 'bumpy', 'droopy', 'flabby' have become drivers to measure bodily appearance against. Jones (2008a) noted that aesthetic surgery results in appearances carefully policed within narrow boundaries of 'normality'. It can imbue bodies with physical capital, becoming products and (re)producers of prevailing aesthetic norms.

Goffman (1959) and Bourdieu (1984) theorised bodies as both receptors and expressers of social norms. Bodies have been considered central to (re)production of social identity and interactions. 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). 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.

Discourse of undesirability entrenches ideas around embodiment and performance of 'beauty' and 'normality' from the Foucauldian perspective. Bartky (1990: 66) wrote about slimness, and 'distaste' as a form of linguistic and visual affirmation that spurs transformation. Enrolled across media, humiliation related with distaste for those who do not meet social expectations of aesthetic appearance is internalised and disciplined (Bartky 1990: 66, Frost 2005: 73). Power held by media, medical and

marketing institutions have traditionally denigrated features of female bodies, and in some cases, surgical aesthetic transformations are undertaken to 'correct' deficiencies of 'abject' bodies (see: Covino 2004).

Whilst useful in providing a theoretical basis for understanding bodily presentation within society, problems arise from these classic works. Firstly, bodies have been considered receptors and producers/maintainers of meaning in Bourdieu's (1984) work, but there were no indications of how habitus as a predisposition could be circumnavigated, whether through body-altering technologies or otherwise. Secondly, Goffman (1959) and Foucault (1977) did not abstract bodies to consider existence outside of social contexts – where social contexts arose from, in Goffman's case, and whether there is ever a body untouched by discourse in Foucault's (Butler 1989: 602, Shilling 2003, Lloyd 2008). Judith Butler (1989: 602-604) criticised Foucault (1977) regarding 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. Foucault (1988) later adjusted this position by proposing the more subjective 'technologies of the self'. Technologies of the self are decisions that individuals make within certain paradigms of power. For instance, opting for aesthetic surgery may operate under technologies of normalisation and technologies of the market. Services and products are created and sold as desirable, even necessary, to achieve a certain end, thus enticing and encouraging individuals to consider opting for routes to achieve these ends (Rose 1999). 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 aesthetic norms; aesthetic surgery inscribing - in the most literal sense - gendered ideations of aesthetic norms and standards. Lastly, for all three theorists gendered difference in bodily presentation, consumption and control was not a central preoccupation.

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). Unease arose with

the idea of gender produced by 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). Similarly to 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 (Butler 1990). She posited that ways to disrupt the performativity of gender would be by overtly subverting norms; parodying them, which she illustrated with the example of drag acts. Drag as destabilising gender norms is still relevant, but another area of focus is the rise of non-binary identity; individuals who identify with neither socially prescribed masculine of feminine attributes. This will be discussed in section 2.2.2.

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 social 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, and highly consumerist 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). Furthermore, emancipatory postfeminist politics of choice and agency are seen to be bound up with products and services (McRobbie 2009), whereby the freedom to shape and form bodies is liberated, as opposed to oppressive, something of focus in Section 2.2.2. When it comes to aesthetic ideals, a cosmetic gaze (Wegenstein & Ruck 2011) is operated amongst individuals. It is entrenched in everyday practice and interaction - producing disciplined, valuable bodies. It drives commoditisation 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.

2.2.1 Disembodied, Omnipresent, Cyborg? Presenting Bodies on/of the Web

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/of 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-flesh' 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 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 a utopian ideal of not being restrained by corporeal characteristics.

Some commentators have 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 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. In thinking about representations of aesthetic ideals and aesthetic surgery across online environments, the power of the Web to host disembodied spaces has been depleted by the prevalence of online consumer spaces, media, advertising and, as above, visual social media content. Using the Web to remove bodies is difficult given that bodies could now be considered 'hypervisible' through multiple screens of the Web.

The notion of invisible bodies online is novel from an escapist and Science Fiction perspective. It is entertaining to envisage 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 route to 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 standards.

The second narrative theme critiques disembodiment; suggesting bodies are omnipresent. Furthermore, bodies often feature online in a representational capacity when they are not in the form of selfies - although use of apps that filter or alter appearance could be argued to show representational forms of individuals, much like airbrushed shots in magazines and marketing. This may also 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 appearance. 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 were built, 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.

Again, the multiple screens of the Web enable individuals to represent themselves in a multitude of ways. Identities can change, visually, through use of an app or similar, to modify appearances. Linguistically, pretences can be built and networks formed on

the basis of what is available on the screen. There is reliance and 'truth' in images and narratives presented, unless the image is obviously modified. Online bodies may or may not be accurate representations of offline selves. However, existing literature lacks 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. To explore the co-construction of the Web and bodies, the concept of the Cyborg 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". Cyborgs can contain elements of technology that enhance physical functionality, such as contact lenses or prostheses. Technologies have enabled interventions such as IVF, transplantation, and implants - from pacemakers to forms of contraception. The body is not indisputably biological and aligned with nature. In binding humans and machines, "the body is increasingly coming to be regarded as a social and cultural construct, capable of radical transformation" (Negrin 2002: 29). In our increased potential to blur the lines between human/machine, Haraway (1991) argued that we could overcome pervasive dualisms that have limited women due to male dominance in social life: in science, technology, politics and religion (Balsamo 1996).

The Web can be considered a Cyborg technology. It is so readily accessible, that technologies offering access are increasingly in the forms of bodily adornments. 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. The Cyborg and aesthetic surgery will be discussed in more depth in the following section, in relation to feminist theories of aesthetic surgery, cosmetic surgery reality television (CSRTV) and how politics of the cyborg

can be considered in relation to aesthetic surgery online, particularly in regard to performance of non-binary politics.

This section has focused on theories concerning presentation of bodies in society, and how alterations to the body may be considered from the perspective of these theories. When considering bodies on/of the Web, overall there is little concurrence between identified themes. Bodies online have been 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 could 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. Bodies represented online are uploaded via technology and subject to a global cosmetic gaze. The next section narrows this to focus on aesthetic surgery, and its prolific and prevailing contention within feminist theory.

2.2.2 Aesthetic Surgery and Feminist Theory

Ninety per cent of aesthetic surgery recipients in the UK are women (BAAPS 2017). The pursuit has remained perpetually divisive in feminist literature. In this section, I firstly focus on two distinguishable theoretical strands: aesthetic surgery as evidence of oppressive patriarchal dominance over women's bodies, and conversely as an agential, empowering body modification, that reflects postfeminist theorisations and politics of 'choice' and aesthetic surgery, how this relates to the spectacle of CSRTV, and additional emphasis on cultural pushback in the form of 'love your body' discourse (Gill & Elias 2014). Secondly, I focus on further ideas surrounding the potential for aesthetic surgery to destabilise paradigms of gendered performativity. I use presentation of non-binary identities to illustrate. Thirdly, I turn attention to recent theories that argue for decentralisation of women's motives for undergoing surgery, and instead situate patient-consumers amongst multiple actors – human and non-human – as a way of understanding interactive, intersubjective processes of becoming, or not becoming, an aesthetic surgery patient-consumer. Aesthetic surgery prevails as a discordant practice. Feminist work on the subject has been plentiful and

pivotal, however research has not kept pace with engagement online – particularly in reference to women who have considered aesthetic surgery, but not undergone procedures, in spaces where multiple discourses abound within the click of a link.

Feminist theory has been sharply divided over oppressiveness of aesthetic surgery. Susan Bordo (2003) 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). Women's subjectivity and motives have frequently been at the centre of feminist theories opposing aesthetic surgery. Bordo (1997: 37) referred to 'pedagogy of defect' where women learn that certain parts of themselves are 'unacceptable' by the standard of cultural images presented to them. This posits that a culture of 'beauty' drives women to pursue perfection. Women are seen to endure harmful – and potentially addictive – surgical procedures with myriad operative and post-operative risks in order to fulfil an oppressive cultural ideal. Virginia Blum (2003) recounted her experience of undergoing a rhinoplasty - nose job - procedure after her mother took her to consult with a surgeon as a teenager. This experience informed her equation of undergoing aesthetic surgery with self-harm behaviours. Sheila Jeffreys (2005) and Eve Ensler (2004) have produced similar accounts of aesthetic surgery that have victimised and pathologised women who undergo procedures, claiming women suffer from false consciousness (see: Morgan 1991: 35) in their pursuit of aesthetic 'ideals'.

On this basis, for some, aesthetic surgery procedures fall into ideations of 'ideal' female bodies moulded by an objectifying male gaze (Morgan 1991: 38, Negrin 2002: 21; Pitts-Taylor 2007: 74). This refers not only to media representations of aesthetic ideals, but also to male surgeons who dominate the aesthetic surgery industry. Gilman (1999: 334) addressed this in stating 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 them. Butler (2004), furthermore, suggested 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). This premise, in relation to aesthetic surgery, highlights that there are limits to agential choices made by individuals in altering appearances. Holliday and Sanchez Taylor (2006: 185) discussed this in reference to 'looking' natural, and 'being' natural. The authors argued that there has been a tendency amongst feminist scholarly work to view

aesthetic surgery as harmful and demonstrative of 'passive' consumption, while other ways of looking/being natural – going to the gym, dieting – have been framed more favourably and extolled as health conscious pursuits (Holliday & Sanchez Taylor 2006: 185).

These views of aesthetic procedures have been framed within pervasive structures of patriarchal power producing and perpetuating harmful beauty culture, wherein women internalise ideals and pursue surgical procedures in a fashion akin to self-harm. Pitts-Taylor (2007: 98) criticises assertions of women's innate psychological weaknesses when it comes to issues that have historically been linked with vanity. Furthermore, essentialism inherent in much theory opposing aesthetic surgery not only infers that unaltered female bodies are authentic bodies, but also homogenise women who undergo surgery as not only betraying and harming female bodies, but creating a falsehood; "estranged from their authentic selves" (Pitts-Taylor 2009: 121). The inference here is that women only undergo aesthetic surgery to live up to some form of aesthetic ideal, which has has demonstrably not been the case.

Kathy Davis (1995) illustrated the divide in feminist theory with an anecdotal recollection of an occasion where, in attending a conference on feminist ethics, she presented her work alongside Kathryn Pauly Morgan. Davis's presentation of her work elicited mixed responses from the audience over what they saw as the shortcomings of her study - including erasure of structures of oppression. Morgan's presentation followed and within it, she characterised women she had met who had undergone aesthetic surgery as resembling 'Stepford Wives'. (Davis 1995: 176) The comparison of women who had undergone surgery with pristine, subservient, man-made robots evoked laughter from the audience (Davis 1995: 176). For Davis (1995: 177), this comparison and the subsequent reaction was indicative of a gap between those who 'disapprove' of surgical alterations to women's bodies, and those who support patient-consumers and/or even desire procedures themselves (Davis 1995: 177).

Davis (1995, 2003), in her study of aesthetic surgery patient-consumers argued that women are not simply 'surgical dopes' blindly adhering to superficial beauty expectations (see also: Wijsbek, 2000: 455). She interviewed women who had undergone procedures in the Netherlands, where they asserted engagement with their decisions and rationalised their reasons for having surgery. Davis's (1995) work

featured liberating 'I did it for myself' narratives from her participants, who dispelled the idea that partners, family, friends or surgeons influenced them. 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). Davis's (1995) work bucked the trend for feminist literature that considered women as unconscious victims, suffering operative pain to adhere to a culture of beauty. However, that is not to say that the women in Davis's sample were not aware of how beauty and youth have been valorised in society. Negrin (2002: 21) has argued that women not only submit to "dictates of patriarchal ideology but… actively [engage] with it, knowledgeable of its drawbacks as well as its benefits". Fraser (2003) also acknowledged this framing, suggesting women are seen as complicit in perpetuation of aesthetic surgery and oppressed by it. Critics have considered Davis's (1995) work too optimistic, and overlooking pervasive structures of power regarding aesthetic surgery (Jones 2008a). In particular, Bordo (1997, 2003) has vocally criticised Davis for her emphasis on agency and for allegedly dismissing ways that advertisers create aesthetic defects in order for women to invest in the idea of self-improvement and consider it an act of empowered autonomy.

Debra Gimlin (2000: 89) in her qualitative study on women's aesthetic surgery narratives similarly found that her participants framed aesthetic surgery not as a route to perpetuating expectations of feminine beauty, or to a way of appeasing the male gaze. 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 Gimlin, nor Davis, defines what 'normal' appearance is, or whether normality is synonymous with features considered 'idealised' within society, yet so normative they are 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. Although dubious of aesthetic surgery, and not uncritical of women who opted to undergo procedures, Gimlin (2000: 96) referred to her sample as 'savvy cultural negotiators', making the most of a system that 'limits their options'.

Davis's (1995) and Gimlin's (2000) focus on women using options available to them whilst accounting for the problematic nature of aesthetic surgery represented a shift to 'postfeminist' theory and politics that emerged in the 1990s and into the 2000s. Situating aesthetic surgery within frames of individualised 'empowerment' and focusing less on structures of oppression, postfeminist theory has looked at how women's agency and consumer behaviour are intricately entwined. Angela McRobbie (2008) situated postfeminism in shifting global economies and labour markets, where women's choice and agency have become bound up in the sale of goods and services. Toffoletti (2014: 106) emphasised that focus on individual responsibility in neoliberal societies has effects "on both female subjectivity and feminist theory and praxis". Banet-Weiser and Portwood-Stacer (2006: 261) positioned aesthetic surgery as an expression of postfeminism, due to its increased 'normalisation'. Pursuing procedures constitutes one of the most radical forms of self-transformation – thus a form of empowerment. However, it has been felt that postfeminist theory dismisses still-prevalent forms of power and the tensions that exist therein between structural constraints, and choice and autonomy. Acknowledging this, Gill (2007: 154) noted,

> "What is striking is the degree of fit between the autonomous postfeminist subject and the psychological subject demanded by neoliberalism. At the heart of both is the notion of the 'choice biography' and the contemporary injunction to render one's life knowable and meaningful through a narrative of free choice and autonomy, however constrained one actually might be"

This resonates with Gimlin's (2000: 96) framing of women she interviewed in their pursuits of aesthetic surgery. Gimlin's (2000) participants expressly stated that that aesthetic surgery was done for themselves, and not to appease anyone else. Aesthetic surgery is represented and advertised as driving aspirational lifestyles - where women are transformed and pursue successful romantic and social relationships, and previously limited fashion choices. Aesthetic surgery has been positioned as a powerful, life-altering/affirming investment. Reflexivity, choice and discourse that advocates individualised investment in lifestyle (McRobbie 2009: 19, Braun 2009: 236) places focus on tensions between feminist theories of aesthetic surgery as oppressive and victimising, and those that view it as a rational choice in shifting global consumer economies.

Looking at aesthetic surgery through the lens of freely chosen self-improvement, emphases in media representations, such as cosmetic surgery reality television

(CSRTV) contributes to this form of neoliberal subjectivity. The spectacle of CSRTV reflects postfeminist rhetorics of choice, transformation and freedom (Banet-Weiser & Portwood-Stacer 2006: 265). Gill (2007: 156) argued that a 'makeover paradigm' has saturated postfeminist media culture, of which CSRTV forms part. Wood and Skeggs (2004) suggested that the increased frequency in production of lifestyle shows such as these signalled a shift whereby enhanced selfhood help to overcome problems encountered in everyday life, such as those above: romantic and social relationships, sartorial restrictions, and so forth.

CSRTV facilitates a spectacle that presents an 'ugly duckling' becoming a 'beautiful swan'. Wegenstein and Ruck (2011: 27) have seen this as emblematic of the cosmetic gaze. When Meredith Jones (2008a) talked about makeover culture, she referred to ways that documenting body projects has pervaded everyday life. 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 – and thus, their lives - because they do not feel 'normal' or 'desirable'. 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, therapy, diets and exercise, hair and make-up regimes, and fashion overhauls (Banet-Weiser & Portwood-Stacer 2006, Tait 2007, Jones 2008a, Jones 2008b, Jerslev 2008, Wegenstein & Ruck 2011). In this format, bodies are subjected to 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' – or Cyborgs - 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 form of factual entertainment emphasises placement of aesthetic surgery in society as increasingly normative, legitimate and empowering. It situates transformation of the female body as impetus for positive changes elsewhere in life, echoing postfeminist discourses of freedom and choice in constructing a 'perfect' body, and, importantly, the social 'pleasures' that come with that (Banet-Weiser & Portwood-Stacer 2006: 265). Aesthetic surgery has shifted from corporeal horrors of World War One, to an easily digestible spectacle, which places empowered liberal subjects at its centre – able to overcome any bodily 'deficiency' in pursuit of some form of fulfilment (Banet-Weiser & Portwood-Stacer 2006: 270). It has been presented as increasingly accepted and even necessary in adhering to principals of the cosmetic gaze. Aesthetic surgery produces 'hybrid bodies' – outlined not only in postessentialist feminist literature such as Pitts (2007, 2009), as covered below, but also considered in postfeminist literature, where bodies and markets are entwined and co-productive.

In contention with the choice and autonomy related with corporeal alteration in postfeminist consumer culture, is identified 'pushback' against the kinds of idealised appearances that have saturated media and aesthetic surgery advertising. Gill and Elias (2014) suggested that, over the last decade, advertisers, corporations, and viral campaigns through social media sites such as Instagram and Snapchat, there has been a shift to emphasising that women should revere their bodies 'just the way they are'. Termed 'love your body' (LYB) discourse, it laments a 'broken' relationship with the self whereby women are entrenched in thinking that their bodies are deficient, and extolls the virtues of internalising and performing 'body confidence' (Gill & Elias 2014: 181). However, contradiction lies in the sources of these empowered messages. LYB has been promoted by companies whose prominent position in the market has

come from years of denigrating and standardising women's appearances – the authors refer to campaigns by Dove (2013) and Special K (2014) as examples. Social media is critiqued as 'part of the problem'. Despite social media's propensity to represent images from millions of diverse users, thus disrupting performativity of 'beauty' that has pervaded advertising (Gill & Elias 2014: 182), the authors argued that far from stimulating increased confidence, LYB conversely heightens pressures, and regulates women in postfeminist landscapes of choice (Gill & Elias 2014: 185). Women are both expected to 'discipline and work' upon their bodies, but also perform 'body love' by embracing the very characteristics – particularly 'curves' - that for years have been negatively portrayed (Gill & Elias 2014: 185).

LYB discourse appears opposed to technologies of alteration such as aesthetic surgery. Postfeminist theory from the perspectives of some such as McRobbie (2009) has seen women's agency and confidence become commodities. Where the sale of transformative processes - from cosmetics to aesthetic surgery - have risen to prominence in neoliberal consumer markets under the guise of enhancing or improving the self, LYB discourses create tension where improvement of the body has to be matched by implicating 'body love'. Technologies like aesthetic surgery exist to alleviate created aesthetic 'deficiencies' that LYB encourages women to embrace. How women navigate these competing, but regulating forms of surveillance on their bodies has implications for positioning of aesthetic surgery in feminist theory and politics when engaging with aesthetic surgery online. LYB and advertising of aesthetic surgery are opposed but could become inextricably bound in complex online networks – thus producing tensions as to exactly what agency and autonomy looks like in postfeminist politics.

Where essentialist and postfeminist feminist ideas about aesthetic surgery become further conflicted is when considering non-binary gender identities. There has occurred a shift from understanding transgender individuals as exclusively desiring a transition to the opposite of a male-female binary, to a plurality of gender identities (Richards et al. 2016: 95). This raises important considerations for pursuits of aesthetic surgery, empowerment and performativity. Essentialist notions of aesthetic surgery as disrupting 'authentic' female bodies roots ideas of the 'natural' in female sexed bodies. What essentialism does not account for are performances of gender-identity that do not align with binary notions of 'feminine' or 'masculine', and thus, of exactly what constitutes an 'authentic' body. Some non-binary individuals seek to

minimise appearance of breasts – by either binding their chests or pursuing elective double mastectomies. With breasts considered a focal point for performance of femininity, undergoing a bilateral mastectomy can be empowering for non-binary individuals, and not in the ways typically sold in surgical provider spaces. Brown and McElroy (2017: 13) in their study on sexual and gender minority breast cancer patients found that non-binary participants felt "better reflected" in their decision to reject breast reconstruction after mastectomies. There is limited literature on non-binary gender identities – as opposed to trans identities - and pursuits of elective surgeries. However there is clear contention here as to what exactly 'authentic' bodies look like. There is potential for non-binary identities to bridge a gap between feminist theories that have decried aesthetic surgery as oppressive, rooted in patriarchy and gendered performativity, and postfeminist theories and politics that has seen aesthetic surgery bound with choice, autonomy and empowerment in an aesthetically driven consumer society.

Closely following this, some theorists have felt that aesthetic surgery has potential to be entirely reconceptualised as an empowering pursuit if it subverts gendered expectations of aesthetic appearance. 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 a self 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 the idea that aesthetic surgery presents "a vehicle for staging cultural identities" (Balsamo 1996: 78). Non-binary bodies could be an increasingly emergent way of considering the metaphor of the Cyborg. Collapsing binaries of male/female, perfection/subversion, human/machine – even feminism/postfeminism – non-binary identities could destabilise performativity and the perceived limits of aesthetic surgery as agential. Additionally, Negrin (2002: 22) has seen this as a way of re-fashioning bodies in order to draw attention to the artificiality of aesthetic surgery, with potential to open up dialogues into ways of radically (re)constructing bodies. Negrin (2002: 22) also referred 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 made larger; ears made to stick out. Effectively, Morgan (1991: 44-47) suggested that bodies could conform to features deemed 'undesirable', in order to weaken

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 transgress them. Orlan did not mimic works of renaissance art in order to have a 'beautiful' outcome. In fact, the aftermath of her choice in a mix of revered features meant that the outcome could be considered a form of 'subversive' aesthetic surgery, ironic in its purpose. Re-appropriating aesthetic surgery in this way refashioned 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 aesthetic standards. The Web, in addition to traditional advertising 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 reframing aesthetic pursuits in the digital age.

Central to preceding theories is focus on motives of women who undergo aesthetic surgery; how politically conscious they are, how rational their decisions are. In exploring these themes in her book 'Surgery Junkies: Wellness and Pathology in Cosmetic Culture', Victoria Pitts-Taylor (2007) explored how discourses within psychology, medicine and feminist theory have not only focused on the identity of aesthetic surgery patient-consumers, but simultaneously *produced* aspects of their identities. In a later paper recollecting her own aesthetic surgical process, Pitts-

Taylor (2009: 119-120) suggested that this creates what Foucault called 'hermeneutics of the self' – an interpretation locating meanings of aesthetic surgery within the individual. Pitts-Taylor (2009: 120) argued that feminist discourse has had a tendency to generate hermeneutics of the self when directly linking mental health of aesthetic surgery patient-consumers to the patriarchal origins of procedures – pointing to theories that focus on oppression. Pitts-Taylor (2007, 2009) and Jones (2008a) argued for feminist theories of aesthetic surgery that do not centralise the interiority of aesthetic surgery *within* the patient-consumer. Instead, aesthetic surgery is viewed as an interactive, intersubjective set of processes enacted by human and non-human actors. Jones (2008a) used actor-network theory (ANT) to position aesthetic surgery patient-consumers as one of multiple actors where agency is not an immutable position rooted in self-hatred or empowered rationality. Rather, agency flows; mediated through networked relationships. Fraser (2003) and Pitts-Taylor (2009) argued for a shift from viewing subjects as either oppressed *or* liberated; the subject should be seen as an actor in and amongst ideological and political contexts that shape their perceptions and understanding of aesthetic surgery processes.

Aesthetic surgery has continually been framed as problematic in feminist scholarly work. An invasive set of procedures, it elicits emotive theories and politics regarding both social positioning of women as oppressed and unconscious victims of patriarchal standards of 'perfection' (Bordo 2003), alongside those that locate the aesthetically altered subject as seeking 'normality' (Davis 1995, Gimlin 2000); rational, empowered and simply opting to change their body in a neoliberal marketplace that enables them to do so (Davis 1995, Gimlin 2000, Banet-Weiser & Portwood-Stacer 2006; Jones 2008a, McRobbie 2008; 2009, Braun 2009, Toffoletti 2014). Viewing processes of aesthetic surgery as intersubjective, fluid and comprising networks of human and non-human actors, Jones (2008) and Pitts-Taylor (2007, 2009) moved to decentralise the patient-consumer in feminist scholarship on aesthetic surgery. In seeking to understand the processes by which someone may – or may not, as will be seen as the case with my sample – become an aesthetic surgery patient-consumer, Pitts-Taylor (2009: 127) suggested that feminism could become "more critical of the power relations that work to produce" the aesthetic surgery patient-consumer. Extending this to look at the multiple networks constructed when browsing and engaging with content online, I sought to understand how women approached processes of aesthetic surgery when they have access to potentially limitless

networks and multimodal spaces representing aesthetic surgery in myriad ways. Aesthetic surgery is not a linear journey from pre- to post-surgery; it is a complex negotiation that challenges ideas around being/performing feminine versus feminist politics that have been perpetually divisive. I desired to find out what the Web was doing to processes of aesthetic surgery in order to gain a view of the implications of the Web for the positioning of aesthetic surgery in feminist theory and politics.

2.2.3   Conclusion

Presentation of bodies in society has been considered informed by discourse and reproduced by social actors in various social contexts. It is posited that a pervasive cosmetic gaze (Wegenstein & Ruck 2011) operates to inform individuals of aesthetic expectations and how to meet them. Aesthetic surgery has been met with resistance from some feminist scholars who feel that aesthetic norms are rooted in patriarchal dictates of aesthetic ideals (Wolf 1991, Morgan 1991, Balsamo 1996, Bordo 2003, Jeffreys 2005). However, there are those who have identified as aesthetic surgery as agential - reflective of postfeminist rhetoric of choice in neoliberal consumer culture (Davis 1995, Gimlin 2000, Banet-Weiser 2006, McRobbie 2008; 2009). The move to consider aesthetic surgery as complex processes implicating networks of interknit actors (Jones 2008a, Pitts-Taylor 2007; 2009) allows for consideration of experiences of women who explore aesthetic procedures without focus exclusively on their motives. The collapse of boundaries between actors and technologies that this postessentialist approach inspires is particularly suited to exploring the role of diverse and multiple online networks in how women engage with and consider aesthetic procedures.

A well-developed research area that looks at processes of online engagement is in relation to health consumption online. On this basis, the next section overviews empirical work related to health consumption, alongside existing work about aesthetic surgery and the Web, particularly focused on aesthetic tourism. This complements existing theoretical work with empirical applications that inform my research. However, I begin the next section with an overview of how the Web has evolved from a collection of static pages, to diverse and constantly moving networks, characterised by a shift to prosumption that has posed questions about the implications of the Web not only for how societies have typically come to understand

production and consumption of information, good and services, but also for traditional boundaries of power and expertise.

2.3   The Web, Health Consumption, and Aesthetic Surgery Online

The Web has altered ways in which individuals engage with information, products and services. The growth of hypertext (Web 1.0), followed by collaborative social networks characterised by user-generated content (Web 2.0), has repositioned Web users as prosumers (Ritzer & Jurgenson 2010). Fundamental shifts have occurred between online and offline media whereby, unlike television, print publications and radio that are scheduled for consumption, the Web allows individuals to have largely unfettered access to global materials across a spectrum of multimodal spaces that can inform and challenge discourse and perspectives within a click of a link.

This section focuses on transformations of the Web for how information and communications are accessed, navigated and negotiated. Firstly, I will discuss some of the key sociotechnical developments that shape the Web, including shifts from Web 1.0 to Web 2.0, prosumption, and targeted advertising. Secondly, I focus on online health consumption, representations of aesthetic surgery online and the growth of aesthetic tourism as examples of how the Web affects expertise, perceptions and decision-making away from physical locales. The very nature of the Web as an open, unregulated and fast-moving sociotechnical system has implications for engagement with information, products and services. I sought to explore and better understand the role of the Web on women's engagement with aesthetic surgery. Online, mainstream media and user-generated spaces exist alongside established and/or 'expert' sources of information and are easily navigable. By exploring and engaging with competing networks, destabilisation of discourse and traditional structures of power can result.

2.3.1   The Web: A Utopia of Choice?

The Web is a complex sociotechnical system that has enabled global communications, marketplaces and access to knowledge on a networked scale unseen previously. It has evolved to provide access and navigability regarding content that users can browse, but is also engineered to entice users to look at certain spaces. In a number of ways, the Web has opened up choice – prosumption has enabled individuals to openly

discuss and contribute to dialogues surrounding issues that offline, they may have primarily consumed. At the same time, browsing the Web and engaging with discourse around certain topics can contribute to a digital footprint stored by companies and sold to advertisers in order for users to further engage with their products or services. The Web has ramifications for the well-trodden structure-agency debate, with traditional boundaries reconfigured for a digital age.

Technologies affording interactivity and non-linearity were fundamental tenets of the Web. Web 1.0 was characterised largely by the producer/consumer binary that existed offline. However, a hypertext system allowed for both creation and dissemination of information. Hypertext traversed the "confines of linearity … [where] ideas may branch in several directions, and paths through these ideas are followed and created by the reader who also becomes author" (Jackson 1997: 2). Web 2.0 saw a shift to users increasingly becoming generators of online content (Ritzer & Jurgenson 2010: 19). Technological capabilities allowed consumers to become producers and represented "a greater degree of two-way control of content than with traditional mass media" (Flanigin et al. 2010: 183). From social constructivist perspectives, technological design is a co-constructed function of interconnected social and technical factors. Web 2.0 is a clear example of complex user/producer/provider networks. Technological capabilities entwine with social and cultural needs to produce artifacts that are both the result of and impetus for social behaviours (MacKenzie and Wajcman, 1985).

Drawing upon prosumption (Ritzer and Jurgenson 2010), participatory cultures and technologies have gone towards collapsing rigid boundaries of producer and consumer, but also reconstructs boundaries in more nuanced ways. Information, products and services consumed by individuals on the basis of purely advertising and information available for consumption in publications like catalogues or magazines has shifted with the growth of Web 2.0. The Web facilitates production and dissemination of knowledge via user-generated spaces, like online discussion forums, review sites, blogs and vlogs, and spaces like Facebook, Twitter and on Instagram. With this, development of 'expert' users - be it medical, consumer, lifestyle etc. - can proliferate knowledge based on experiences, offering a holistic view of information, products and services. Ritzer and Jurgenson (2010: 21) have posited the potential for prosumption online to alter the ways that production and consumption functions in capitalist societies. There is agency in how prosumption works. It is up to the

individual how they contribute to online spaces like online discussion forums and social media. They are not typically forced to spend time providing narratives or visual imagery that may influence the pursuit - or resistance - of a product or service (Ritzer & Jurgenson 2010: 25). Zwick et al. (2008: 185) concluded that prosumption has altered traditional producer and consumer relations by accommodating consumer needs for "recognition, freedom, and agency" – seeing co-constitutive prosumption as a way of obtaining consumers. The Web, particularly Web 2.0 has enabled companies to hinge on the power of globalised freedoms afforded by user-generated content. This can garner audience participation and enhance exposure of their products, whilst also influencing discourse through imagery, hashtags, blogs and so on. Complex prosumer networks arise from the capabilities and affordances of Web 2.0.

On the other hand, as well as agency afforded by access and navigability around websites selected by the user, the Web has also been engineered to favour businesses, who buy up spaces on websites in order to advertise services or products. This is often in the form of online behavioural advertising, which is based on a user's browsing habits (Smit et al. 2014: 15). For this form of advertising, 'cookies' are typically installed. Internet cookies are small files placed on the computer of a user, and these files provide permission for a website to record information about a visit. Increasingly, websites have shared cookie information with each other (Perlich & Dalessandro 2015). If, for instance, an individual looks at a particular provider for aesthetic surgery, as a result, they may find that advertising for that provider, or the researched procedure 'follows' them around the Web, into unrelated websites. There has been concern about the use of cookies and privacy. A European Union e-Privacy Directive produced in 2011 made it mandatory for websites to seek informed consent before storing cookies, although it is unknown how much individuals understand about consenting to cookies (Smit et al. 2014: 15). In acting 'freely' within the context of the Web, individuals may access a particular space marketing products and services. However, targeted advertising may then occur in an effort to redirect browsing back to that product or service.

The development of Web 1.0 and its evolution to Web 2.0 has seen a shift from static user interfaces of early hypertext systems, to networks characterised by interconnectivity, personalisation and participation. Increasingly, the capabilities of Web 2.0 to counter influence of centralised media conglomerates have upset a

balance, which previously saw a 'one-to-many' system of information delivery (Flanigin et al. 2010: 184-185). Users are afforded relative freedom online to seek, create, affiliate and communicate with multiple voices. Spaces are prosumed by users, providing a holistic dimension to spheres formerly produced by companies or 'experts'. In thinking about this in relation to postfeminist politics of choice and autonomy, it could be posited that these politics are reflected to a greater extent in the affordances of the Web than in offline media forms. How do women who have been considered empowered by myriad possibilities to alter themselves in consumer societies browse networks that are similarly driven by choice? As a complex, discursive sociotechnical system, how is the Web utilised when considering aesthetic surgery, and how do myriad representations of aesthetic surgery across spaces relate to feminist and postfeminist theorisations of aesthetic surgery? The Web has been considered as comprising 'democratised' spaces, where marginalised voices have been given platforms, and traditional power relations – whether they be between mass media and groups/individuals, or patient and practitioners, for instance – begin to fragment (Flanagin et al. 2010: 185). I now turn my attention to prosumption of health information online.

2.3.2   Networked Experts: Health Prosumption Online

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).

In the UK, government White Paper '*Our Healthier Nation – Saving Lives*' (Department of Health 1999) outlined notions of the expert patient. Considering this in relation to emphases on self-improvement that have prevailed in neoliberal discourse, patients are positioned as having a 'choice' to become informed. Technologies of health reflect one of Foucault's (1988) technologies of the self. The idea of expert patients 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. 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), look for alternative treatments (Ernst & Schmidt 2002, Broom & Tovey 2008), become knowledgeable about their own health conditions (Hardy 1999, 2001, Berger et al. 2005, Stinson et al. 2009, Oprescu et al. 2013), or join communities where they can gain advice and support from people similarly affected (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, Bartlett & Coulson 2011, Coulson & Shaw 2013). When considering aesthetic surgery, the Web has enabled spaces for similar communities to form. Online prosumption has meant 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 is particularly relevant regarding aesthetic surgery, which does not have the same regulatory status as other medical services and products. However, 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 navigating and gathering information in holistic online environments to bolster their understanding of process, risk and outcomes.

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 that characterise women as victims of ruthless advertising steeped in notions of aesthetic deficiency. It also has implications for postfeminist theories of choice in how

women navigate and consider aesthetic surgery through multiple online networks. Turning attention to ways that aesthetic surgery online has been considered in recent research output, there remains focus on engagement with offline representations of aesthetic surgery and singular types of online space. Additionally, an emerging – and more comprehensive - focus on aesthetic surgery consumption driven by the Web is aesthetic tourism, and I will now discuss these.

2.3.3   Global Patient-Consumers: Representations of Aesthetic Surgery Online and the Rise of Aesthetic Tourism

Recent work on engagement with aesthetic surgery has shown a remaining tendency to focus on offline media, or just one type of online space. For instance, Sharp et al. (2014) produced a study about the role of media and peer influences on 351 Australian women's attitudes towards aesthetic surgery. The authors 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 and form a tenet of aesthetic surgery processes, online video content now presents a globally accessible medium where viewing is not dictated by pre-decided viewing schedules. In addition, spaces such as YouTube encourage 'participatory culture' (Burgess & Green 2013), where content is not merely consumed by a passive viewer, but actively prosumed: commented on, shared across other sites; reacted to in ways television cannot be. The content of videos can be publicly scrutinised using the cosmetic gaze - giving voices to viewers and either reinforcing or destabilising dominant discourse within video content. Wen et al. (2015) provided content analysis of YouTube videos presenting aesthetic surgery advertising, alongside those produced by 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 related to how authentic the voice was perceived to be - positioning patient-consumers as influential in this particular online space.

In a study of online news content depicting aesthetic surgery, 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 had been built (Moon 2015: 110), potentially shifting discourse from unfavourable to favourable. 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 online 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 by those who have actually undergone procedures.

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 lack of awareness of the normal range of size and shape of genitalia". In October 2013, FGCS 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 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 an investigation of Australian aesthetic providers offering FGCS.

They found that genital appearances were medically pathologised by linking certain types of appearance to physical, psychological and sexual problems, which are then 'resolved' 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.

In addition to affordances of the Web to expose individuals to aesthetic ideals, it has also driven a global market for aesthetic surgery that has grown exponentially in the last decade – 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) linked 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) advocate 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 have considered 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). 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 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 emphasised 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 argued 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).

Addressing this, Jones et al. (2014) discussed how aesthetic surgery tourists engaged with social networking sites to research and document their surgical experiences. The authors built upon the post-essentialist work of Jones (2008a) and Pitts-Taylor (2009), where 'authentic', 'natural' female bodies are not afforded the 'value' as in other feminist works that are opposed to aesthetic surgery. Jones et al. (2014) explored the types of online research aesthetic surgery tourists carried out, emphasising the level of responsibility that they feel when looking into surgical providers. Social networking sites differ from 'static' provider spaces and aesthetic tourists would use both in tandem without attributing more authority or expertise to one than the other (Jones et al. 2014: 192). Details of travelling, undergoing surgery and post-surgical complications are produced and become online artefacts – there for discussion when first produced, and a documented record after the event for those who may be considering aesthetic tourism for themselves. The authors found that aesthetic tourism narratives were 'complex and detailed' (Jones et al. 2014: 202). The journeys of cosmetic tourists from pre- to post-operative bodies were seen to come about 'by and through' media - the focus on collective knowledge, experience and expertise instead of individual subjectivities (Jones et al. 2014: 202). When thinking about actor-network theory, interknitting actors and decentralising the motives of women from aesthetic surgery processes enables research and theory that extends understandings of how co-constitutive networks affect transformation of bodies, as Jones et al. (2014) demonstrated with this study.

The Web affords opportunities for heightened engagement with surgical information and aesthetic services, alongside visual and linguistic representations of aesthetic procedures across multiple networks. Women can 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. The ways that women engage with these types of spaces, and how it affects their perceptions of aesthetic surgery and their decision-making processes has ramifications for feminist theories and politics that have been traditionally divided about positioning of aesthetic surgery. On the one hand, women

could be seen to be operating in networks governed by choice; developing expertise, and navigating and negotiating aesthetic surgery with more information to their disposal than ever before. On the other hand, the nature of the Web means they are likely to browse and be confronted by competing discourses across content and targeted advertising which may seem to 'follow' them – keeping the consideration of aesthetic surgery intrusively alive, non-linear and potentially problematic.

2.3.4   Conclusions

The Web as a sociotechnical system has had a transformative effect on how individuals can engage with body altering information, communication and services. The transition from Web 1.0 to Web 2.0 has enabled evolution of user-generated spaces and online environments for prosumption. Hypertext has always had the propensity to allow individuals to click on links and access different spaces of their choosing, and it is precisely this, at a fundamental level, that sets the Web apart from other types of media. Whilst narratives of agency and choice have prevailed due to the technical capacity for users to follow links and enter spaces of their choice and prosume information, products and services, users remain subject to traditional forms of power in marketing and advertising. Navigating and prosuming the Web as a 'free' agent is mediated by appearance of adverts algorithmically calculated from user's previous browsing habits and/or applicable to their demographics. There have been moves to understand complexities of online networks and the role they play in pursuits of aesthetic surgery. My research takes this forward in exploring how women engage with the Web - whether they have undergone surgery or not - in order to begin understanding the role of different Web spaces on perceptions and consideration of aesthetic surgery.

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 affects bodies and bodies affect the Web.

Aesthetic surgery has been positioned in feminist theory and politics as a divisive and problematic practice and pursuit. Feminism focused on women's bodies as subject to aesthetic pressures have criticised aesthetic surgery for driving standardised appearances that are harmful and oppressive (Wolf 1991, Morgan 1991, Bordo 1993, Balsamo 1996, Jeffreys 2005), with some theorists positing that aesthetic surgery can only be considered 'feminist' if it were to subvert gendered aesthetic expectations (Orlan 1991, Morgan 1991, Balsamo 1996). Postfeminist theories moved away from focuses on oppressive aesthetic ideals and posited that women's agency is bound up and commoditised in consumer societies. Aesthetic surgery is noted as a conscious choice made away from myriad structural (racial, gendered, classed) constraints (Gill 2007, Banet-Weiser 2006, Braun 2009). Aesthetic surgery has been framed in postfeminist theory as a rational decision reflective of neo-liberal markets of identity. Politics of structure-agency has been a sticking point in theories of aesthetic surgery. Working to decentralise women's motives for undergoing aesthetic surgery from being a focal point of feminist scholarly enquiry, Jones (2008) and Pitts-Taylor (2007, 2009) instead look to how aesthetic surgery networks are constructed amongst multiple human and non-human actors and altered throughout processes from pre- to post-surgery.

Networks of aesthetic surgery have become increasingly complex with the rise of the Web and particularly, growth of Web 2.0. Consisting of volume and variety of fast-paced and rapidly replaced material, Web 2.0 is characterised by content prosumed by users. Proliferation of user-generated content has inspired scholarly interest in ways that information gathering has diversified and diverted away from eminent voices of power – such as that of the physician. The emergence of 'expert patients' and the way that the Web facilitates health-related information prosumption emphasises power of user-generated spaces like online discussion forums. Users are free to engage with others in online collectives, sometimes circumnavigating the paternalism of the medical profession when self-diagnosing, self-treating or managing health conditions. Thinking about use of the Web to develop expertise and

placement of trust in other users' experiences, research about aesthetic tourism has looked at networks that aesthetic tourists build online and how these play a role in 'complex and detailed' (Jones et al. 2014: 202) pre- to post-surgery processes.

As a pursuit framed in postfeminist theory as indicative of a rational and choice-driven pursuit in neo-liberal consumer markets, and with the Web as representing numerous and rapidly moving networks of information, products and services that users can freely navigate between, I sought to understand how women made sense of aesthetic surgery online. With a view to extending understandings of aesthetic surgery processes online and the implications for feminist theory and politics, my research concentrated focus on representations of aesthetic surgery across online spaces, and women who both had and had not undergone surgery to understand how they negotiated complex networks of information, advertising and user-generated content online.

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; by 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 a method for exploring online spaces and engagement with the Web through discussions and imagery encountered. 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 methods 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

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. Discourse informs ways that individual conduct themselves in different social settings (Alvesson & Karreman 2000: 1127). Discourse is produced through visual 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) argued 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) stated 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 and politics.

Mautner (2005) lamented little uptake of CDA online, much less MMCDA. This may be due to the relatively chaotic nature of volume, variety and velocity of content online. 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. 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 procedures (Lirola & Chovanec 2012: 503). The authors note that, linguistically, women's bodies are presented as aesthetically deficient – but that ways in which these deficiencies are described often relied on implicit understandings of undesirable aesthetics (Lirola & Chovanec 2012: 503). 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 (hetero)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.

In my study, I applied a synthetic/eclectic approach to MMCDA. This form of discourse analysis focuses on how discourse is used to accomplish specific functions and the discursive cultural practices and discourses that inform texts (Wetherell 1998). Willig (2000) noted the Foucauldian concept of discourse attempts to understand interrelationships between 'truth' and power, and how this has effects for knowledge and practice of behaviours and self-identity. 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 and understanding 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. 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 analysed 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. 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 search terms:

Cosmetic **OR** Aesthetic **OR** Non-Surgical **+** Surgery **OR** Procedure

In the first instance 227 articles were retrieved. 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 and employing Web-scraping tools, it was determined that there would be little benefit in using this 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, as well as notes on . 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.

Coding the data for this phase was arduous. After collecting all of the data, each article, image, forum thread, transcript, and website data were explored, and initial coding categories were attached. Without wanting to opt completely for grounded theory approach, I sketched out some broad preliminary categories to look for in the data: beauty, deficiency, authentic, inauthentic, choice, expert, non-expert, surgical, non-surgical. These categories were associated with focuses from background literature. Once the initial process of coding was carried out, and prominent strands of discourse were identified – reduced from 36 codes to 12 upon a second in-depth look at the data, I then grouped the different strands together to compare discourse across the different online spaces. These were grouped, dichotomised, and titled as follows:

- **Discourses of expertise**
    - Expert/lay-expert
    - Good surgery/bad surgery
- **Ethical discourses**
    - Necessity/choice
    - Business/medicine
- **Body discourses**
    - Real (authentic) bodies/fake (inauthentic) 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', inauthentic or artificial 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 would you describe typical presentations of female bodies on these (different) websites?

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 aesthetic ideals. 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 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 the structure 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 - 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. My sample was by no means homogenous – the participants varied in age and occupation. However, there was a lack of ethnic diversity, with only two mixed-race participants, and they were mostly drawn from the South of England. My participants did not constitute a representative sample of women, and so generalised conclusions from their interviews cannot be drawn or elucidated to a wider population. However, my work provides an in-depth exploration of how my particular sample of women engaged with aesthetic surgery online.

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. However, there was an additional strand of resistance toward aesthetic surgery, which was prominent in a majority of the interviews I carried out. 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 explorations.

3.2 Ethical Considerations

Aesthetic surgery is a sensitive topic. 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 simply 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 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.

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.

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: Narcissism versus Necessity? Representations of Aesthetic Surgery across Multiple Online Spaces

Aesthetic surgery is rooted in the visual – it is a tangible alteration to appearance linked with desire for change in some form. Driving prosumption, the Web affords a number of new mediums that intensify and diversify dialogue surrounding aesthetic surgery. 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

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 attitudes towards aesthetic surgery as a practice and pursuit. 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. 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 aesthetic standards. A deluge of complementary and competing viewpoints reinforce complexities of aesthetic surgery as a practice.

4.1   Seeing Aesthetic Surgery

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' aesthetic 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

Comparing natural bodies against unnatural bodies reflects arguments threaded through debates on aesthetic surgery. Aesthetically altered bodies have been seen to 'betray' natural bodies (Wolf 1991), with natural bodies 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. I term this the 'speculative gaze' and argue that it makes up a strand of the cosmetic gaze. Where women become informed, through the cosmetic gaze, of expectations, routes and strategies to alter their bodies, this is then applied across the Web to 'spot' those who have undergone aesthetic surgery and emphasised in user-generated spaces, such as comments sections. The speculative gaze develops visual aesthetic expertise to determine and assert noticeable differences to someone's appearance, and additionally level moral judging, not only on the basis of the surgeries they have undergone, but also the perceived reasons as to *why* the individual had undergone surgery.

Bodies were focus of scrutiny when authors of sources asserted that an individual was not 'admitting' to surgery. In an article from gossip site entertainmentwise.com, reality television star Nicole 'Snooki' Polizzi was the focus of speculation,

> "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…"
> (http://www.entertainmentwise.com/news/134733/Snooki-Slams-Media-For-Saying-Shes-Had-Plastic-Surgery-The-Tabloids-Are-Bullies)

Here, suspicions were aroused in the aftermath of a bodily event - in this case, pregnancy. Snooki was 'accused' of undergoing aesthetic procedures to aid weight loss after the birth of her child. Speculation and surveillance levelled at women, particularly in a vulnerable post-pregnancy state, was a key target for the speculative gaze. There was expectation and criticism of women who were felt to not spend long enough with a 'normal' post-pregnancy body. Susie Orbach (2011: 391) has argued that mothers' bodies are "under assault" from the media, and there have been studies focused on the effects of the media surveillance on post-partum bodies (see: Bailey 2001, Cunningham 2002, Daniel 2006, Gow et al. 2012, Roth et al. 2012). A further example, focused on frequently referenced reality television star Kim Kardashian, levelled blunt criticism at her cosmetic surgery denials,

> "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"
> (http://www.celebdirtylaundry.com/2013/kim-kardashian-plastic-surgery-cosmetic-breast-butt-implants-nose-job-botox-liposuction-photos-1204/)

Use of words like 'accused', 'denies', 'lies' provided an impression that a wrongdoing had been committed - the authors *knew* Nicole and Kim had undergone surgery, so why were they perpetually 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 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 further illustrating this a lifestyle and entertainment site aimed at mothers, cafemom.com featured a blog post on the impact of Kim Kardashian's dishonesty regarding her alleged cosmetic intervention,

> "Don't get me wrong -- I'm sure Kim 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"

(www.thestir.cafemom.com/beauty_style/165096/kim_kardashian_needs_to_come)

[Original emphasis]

The offence taken ("galling and insulting"), and accusatory tone ("The fiction she'd have us believe is nothing short of irresponsible!") frame Kim Kardashian as the perpetrator of some kind of gross deceit. Aesthetic surgery is emotive, and the speculative gaze is paired with judgement and what sometimes comes across as quasi-outrage if women don't admit to procedures. This post, however, went on to make serious claims about perceived effects of fake bodies on mental wellbeing,

> "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 Kim goes to in a posh, discreet Beverly Hills clinic."
> (www.thestir.cafemom.com/beauty_style/165096/kim_kardashian_needs_to_come)

The author laid blame for eating disorders and body image problems directly at the feet of Kim Kardashian due to alleged dishonesty concerning aesthetic procedures. Drawing attention to the differences between 'looking' natural and 'being' natural (see: Holliday & Sanchez Taylor 2006: 185), had Kim Kardashian been assumed to exclusively attend the gym, the author would have afforded her more respect. However, because the speculative gaze has deduced that, in fact, the amount of change was not possible in the time achieved, that Kim was not only lying, but also irresponsibly 'touting' her results as 'authentic'. Whilst the Café Mom blog 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, the following article from popular gossip site Hollywoodlife.com featured a quote from an aesthetic surgeon when discussing the Supermodel Kendall Jenner; a sibling of Kim Kardashian,

> Dr. William Bruno, a board certified plastic surgeon in Beverly Hills
> tells Hollywoodlife.com 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."
(http://hollywoodlife.com/2014/01/17/kendall-jenner-nose-job-plastic-surgery-
rhinoplasty/)

Presentation of expertise from a 'board certified plastic surgeon' allowed the author to validate their claims about Kendall Jenner's alleged surgery, and enabled users to identify changes to physical appearance, building discourse of expertise amongst lay observers that can be asserted in other online spaces. The Web extends capabilities to reinforce or challenge discourse through addition of users' own voices within digital environments. It allows for an enhanced level of communication and expression compared with offline media. Prosumption of material tempers the boundaries of traditional expertise, and knowledge dissemination. In thinking about the speculative gaze in relation to postfeminist rhetoric around choice and autonomy, from the examples presented here, aesthetic surgery is not reflected favourably. Those who undergo surgical procedures are not upheld as exercising an empowered choice in opting for procedures. Rather, they are criticised as inauthentic, for 'betraying' women for being 'dishonest', and for portraying an unobtainable aesthetic.

Inclusion of Web users as prosumers allows speculation through content such as blogs, and use of 'comment sections'. These are often poorly moderated spaces where readers submit opinions. Enrolment of users in speculation was sometimes actively encouraged by websites,

"Do you think Britney had more than just a few injections? Or is she all-natural? Let us know in the comments!" (http://radaronline.com/exclusives/2013/12/britney-spears-lip-injections-cosmetic-surgery-revealed/)

"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!" (http://www.beautyworldnews.com/articles/6981/20131206/snooki-wedding-jersey-shore-alum-opens-up-about-cosmetic-procedure-rumors-slams-media-for-saying-she-went-under-the-knife-to-lose-weight-report.htm)

"Do you think Crystal Harris had plastic surgery? Check out a recent photo of her below and let us know your thoughts in the comment section below" (http://www.beautyworldnews.com/articles/7228/20131226/crystal-harris-plastic-surgery-before-and-after-hugh-hefner-accidentally-reveals-wife-had-cosmetic-procedure-done-on-twitter-photos.htm)

Users were removed from the realm of 'passive consumer', to active in sharing lay expertise. They could browse other responses to inform their own knowledge about alleged aesthetic surgery. There was a culture online for 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 directly involved as 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. After my initial research had taken place, it is significant to note that two of the ten videos were removed from YouTube. Both of the videos removed concerned the Bollywood actress Aishwarya Rai – one with Rai as the exclusive focus, and the other with her considered alongside other Bollywood actresses thought to have undergone aesthetic surgery. It could be that the images used in the videos were copywritten and therefore not for public reproduction without permissions. However, considering that it was only videos that concerned this actress, it could be that the videos were potentially libellous in asserting that Rai had undergone procedures without conclusive evidence, and were therefore removed for that reason. It must be emphasised that regardless of their removal, videos concerning Rai and others have be uploaded since. In one of the videos purporting to show the transformation of Rai, the author had asserted in the video description,

> "becoming Aiswarya Rai [sic] 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" (Bollywood stars plastic surgery)

This critique rested upon extensive listing of suspected procedures. The first lines inferred that aesthetic surgery not only altered the appearance of Rai, but also her

entire identity. The author dichotomised Rai into pre- and post-surgical bodies; aligning her identity with physical appearance. The cosmetic gaze was employed to argue that Rai was now 'harsh' and 'fake' – tenets of an undesirable body. The second video, titled 'Aiswarya Rai BEFORE PLASTIC SURGERY!' [original emphasis] focused on Rai again used before and after images – both close-up and medium close-up - but no other content to argue that Rai had undergone procedures. The video description read,

> "The DRAMATIC change with the help of a few surgeons" [Original Emphasis]
> (Aiswarya Rai BEFORE PLASTIC SURGERY!)

There was no basis for assertions of 'dramatic' change. Candid photos of Rai 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 online sees women's bodies scrutinised more publicly than previously capable. Offline media content shed a spotlight on aesthetics; the Web intensifies this – bodies are media-bodies; spectators bound up as experts.

Moving away from speculating about presumed artificiality of 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 aesthetic standards excluding older, and black and minority ethnic women. This type of imagery reignites feminist debates about surgery. Where certain 'looks' are coveted, it is difficult to fully align with the idea that aesthetic surgery as advertised in provider spaces could be considered agential

when such narrow aesthetic norms and standards are visually presented. Jones (2008a) argued that aesthetic providers and the imagery they advertise police the boundaries of 'normality'. Considering aesthetic surgery as a technology of the self, the narrow way in which it portrays aesthetic ideals could be understood as precisely how women come to determine, via the cosmetic gaze, expectations of gendered appearance and how to obtain them. Echoing Davis (1995) and Gimlin (2000), women are able to agentially consider aesthetic surgery, but they are limited by options available to them. The Web, however, provides access to myriad spaces. Whether this provides women with 'alternative' forms of 'aspirational bodies' will be covered in more detail in Chapter Six.

'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 from a range of UK and international providers,

> "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!" (Make Yourself Amazing)

> "I am so happy with my new breasts and they look really natural which I am so pleased about!" (Make Yourself Amazing)

> "They look so natural, are the perfect size and shape for me and are very much in proportion to the rest of my body." (Transform)

> "My boyfriend thought they were so natural and has been with me all the way" (Surgicare)

> "The results are fantastic – all my friends and family are surprised at how natural my breasts look and how well they have healed already!" (New Look Holiday)

Emphasis was on apprehension at 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 as though they have undergone procedures. It has been argued that women pursue surgery that alters bodies to be reflective of aesthetic standards (Morgan 1991: 38). Patient-consumer testimonials reinforce

naturalness as an ideal online; countering media and 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 Forum 14 concerned with types and sizes of breast implants, the Author emphasised desire over pragmatism regarding breast augmentation,

> Author: "… 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"

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

Similar to patient-consumer testimonials above, the excerpt below from Forum 4 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 went 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 youre 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. Forum 14's author's pre- and initial post-surgical body was considered aesthetically deficient compared with the result of revision surgery. 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 present 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 online 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 (Jones 2008b). In fact, the most viewed video was entitled 'Top Ten 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.. Donatella Versace: a caricature of herself" (Top Ten Worst Plastic Surgery Disasters)

"#2.. Jocelyn Wildenstein: a US$4 million monster" (Top Ten Worst Plastic Surgery Disasters)

Words like 'caricature' and 'monster' highlighted individuals rendered aesthetically inhuman by the video creator. Referring to the examples above, two pictures of Donatella Versace 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 Versace's 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 Jocelyn Wildenstein were before and after shots. The first image showed the Wildenstein 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 – Monique Allen - was similarly denigrated in another video. Entitled 'Plastic surgery addict has had 75 illegal operations', the video focused on Monique going about everyday life. It was made clear that Allen'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" (Plastic surgery addict has had 75 illegal operations)

> "I was a little scared at first, it actually intimidates me. Thumbs down…" (Plastic surgery addict has had 75 illegal operations)

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 Allen. They stated,

> "I love her look and she's unique to herself" (Plastic surgery addict has had 75 illegal operations)

Allen 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 from a press release put out by the Harley Medical Group addressing the finding that one person in every seven would allow a friend to administer non-surgical treatments like Botox and similar facial dermal fillers,

> "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." (http://www.harleymedical.co.uk/media/practitioners-horror-at-findings-showing-1-in-7-would-let-a-friend-give-non-surgical-treatments/)

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, which of course, given the origin of this excerpt being one of the largest providers of aesthetic surgery in the UK, sells their services. 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 Mick Jagger 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..." (http://www.itv.com/news/central/2014-01-08/horror-stories-lead-to-calls-for-the-cosmetics-industry-to-be-made-safer/)

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. Physical capital is not to be found in injured bodies; it is not be found in bodies that subvert the cosmetic gaze and present a 'fake' or 'unnatural' body. Botched surgery ties up two aspects of undesirable bodies – those that are injured, and those that are seen to have visibly obtained alteration. Furthermore in a similar article from The Mirror newspaper,

"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" (http://www.mirror.co.uk/news/real-life-stories/women-who-went-abroad-cheap-2992507)

This individual detailed a botched facelift. Mid close-up visual evidence of scarring was used to 'prove' the patient-consumer's 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." (http://www.mirror.co.uk/news/real-life-stories/women-who-went-abroad-cheap-2992507)

Again, close-up pictures of the afflicted areas were included - making a spectacle of disaster. A different example from the same publication,

"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] (http://www.mirror.co.uk/news/uk-news/olufemi-adeyinka-adeogba-botched-boob-2977127)

Emphases on words 'dead flesh', '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. In an article focused on do-it-yourself methods of surgery employed by some South Korean teenagers unable to afford professional surgery, individuals famed for botched attempts at surgery were bases for warnings. In this case, the individual highlighted below – former South Korean model Hang Mioku – used cooking oil in place of approved non-surgical fillers.

"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"

(http://www.globalpost.com/dispatch/news/regions/asia-pacific/south-korea/131203/korean-teens-deploy-diy-cheap-alternative-gang)

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. Considered anachronistic and unacceptable, 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 which 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.

4.2   Selling Aesthetic Surgery

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. 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). How aesthetic surgery is sold is important in understanding representations of aesthetic procedures in marketing practice and how women engage with this content online.

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, from the UK-based Harley Group,

"... 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" (Harley Medical Group)

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" (Harley Medical Group)

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 adhere to. Furthermore, from another UK-based surgical provider Make Yourself Amazing,

"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" (Make Yourself Amazing)

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. A surgical provider based in Slovakia, New Look Holiday, characterised undesirable breasts in both colloquial and medicalised ways,

> "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" (New Look Holiday)

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 '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 – from a Czech provider Beauty in Prague - 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" (Beauty in Prague)

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. Again here, is reflected postfeminist theories where women's agency and choice is bound with products and services marketed to them (McRobbie 2008; 2009). Women are presented with 'advice' on the type of body most suited to an aesthetic procedure, but this is ultimately rooted in the wishes of the patient consumer. Breast augmentation is framed here as a pursuit that it is 'natural' to desire if your body has not met a certain standard of appearance.

Undesirable bodies were further emphasised as impacting on everyday lifestyle choices - fashion and relationships. All of the following were extracted from The Harley Medical Group website,

> "…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. The 'unconfident aesthetic surgery patient' is a well-trodden trope, and these types of 'backstories' are similar to those used in CSRTV. They provide an impetus for change, for transformation that can be brought about via surgical intervention. Skeggs and Wood (2004) in their focus on lifestyle 'makeover' shows framed individuals as increasingly expected to put into action aspirations to 'new ethical selves'. There is an expectation enhance selfhood in some way if it can remedy some problematic aspect of everyday life. This is how patient-consumer testimonials work. Accumulation of physical capital is a way of remedying issues of confidence, difficult social and romantic relationships and limitations in fashion choices. The next two excerpts, again from The Harley Medical Group, 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 Harley Medical Group surgeons positively affected 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!"

"...she happily told us that she had just been shopping with her new boyfriend to buy pretty strappy tops and dresses!"

"...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."

"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."

Aesthetic surgery heightened confidence, influenced clothing choices women felt they could wear that they could not previously, 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'. The cosmetic gaze is a powerful directive. It informs types of aesthetic appearance women should be aspiring to, and the consequences of not doing so, i.e. lack of romantic partnerships and limited fashion choices – lessening physical capital and associated benefits.

Online discussion forums, similarly, enabled individuals to contrast their undesirable before bodies with their improved altered bodies by posting images alongside surgical outcome narratives. For example from Forum 4, the Author uploaded close-up images of their post-surgical nose to accompany their narrative,

Author: "Hi guys I have put pictures up of my new nose two weeks post op so every one 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."

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 from Forum 18 whose author also underwent a Rhinoplasty 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. Gimlin (2000: 96) lamented lack of dialogue between aesthetic surgery recipients in her study, and the Web has changed that substantially. It expands potential for women to be positioned 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, Make Yourself Amazing proclaimed,

> "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…" (Make Yourself Amazing)

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

asserttion baseless. There was no allusion to the surgeon selection process. However, it was common across other provider websites. Looking at Transform for instance,

> "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" (Transform)

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 – particularly those not based in the UK, as three of the four examples below,

> "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" (Beauty in Prague)

> "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" (Surgicare)

> "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" (Makeover Travel)

> "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" (New Look Holiday)

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 from Forum 2 where the author was seeking rhinoplasty is 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 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 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 a number of 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 consideration. 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.

Postfeminism has looked at the complex ways that politics of choice, agency, neoliberalism and consumerism are bound up (McRobbie 2009, Evans & Riley 2013). I argue that the Web adds forms of experiential expertise to this binding as well. Women do not simply engage with advertising for aesthetic surgery and opt for a procedure; the process is far more considered than that, and the Web has opened up spaces for women to negotiate procedures in much more intricate ways than previously. The dialogues built in online forums, and across other forms of user-generated media must be considered on an equal platform to marketing and

advertising, particularly in regards to communications that can be established. Online, voices of patient-consumers become more prominent and lend to discourse framing patient-consumers as powerfully placed to negotiate aesthetic surgery markets, as Jones (2008a) alluded to, in an age driven by Web research.

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 and excessive 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 publicly 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 publicly; 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 publicly scrutinise. The cosmetic gaze becomes part of Web spaces – 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.

4.3.2   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 these bodies drew attention to 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 some norm or standard. 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   Conclusion

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 aesthetic surgery. Aesthetic surgery has been framed in feminist literature as a way of pressuring women to adhere to idealisations of feminine beauty (Wolf 1990; Balsamo 1992, Morgan 1993, Haiken 1997, Bordo 2003, Jeffreys 2005); something that can empower women in consumer societies (Davis 1995, Gimlin 2000, Negrin 2002, Banet-Weiser & Portwood-Stacer 2006; McRobbie 2008; 2009); or as something that can be reappropriated for feminist ends by subverting 'expected' outcomes (Morgan 1991; Balsamo 1996; Negrin 2002).

Aesthetic surgery was not portrayed favourably in media and video content. YouTube reflected a shift in recent years to showing aesthetic surgery 'disasters' as opposed to successes of CSRTV. Morbid curiosity, and focus on the spectacle of disaster, sees aesthetic surgery become placed as a route to excess and transgression as opposed to self-improvement. As opposed to framing of aesthetic surgery as an acceptable, even expected, route to 'new ethical selves' (Wood & Skeggs 2004), as has been posited in some postfeminist literature, the coverage in these spaces was of an unnecessary, risky, inauthentic, and sometimes irresponsible route to corporeal alteration. Of course, surgery was framed as empowering and a route to self-improvement in provider spaces. Online discussion forums, too, were focused on peer advice, support and validation/celebration of altered bodies. Where Negrin (2000: 96) lamented lack

of collective dialogue to aesthetic surgery as she observed in other locales, online discussions forums have altered this; presenting spaces where women can support one another and discuss their surgeries without temporal or geographical boundaries.

In viewing the Web as comprising networks that represent aesthetic surgery in myriad ways, 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 and politics.

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, velocity and navigability of online content means women are inundated with multiple representations aesthetic surgery. How they explore the Web in engaging with aesthetic surgery and make sense of these representations as part of their own processes of considering – and undergoing – procedures was central to my research. I conducted semi-structured interviews to develop this exploration by understanding how women engaged with dynamic depictions of aesthetic surgery, where their online explorations took them, and how Web spaces impacted on their perceptions of – and desires for – aesthetic surgery.

I carried out twenty interviews with women between the ages of nineteen and sixty-five. One interviewee has not been included in the analysis because although the participant voiced some pertinent views about the Web and aesthetic surgery, she had not actively 'engaged'. For purposes of consideration or curiosity Rather, she had seen it advertised in online spaces and felt aggrieved by what she saw as aesthetic surgery's omnipresence, the production and advocacy of a 'banal', 'Stepford Wife' model of beauty, and targeting of older populations of women. She likened aesthetic surgery to self-harm, in much the same way as Blum (2003), Ensler (2004) and Jeffreys (2005). However, the rest of my sample had researched aesthetic procedures they were interested in undergoing. Of those, five had undergone procedures. Table 1 below lists my participants, whether they were considering surgery at the time of interview, had undergone surgery, and types of procedures.

Table 1: Interview participants and their engagement with aesthetic surgery

Name	Age	Profession	Considering Surgery at time of Interview	Undergone Surgery	Procedures and Reasons
Anna	36	Software Developer	Yes	No	Considered bariatric surgery after having three children.
Beth	24	Student	Yes	No	Considered excess skin removal after losing a large amount of weight.
Gemma	19	HR	Yes	No	Considered rhinoplasty –

		Assistant			she had always hated her nose
Jade	24	Bank Assistant	Yes	No	Considered bariatric surgery because she had found it difficult to lose weight
Jasmine	30	Student	Yes	No	Considered breast reduction because she felt her breasts were a detriment when playing sport, and removal of a small but noticeable facial polyp.
Jessica	24	Hairdresser	No	Yes	Underwent a breast augmentation because she did not feel 'feminine' due to her small breasts.
Julia	21	Student	Yes	No	Considered breast augmentation because she felt her breasts were too small.
Laura	21	Student	Yes	No	Considered breast reduction and bariatric surgery to balance her 'top-heavy' body
Lucy	42	PR and Marketing Executive	Yes	Yes	Underwent rhinoplasty, breast augmentation and dermal fillers in the UK and abroad
Megan	40	Midwife	Yes	Yes	Underwent facial dermal fillers for anti-ageing purposes, and considered breast augmentation abroad
Mia	21	Nurse	Yes	No	Considered surgical (breast augmentation, rhinoplasty) and non-surgical procedures (dermal fillers, cosmetic dentistry) because she was unhappy with multiple aspects of her appearance
Michaela	28	Nurse	No	Yes	Underwent a breast reduction after many years of discomfort.
Rosie	25	Student Advisor	Yes	No	Considered labiaplasty sparked by uncomplimentary portrayal of 'abnormal' labia on television.
Ruby	25	Audiologist	Yes	No	For the same reason as above, Ruby was also considering a labiaplasty procedure
Sadie	32	Student	Yes	No	Considered bariatric surgery to aid weight loss
Sally	25	Software Analyst	Yes	No	Considered rhinoplasty because others had told her that her nose was too large. Also researched breast augmentation because she

					had always wanted bigger breasts
Sasha	30	Art Gallery Owner	Yes	No	Sasha identified as genderqueer – and was saving money to undergo a double mastectomy in order to reflect their non-binary identity
Scarlett	23	Childcare Practitioner	Yes	No	Considered rhinoplasty because she felt that her nose was too large
Serena	37	Beautician	Yes	Yes	Underwent bariatric surgery to aid weight loss and facial dermal fillers for anti-ageing purposes

By no means was my sample representative of the general population. As a result, there cannot be general assumptions made about how women engage with aesthetic surgery on the Web, however my research offers an insight into how my particular sample engaged with aesthetic surgery content online. A majority – eighteen - of the participants were white, with only Laura and Serena being of mixed ethnicity. The average age of my participants was twenty-eight. Only three were aged over forty, with the majority – eleven – aged in their twenties. Types of procedures engaged with spanned bariatric – weight loss – surgeries, breast augmentation/reduction, rhinoplasty and labiaplasty. Only three mentioned non-surgical anti-ageing procedures, with both Megan and Serena talking about their experiences with undergoing facial dermal fillers. One participant, Sasha – who identified as gender non-binary and will henceforth be referred to using the pronoun 'they' - desired a double mastectomy; articulated to be both identity-affirming and also a deliberate subversion of gendered expectations of femininity. In addition, the other women in my sample desired surgeries for reasons of pragmatism due to discomfort caused by a body-part (large breasts, excess skin), socially prescribed 'normality' (slimness, a 'normal' nose, genital appearance, and femininity through breast augmentation), and for anti-ageing purposes (having dermal fillers to reduce wrinkle appearance).

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 Explorations
- 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 explorations within the frame of their own attitudes towards aesthetic procedures. 5.2 will show how women interested in undergoing procedures moved between aesthetic surgery providers and migrated to user-generated spaces. 5.3 highlights mistrust in information and representations produced by providers online due to what was felt to be misleading imagery, and ambiguity in detail concerning 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 exploration begins and where it goes. How my sample explored the Web and considered aesthetic surgery places focus on processes of aesthetic surgery online. Online engagement does not always result in surgery – as was the case with a majority of my sample.

5.1   Women's Contradictory Perspectives on Aesthetic Surgery

Women I interviewed had contradictory perceptions of aesthetic surgery. They articulated conditions that made aesthetic surgery acceptable: 'reconstructive' procedures, transformations to empower those suffering with low self-esteem. These were expressed alongside unacceptable reasons: frivolous, vain, adherence to 'beauty' standards, and because of mental ill health. Women's choice to undergo surgery was tempered by surrounding moral discourses, as well as pathologisation stemming from representations of aesthetically 'deficient' bodies. Complexities of considering aesthetic surgery came when attempting to reconcile low self-esteem as an 'acceptable' reason for undergoing surgery with drivers of low self-esteem. Adherence to aesthetic norms presented through media and advertising was considered an unacceptable reason to undergo surgery, but discourses of aesthetic hegemony often underpin feelings of aesthetic inferiority. Contradiction was rife in women's narratives from the outset, even before the Web was brought into focus.

Jasmine – who had looked into breast reduction – came from a family of medical professionals. They 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.

Jasmine's family viewed aesthetic procedures as frivolous pursuits for excessively wealthy individuals, and/or indicative of underlying mental illness – a self-harm narrative reflective of theorists like Jeffreys (2005). Reflected in media content outlined in Chapter Four, the cosmetic gaze was not only a way of understanding how bodies could (and should) be transformed, but also employed to judge the social and psychological status of individuals submitting to elective alteration. Jasmine described her own paradigmatic shift. She travelled through intolerance towards procedures, to tacit acceptance of, and even desire for, surgery from understanding individual's surgical narratives she had encountered online.

Sasha – who was in the process of researching and saving up for a double mastectomy - emphasised a distinctly conflicted perception of aesthetic surgery and, similarly to Jasmine, highlighted a changing opinion on aesthetic surgery over the years, but that it 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 demarcated a boundary between undergoing surgery to alleviate low self-esteem and to stimulate 'feeling good'. The former was not felt to be a reason to undergo aesthetic procedures, instead striving for 'internally' heightened self-esteem was preferable. Sasha wanted to undergo a procedure that traversed aesthetic

'norms'. This was not a pursuit of beauty or 'normality' in the highly gendered sense sold by aesthetic providers. It would be empowering in pursuit of aligning body and self, destabilising gender performativity (Butler 1990), and challenging gendered discourse argued by proponents of subversive aesthetic surgery (Morgan 1991, Balsamo 1996). Whilst Sasha highlighted a shift in how they thought about aesthetic surgery across the years, there was not necessarily a huge deal of difference between what was deemed acceptable then and what they considered acceptable at the time of interview.

Both Rosie and Ruby – who had explored labiaplasty procedures - further discussed conflict between agency, heightened self-esteem and adherence to aesthetic 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 and normality in relation to aesthetic procedures, veering from a belief in bodily agency to concerns as to the influences driving aesthetic alterations. 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 attitudes that prescribed a set of aesthetic standards. Concurrently, Ruby emphasised a similarly conflicted stance,

> 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.

Ruby voiced advocacy for individuals to make bodily choices that positively impact mental wellbeing. However, she simultaneously expressed sadness that individuals feel as though they need to fit into a 'box' of 'beauty' expectations when they make certain bodily choices. Sasha, Ruby and Rosie all endorsed empowerment gained from pursuing body modification, but took issue with aesthetic surgery as the practice opted for. There was concern with the idea of making aesthetic decisions according to aesthetic ideals of wider culture – it raises questions around how much choice women have over their bodies even when *electing* to undergo alteration. A root of conflict for Sasha, Rosie and Ruby; adherence to aesthetic norms was seen as a driver behind decisions to undergo surgery, and criticism, as will be seen, is increasingly levelled at volume and accessibility of Web content. Removing aesthetic surgery from postfeminist rhetoric of empowered choice and self-improvement, Sasha, Ruby and Rosie found it difficult to think about justifications for aesthetic surgery that were not routed in problematically alleviating low self-confidence and self-esteem.

Heightened self-esteem was not the only 'acceptable' reason for undergoing procedures. Beth and Michaela, regarded 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, Michaela underwent a bilateral breast reduction after struggling with uncomfortably large breasts. Beth noted that surgery after weight loss what changed her previously 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 moralistically open to scrutiny. Vanity and pragmatism are put in opposition to each other. To compare this pursuit of aesthetic surgery with how Beth perceived procedures more broadly, she explained,

> Beth: [Cosmetic surgery is] part of that whole 'beauty is an ideal' kind of thing which I just disagree with, because I'm like 'nah, let's just all do our own thing with our own body and our faces and have a wonderful time'. So I always looked at cosmetic surgery in that kind of light – as something you do for other people, something you do to fit in, something you do to reach this ideal of beauty, and some of that seems a bit pointless to me.

Intrinsically linking aesthetic surgery not only with beauty but also as something that individuals do not truly do for themselves, this excerpt is reminiscent of earlier feminist literature on the subject that regarded aesthetic procedures as enactment of damaging ideals perpetuated by media, and of women clamouring to adhere to beauty (Morgan 1991, Balsamo 1996, Bordo 2003). Beth articulated her own pursuit as something that was technically *considered* aesthetic, but, really, was not to be confused with vanity she saw associated with other elective procedures. Again here, similarly to Sasha, Rosie and Ruby, there was unease in supporting aesthetic surgery due to the reputation of procedures simply reflecting the worst of aesthetic pressures in society.

In similarly recalling her bilateral breast reduction procedure, Michaela noted in her interview that her opinion of aesthetic surgery had changed due to her own body now considered in statistics. When discussed, a mixed response in her perceptions of the practice was elicited,

> 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 belie her non-judgemental assertions. 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 arguing she maintained a non-judgemental stance towards women who undergo procedures reflected inherent contradictions in narratives evident throughout the interviews.

Even Jessica – who had undergone a breast augmentation – who 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.

Jessica was vocally supportive of aesthetic surgery if it improved mental wellbeing of the individual. She herself underwent a breast augmentation procedure because she felt unconfident and 'unfeminine' with her pre-surgical body. 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. Jessica employed ideas around ageing bodies and 'grace' that 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 advocacy for aesthetic procedures, but suggested that aesthetic surgery has become so normalised that procedures were less about election, and more about expectation,

> 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. She took issue, however, with the idea of individuals being *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 expectation leads individuals to question their aesthetic appearance and acts as a form of self-surveillance, another feature of the cosmetic gaze. Jade suggested that the idea that women should be actively thinking about how to improve themselves could lead to a cycle of

consideration. Bodies that are in a state of perpetual transformation and 'improvement' as Jade said above, are reflective of concerns that have been voiced by medical professionals, whereby 'deficiencies' are co-created by actors including the media and aesthetics industry (Atiyeh et al. 2008). Women themselves are implicated as part of the process of establishing aesthetic norms by submitting to surgery, and due to this have been considered oppressed by, and complicit in (re)producing cycles of aesthetic norms (Fraser 2003).

Where previously feminist literature focused on women as unconscious victims – or worse, perpetrators of betrayal – by undergoing procedures (Wolf 1991, Morgan 1991, Balsamo 1996, Bordo 2003), more recent theory has taken a decidedly more emancipatory and/or postessentialist view. Unaltered bodies are not afforded superiority, and women are one of multiple actors in processes of aesthetic surgery, not simply a victim being dragged through oppressive content and processes. Despite this, my participants articulated discourses of oppression and expectation in their perceptions of aesthetic surgery. None of them took the view that aesthetic surgery was a purely good or bad thing. It was clear that aesthetic surgery remained 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 in my sample felt that surgery was adherence to aesthetic standards. Simultaneously, autonomy in body modification and choosing to reclaim aesthetic surgery as positive for self-esteem were seen as positive reasons to undergo procedures, as per postfeminist politics. Aesthetic surgery was felt to be both oppressive and empowering. These complexities of a discursive field form a useful basis for upcoming exploration and analysis of women's online explorations engaging with aesthetic surgery, as well as understanding how they perceived the Web to be affecting aesthetic surgery and ideations of aesthetic standards.

5.2   From Google to Gossip: Women's Online Exploration

Women started aesthetic surgery exploration 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 by exploring options for procedures financially and operatively, and from that, determined viability of pursuit. This section will focus on how women moved between Web spaces to provide an idea of the types of materials they explored, and came to trust.

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 online explorations. These took different forms. Anna – who was researching abdominoplasty - and Julia – who was considering breast augmentation - sought out information about procedures they were interested in, but Rosie began her search for labiaplasty on the basis of 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 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. Observing the Web as a sociotechnical system that is both agential but also engineered to guide users to particular sites; it was of little surprise that women in my sample browsed surgical providers first. 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 external to direct marketing of aesthetic procedures. Jasmine expressly highlighted erring away from 'images', and 'hearsay'; putting trust in sites not considered to be 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'.

The interests of online content producers calibrate aesthetic surgery information. For instance, aesthetic providers make 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 from 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, the women in my sample 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 researching 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 volume 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: [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 were not 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. Again here, I emphasise that forms of experiential expertise form part of complex networks between women's agency, consumer markets and neoliberalism. Moving between Web spaces, whether intending to opt for aesthetic procedures, or resisting them can enrich networks of consideration.

Additionally, user-generated content had an impact on women's decision-making. Gemma's explorations of 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 and determined 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 signaled a pause in active consideration for Gemma; acting less as an intermediary, but a suspension of her own pursuit of surgery.

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

> Sasha: 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 view of double mastectomy surgeries through accessing and navigating a bank of visual experiences - seeing what individuals looked like after surgery from a procedure previously hidden as taboo. The Web enables presentation of transgender bodies in a way previously inaccessible. Visual performance of non-binary or transgender identities 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. Aesthetic surgery for those who identify as non-binary or transgender enables pursuit of an authentic self not

restricted by performativity of binary gender. Images of these types of identity as process, performance and artefact with a place of permanence online could empower others who may not fall into a gender binary. Aesthetic surgery does not always comprise an industry churning out 'assembly line beauty' (Balsamo 1996), it allows for the 'staging of cultural identities' that go beyond essentialism of an unmarked body. The Web has been pivotal through user-generated spaces in providing platforms for performance of not only gendered - and non-gendered - identities, but also surgical identities away from commercialised patient-consumer testimonials and before/after dichotomies.

In also building a repertoire of user-generated networks, Rosie highlighted her exploration of online spaces that 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.

Rosie veered between attempts to bolster her knowledge of labiaplasty from the perspectives of women who have had the procedure performed, and also resources to, in some way, quieten those experiences and persuade her away from surgery through very visual reminders that women's genitalia are not homogenous. For Rosie, as will be seen in later chapters, there was a constant battle between her own feminist politics and her pursuit of surgery, and this was demonstrated by how she used the Web. Engagement with aesthetic surgery is not a linear browsing experience, particularly for those who have not made any firm decisions as to whether they want to move away from the Web and go ahead with a 'real life' surgical consultation. Different webites 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, resulting in a back and forth between websites that becomes cyclical, as was the case with Rosie.

Lastly, Megan, a midwife, used her knowledge of medical standards to move around 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 information. She presented a comprehensive investigation 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 explored the Web in a highly informed way – she was committed to the type of surgery, and she knew 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 in combining surgery with a 'holiday'. She asserted that accessing provider websites was not enough information for her to settle on, using the "general internet" (read: online discussion forums) 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 explorations 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. For most, particularly women in my sample who had not previously undergone surgery, the Web is not a straightforward 'beginning to end' journey yielding results originally set out for. These women began with curiosity, or a need for information – culminating in a hypertextual investigation of materials spanning a spectrum; user-generated to expert, for consideration. They were concerned with multiple factors in relation to aesthetic surgery, both political and practical – they did not simply consume online content and move on to have surgical consultations and then procedures. They were concerned with multiple aspects of surgery that fed into 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, as they were the starting point for a majority of the women in my sample, how they negotiated information produced by aesthetic surgery providers.

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. Balsamo (1996) levelled criticism at the ways that the aesthetic surgery industry advocated and produced assembly line beauty, reinforcing cultural hegemony. Pejorative language is commonplace when describing 'before' bodies of prospective patient-consumers. Emphasis is on generating interest in providers and a desirable final product. 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.

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 aesthetic surgical procedures has long been a point of contention. This has become particularly pronounced with rises in aesthetic tourism where cheaper surgery has begun to saturate the market (see: Connell 2006, Ackerman 2010, Holliday et al. 2013). Women noted price as a restrictive factor in undergoing procedures – it was a practicality of surgery that was a key factor in decision-making. 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, preferring instead the autonomy of Web exploration. Laura details similar difficulties with finding prices for breast reduction and abdominoplasty 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. For women who are undecided on whether they want to undergo surgery, like Anna and Laura, having to make a consultation with a surgical provider presented a significant barrier when researching procedures. Of course, providers want people to make consultations, so that they can discuss in a face to face context, the desired surgeries and how the individual could pay for it. In the presence of an aesthetic expert, it is much more difficult to leave the situation than it is to move from one website to another. Beth also raised this point,

> Beth: they weren't trying to tell you exactly what it would entail, they were more like 'this is what we offer and this is a basic overview' because their whole thing is 'come in for a surgical consult' because it's all private healthcare, so from [consultation] you would probably get the information, but they don't really have any reason to put it all on their websites, because they want you as a patient – they're not there for, like, casual observers.

The point of websites for aesthetic surgery is to draw prospective patient-consumers in. Beth did not feel that there was a need to include a lot of clinical information, because providers are not trying to sell surgery on the basis of the surgical process, risks and recovery, they sell an outcome, an aspiration, a transformation. However, in

an age of digital exploration, this simply was not enough for the women in my sample to commit to moving away from the Web, to make those connections. They required additional information on the practicalities of procedures. Anna elaborated on this,

> 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.'

Anna emphasised that positive body esteem outcomes were the focus on aesthetic provider websites, as opposed to realistic portrayals of practicalities, such as recovery time. 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?" a point that was similarly drawn upon by Jade, previously. 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 Anna, provider websites did not give Jade practical 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 were 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. Wegenstein and Ruck (2011: 50) talk about this in reference to CSRTV and the cosmetic gaze. They emphasised that authenticity of 'beauty' is no longer reliant on physical evidence from a known referent, it is the 'camera eye' and 'self deceit' of the viewer looking at a screen; looking at a technologised body, a cyborg. 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.

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, much like the television producers, production companies and television networks are not selling a realistic portrayal of aesthetic surgery through CSRTV. Rather, websites and CSRTV focus on being visually appealing and advocating/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', 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 exploring aesthetic surgery online, women were concerned with costs and risks of desired aesthetic processes. Practicalities of aesthetic procedures were of course of prominent concern to prospective patient-consumers. Provider websites were not found to comprehensively address apprehension that women had about pricing or operative processes. Instead, there was focus on simplicity of surgery and positive surgical outcomes. As a result of these omissions, women navigated to other online spaces – largely user-generated, as will be discussed next – in order to find 'truthful' representations of aesthetic procedures. These spaces enabled women to explore multiple dimensions of aesthetic surgery: sales, medical information and patient-

consumer experience, away from spaces governed by overarching commercial interest. My interviewees derived most helpful information from user-generated spaces. Dynamic Web content saw women migrate away from providers for authenticity 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.

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, simply by 'lurking'. 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 a defining 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. Practicalities of aesthetic surgery become stark in these spaces.

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. 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 [labia] 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 issues for Ruby, whose exploration of forums 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 pending further research and consideration, showing the power of women's experiences versus marketing material. In further expertise building 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.

Ruby described a website where women would post pictures of their labia and invite scrutiny from other members of the community who judged if the presented labia were deemed normal or 'abnormal' – subsequently advising surgery to correct the latter. Ruby identified that some opinions came from women who had undergone surgery themselves, making comparison to their own perceivably deficient 'before' bodies. This was a website for collective surveillance, where the cosmetic gaze operated not only as an apparatus for identifying deficiency and the (surgical) route to advising alteration, but as a space where women proactively exposed an intimate part of their body to intense scrutiny of strangers in an online space accessible globally. 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 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 positive

surgical 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. This is demonstrative of tensions that exist between the cosmetic gaze in the self-surveillance sense, and user-generated versions of 'love your body' discourse. These discourses co-exist on the Web and are easily navigated between. In Rosie's case, these tensions resulted in perpetual looping that characterised her online explorations and resistance to surgery. Aesthetic surgery is not simply bound up with postfeminist politics of choice and autonomy. Cultural pushback in the form of spaces advocating 'love your body' discourse add an additional regulatory strand to women's narratives; one where they feel as though they must exude confidence, and partake in 'self love' (Gill & Elias 2014: 185).

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 explorations that can be unexpected and potentially dangerous. 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. Explorations 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 migrating 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 can also foster 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, 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. User-generated content provides authenticity, a way of connecting with the posters of imagery, as opposed to distantly and detachedly watching, as has been the case with CSRTV.

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 a surgical process, both 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 herself 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 Pintrest 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 visual 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 can be 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 subjecting their bodies to surgeries

that are often considered 'unnecessary' and reflective of vanity or narcissism. 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 explore materials that may alter their decision-making or expose them to undesirable stories; linguistically and visually.

User-generated content – linguistic and visual – was emphasised by the women I interviewed as providing more detailed, honest and authentic accounts of aesthetic surgery. Practicalities of procedures were of particular importance to women and this information was not found to be easily located within commercialised provider spaces. Instead, women migrated to online discussion forums, YouTube, and other visual media such as Instagram. Expertise has not entirely migrated away from commercial providers – women who opt to book procedures will inevitably have to return to a provider once a selection has been made. However, practicalities of surgery were felt to be better represented by user-generated content, and thus, intermediary networks are built where procedures are explored in much greater detail.

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 if undertaken to adhere to a socially valorised appearance. 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 prescriptive aesthetic norms. Multiplicities of feminist politics were evidenced in women's perceptions of aesthetic surgery, and these were also reflected in their online explorations.

The interviews revealed that women in my sample 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

websites – usually disappointed by the lack of practical information - 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 exploration 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 or financial information. Providers were felt to '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 volume, 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.

I found that women I interviewed - regardless of how conflicted their explorations were - used the Web to explore aesthetic surgery comprehensively. They employed a vast number of resources – marketing, medical and user-generated – to investigate 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. Practicalities of aesthetic surgery are only one dimension of surgical decision-making. Chapter Four argued

that women's bodies are presented as perpetually deficient, surgically altered or not. Some existing literature on aesthetic surgery has positioned it as reinforcing standardised aesthetics and oppressive body politics (Wolf 1991, Morgan 1991, Balsamo 1996, Bordo 2003, Jeffreys 2005). Others posit that self-improvement is a feature of postfeminist consumer pursuits (Davis 1995, Gimlin 2000, Banet-Weiser & Portwood-Stacer 2006, Gill 2007, McRobbie 2008; 2009). This segues into Chapter Six, which focuses on how women navigated and negotiated politics of aesthetic norms and standards, normality and authenticity online.

Chapter 6:   Altering the Cosmetic Gaze? The Web and Presentation of Women's Bodies

The women I interviewed moved around the Web, building networks of resources that aided their considerations of aesthetic surgery. 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. The women in my sample were concerned by practicalities of procedures, but it was not just financial and operative aspects that influenced online exploration. The politics of aesthetic surgery, and what were seen to be its links to performativity of particular gendered standards of appearance were significant aspects that kept a majority of my participants in a perpetual loop of online consideration. This Chapter explores women's attitudes towards representations of aesthetic standards online and how these interact with considerations of aesthetic surgery. Postfeminist theories have argued that pursuits of 'beauty' have been bound up with autonomy and choice in neoliberal consumer societies (Banet-Weiser & Portwood-Stacer 2006, Gill 2007, McRobbie 2009, Braun 2009, Toffoletti 2014). The Web intensifies complexities of aesthetic surgery and debate about aesthetic standards, and women's feelings are competing and contradictory as a result. The Web facilitates and drives ways of perceiving and pursuing aesthetic procedures. On this basis, the Chapter is structured as follows:

- 6.1 Omnipresent Myth of 'Perfection': Volume and Velocity of Aspirational Aesthetics Online
- 6.2 Invariant Ideals? The Web and Aesthetic 'Norms'
- 6.3 Driving Hegemony or inspiring Change? Observations of the Web and Aesthetic Standards

Section 6.1 focuses on volume and velocity of content depicting aesthetic standards online and how women critiqued what they felt to be 'omnipresent' aesthetic aspirational ideals. Materials about 'improving' bodies were felt to 'bombard' women across online spaces. Section 6.2 considers diversity of aesthetic appearances on the Web, with women arguing that many 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 Aspirational Aesthetics Online

The women I interviewed explored the Web in search of information and experiences that aided expertise building around aesthetic procedures they wished to undergo. Practical aspects of procedures – cost and operative processes – were at the forefront of initial consideration. However, as the interviews progressed, women became vocal and critical of gendered body politics, especially when the line of questioning turned to presentation of bodies across aesthetic surgery spaces online. A majority of my sample – thirteen of nineteen - expressly took issue with online adverts; mentioning inescapability and pressure on women to emulate appearances presented. Targeted advertising – which is based not only on the demographics of the user, but also their interests and previous content they have browsed - 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. Advertising online again brings to the fore issues of structure-agency. 'Freedom' afforded by online browsing brings with it propensity for cookies to be gathered. There is unlikely anything 'random' about advertising that the women encountered in online spaces, but for some, this felt like 'bombardment'.

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.

In opposition to literature that argued the Web as sites for disembodiment, or depletion of gendered boundaries as envisioned by Haraway; gendered ideals were

considered 'everywhere' on the Web, as something to aspire to. Sasha pointed out physical characteristics of bodies valorised in advertising as consisting "a skinny body with big boobs", as an aspirational norm, and on this basis expressed concern for young women. The cosmetic gaze was considered to affect particularly vulnerable moments in a person's life, reflecting it as a moment in personal history and not just as a way of seeing, and judging bodies. Further referencing impressionability of advertising materials depicting 'ideal' bodies, Mia alluded to a particularly controversial advertisement of a fitness supplement at the time of interview,

> 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.

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". These features – slim, defined abs and breasts, 'pretty' - represent the ultimate in physical capital; therefore individuals should not only ascribe to aesthetics aligned with the 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 ease of accessibility and navigability - to look into aesthetic procedures. By emphasising that surgical procedures are a preferable and more convenient alternative to the labour of diet and exercise, she directly feeds into the discourse that was common in representations covered in Chapter Four, where aesthetic surgery is easy to obtain and therefore bad because it creates a body unreflective of 'effort'. Mia directly implicated the Web as driving casualisation of aesthetic surgery.

Some of the women I interviewed critiqued the impact of omnipresent advertising of ideals, and how this affected online explorations of sites unrelated to aesthetic surgery. For instance, Julia purposefully accessed and browsed spaces online that relayed supportive messages to women in relation to their unaltered appearances,

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 [cosmetic surgery] advertising is so in your face all the time, and people spend so much time online – it's hard to escape the ideals.

Despite venturing into spaces focused 'acceptance' of unaltered bodies, volume and velocity of advertising online saw Julia unable to 'escape' presentation of ideals. Oversaturation of advertising potentially dilutes messages that feminist forums are trying to deliver, and this added contradiction to Julia's online explorations. She browsed 'feminist' spaces seeking body positivity. There was tension between Julia's desire for surgery and feminist politics in spaces she browsed – in actively attempting to self-regulate her desire for surgery, Julia sought empowerment through spaces advocating for surgically unaltered bodies. This, similarly to Rosie previously, demonstrates strain between the cosmetic gaze and 'love your body' discourse. These existed directly alongside advertising constructing women's bodies as deficient, and this has propensity for stimulating a cycle considering not only the want for aesthetic surgery, but negotiation of feminist politics and resistance.

Similarly, Ruby emphasised that whilst she expected typical aesthetic standards 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 her browsing habits would stimulate related targeted advertising. 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. The Web entrenches images of ideals across online spaces, whether through advertising, or randomly themed days, even on websites deemed 'safe' from

pervasive representations of aesthetic standards. Existence and perpetuation of images of ideals across online spaces are as a result of interknit actors - Web technologies, like cookies, target adverts on the basis of data collected from individual users' browsing habit, and inevitably, users are integral to (re)production of advertising through browsing, clicking links, buying products, researching services and participation in image sharing and commentary.

Omnipresence of Web advertising was a feature brought up consistently. 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 advertising, describing it, like Sasha, as "everywhere you go". The Web was 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, aspire to transform themselves. 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 presents women with 'ideal' bodies honed through products and services they can explore within a click of a link. The cosmetic gaze is nuanced – it is not always a way of looking at bodies, but forms part of intermittent considerations around transformation and informs the decisions that women make online. Upon submitting themselves to a self-assessment imbued with a pre-existing idea of desirable weight, they may decide whether or not they click the link.

This does not mean that women are seduced by every advert they are exposed to. As seen so far, there was resistance on the part of women I interviewed. Scarlett also alluded to effects of targeted advertising, and 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.

Scarlett was interested in rhinoplasty, and she encountered an advert for this procedure on an unrelated site. Expressing reluctance to follow the link, adverts 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 exploration. Web adverts are 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. Constant advertising fed into ideas about omnipresence more broadly, and Scarlett discussed this, and how cyclical Web browsing could become,

> Scarlett: I think it's just everywhere. You literally can't get away from [aesthetic surgery], 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 [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 the 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. Processes of aesthetic surgery exploration are not linear, and they may not start from a point of desire. They may start from a point of curiosity, even disdain and end up as a consideration that is occasionally desired, intermittently researched and sporadically alive online.

Women raised volume and velocity of content in relation to advertising of aesthetic products and services. Referencing omnipresence of advertising of idealised physical appearance, aesthetic standards were felt to be an inescapable feature of the Web. Targeted advertising was not brought up in Chapter Five as a component of women's explorations. It was only when delving into women's perceptions of the role of the Web on drivers of aesthetic surgery and body politics that women critiqued saturation of advertising materials. There was perceived to be damaging homogeneity in presentation of bodies through advertising that women did not agree with. Given omnipresence of aesthetic standards and women's opinions on how damaging these ideals can be, Section 6.2 analyses whether; given affordances of user-generated content, the Web represents a variety of ideals, either as a pushback against aesthetic hegemony, or as an organic shift given the global reach of the Web, and prevalence of user-generated content. How this affects women's body politics and their perceptions towards aesthetic surgery will then be of focus in Section 6.3.

6.2   Invariant Ideals? The Web and Aesthetic 'Norms'

The Web was felt to 'bombard' women in my sample with imagery of 'ideal perfection'. To explore this further, the women were asked during their interviews to outline features of aesthetic ideals, with the Web in mind. The women were disparaging of ideals, as they were aesthetic advertising - rallying against expectations to adhere to aesthetic standards, and emphasising alternatives. There was disdain towards promotion of aesthetic norms - the 'assembly line' beauty that Balsamo (1996) criticised the aesthetic industry of producing. The women's politics regarding aesthetic norms, and indeed their desires for surgery, were tenuous and

changeable when it came to discussion of the Web. Some, such as Rosie, expressed awareness of this contradiction, and it became increasingly problematic if the women identified as feminists, where it was felt that aesthetic surgery was in direct opposition to the tenets of feminism they identified. That will be discussed in more depth throughout this section and in Chapter Seven. Women explored complementary, competing and contradictory content online, complicating their narratives with conflicting perspectives. It was felt the Web both exacerbated and challenged aesthetic hegemony. Despite being able to browse multiple, heterogeneous online spaces, this section will focus on what women in my sample saw as shortcomings of the Web for challenging aesthetic norms and standards.

The Web, in Jade's opinion pushes certain aesthetic trends, and reinforces aesthetic norms,

> 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 Jade lamented when observing prevailing aesthetic standards. Bodies other than thin were felt to be underrepresented in aesthetic discourse. Further excluded from desirability were long-marginalised bodies – namely, non-white. Culturally, forms of Caucasian bodies have been standardised as demonstrative of 'beauty'. Jade referred to the Web as 'pushing' certain trends. Throughout the interviews, the women referred to the Web as influential – both positively and negatively. 'Pushing' of trends infers that the Web is somehow abstracted from the networks that comprise it. Like 'omnipresence' of targeted advertising, there was

little acknowledgement – apart from Ruby's nod to the lingerie adverts that she encountered - that it was likely due to their previous browsing history that they saw the adverts that they did. There was no reference to users being bound up in the prosumption of some images online – that 'pushes' by the Web were also as a result of the users who generate data. Collectively, whether commercially or not, aesthetic norms are perpetuated – by those adhering to them and uploading images to visually-driven online platforms, writing blogs about products and services used to obtain certain aesthetics, to advertising that has influenced aesthetic trends throughout consumer history.

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, addressed 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 [characterising beauty] 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, she "obviously" knew what characteristics held value, presumably from exposure to aesthetic norms across Western culture. Ruby took issue with how 'alternative' and black and minority ethnic beauty was represented across media. She was critical of the lack of variation, even when 'alternative' was key. 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, but lack in diversity unless you explicitly search for it online.

Reiterating 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. A similar point was raised in Holliday and Sanchez Taylor's (2006: 189) discussion of a trend in proliferating 'non-normative' aesthetic surgery. Aesthetic norms presented by Jade and Laura alluded to relative 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 aesthetic discourse in relation to diversity. The women I interviewed were critical of this. Their politics endorsed diversity in aesthetic appearance, and a want for representations of different body types. Recurrent use of terms like 'weird', 'boring', and 'sad' in excerpts talking about presentation of idealised female bodies across the Web underline a current in body politics that craves variety, whether to be more representative or relatable.

On that basis, Scarlett, unlike Jade, Ruby, and Laura, considered the Web as a space for alternative representations of aesthetic ideals. Scarlett began by reeling off

characteristics that reinforced the idea of 'assembly line' beauty. However, she also commented that the Web presented access to alternative aesthetic forms; 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 aesthetic forms. However as before, the limits of influence for content representing alternative beauty are made stark when it is noted that aesthetic norms, as those described above - are "what a lot of people want to be like". The Web allows for differential representations of beauty but there was a feeling expressed by Scarlett, and Mia previously, that a certain aesthetic is what women desire to adhere to.

It was on this basis that shifts in a paradigm of aesthetic standards were deemed unlikely. Jasmine was the first to emphasise that she did not feel that the Web was having an 'organic' impact on how aesthetic norms are 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 aesthetic norms and standards on a societal level, the Web enables dissemination of visual and linguistic counter-content opposing norms. This challenges - but is perceived to not be superseding - dominance of aesthetic 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 aesthetic discourse. There may be challenges to what is perceived as beauty, but not for the purposes of truly altering the cosmetic gaze. Rather, merely a reaction to overarching aesthetic 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 – like those observed in 'love your body' discourse - challenging dominance of aesthetic standards were seen as an optimistic first step, but ultimately not a 'standardised' way of thinking. Entrenchment of ideals dominates many online forms of 'traditional' media and advertising, whilst online campaigns for broader ways of thinking about aesthetic norms are akin to countercultural protest, but enabled on a global scale. The goal of such pushback is to alter perceptions of aesthetic norms to be inclusive of varying physical features. Uniformity in aesthetic ideals is dominant and represented across the Web, taking precedence over other forms. 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.

There was awareness amongst women that certain physical features were coveted, whether they agreed with them or not. A Caucasian, slim, busty aesthetic form was outlined repeatedly. Women in my sample noted that these ideals still predominate, but that the Web has provided opportunities to challenge aesthetic norms and standards. Aesthetic politics remains a site of conflict – women were disparaging of

what they deemed mythical and/or unfair standards, yet many simultaneously aspired to attain ideals being sold by aesthetic surgery companies. Although not always in pursuit of constructing a standardised aesthetic form, when it came to *why* certain forms of embodiment were desired, tensions between desire for surgery, reasons for that desire, and implications in relation to body politics sparked conflict in many of my participants. Some – like Rosie, Ruby and Anna - felt that their desires were somehow in contravention of feminist politics that they wanted to adhere to. Section 6.3 builds on content from some of the latter excerpts from this section and focuses on arguments about the role of the Web in challenging aesthetic norms. This has implications for my research in understanding how women view the Web in relation to not only aesthetic standards, but how their opinions of Web materials can be reconciled with their engagement with online aesthetic surgery content.

6.3   Driving Hegemony or Inspiring Change? Observations of the Web and Aesthetic Standards

Despite opportunities for the Web to present a multiplicity of bodies and voices, it was not seen by my participants to present any great challenge to pervasive aesthetic standards. Women presented mixed views towards both aesthetic surgery and aesthetic standards. Volume of data, particularly visual imagery, alongside variety in Web spaces – but not necessarily variety in aesthetic forms presented within these heterogeneous spaces - drove views of the Web as both a help and hindrance in changing the ways that aesthetic norms are considered. Women saw the Web reinforcing aesthetic standards, or in the case of Mia, making things 'worse'. Notable is that the Web was not seen as driving overwhelmingly positive change, whilst some of the participants would actively engage with campaigns for body-positivity or spaces celebrating diversity in aesthetic appearance. However, images, information, products and services regularly confronting or being browsed by women were felt merely to reinforce norms. 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 aesthetic discourse, user-generated spaces and online spaces outside of mainstream media and advertising were those felt to be most effectively countering representations of aesthetic norms. This section is broken down to focus on arguments pertaining to the Web as reinforcing aesthetic norms and those that consider ways that the Web challenges hegemony. Understanding how

women in my sample perceived representations of aesthetic standards online contextualises their explorations of aesthetic surgery. Regardless of whether or not their bodily aspirations and the surgical routes to obtain those were rooted in a desire to emulate aesthetic standards, the aesthetic surgery industry operates within systems whereby women are systematically reduced to a set of deficient components. Women grappled with this, and I sought to explore the implications of the Web for how women navigated and negotiated aesthetic politics in a complex sociotechnical system and implications of their experiences online for how aesthetic surgery can be considered in feminist theory and politics.

The Web was considered by Megan and Mia to reinforce aesthetic standards. Megan was the only interviewee who referenced "selfie" culture as one of the biggest changes to performances of beauty driven by the Web,

> 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 with no expense; the results uploaded across image-sharing sites. Megan constructed and presented a carefully visually manipulated self to the online and offline world. The Web comprises sites providing platforms for performance. 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 aesthetic standards – 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 aesthetic ideals. Instead of collapsing boundaries, the Web can be seen as not only reinforcing aesthetic 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 aesthetic norms, 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 spaces causing women to get trapped in a 'hole' - looking at aesthetic 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 aesthetic ideals seem 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. She was 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 aesthetic norms. Much of her disdain appeared to rest on the Web exacerbating pressures to obey ideals through easy access to photos of aesthetic standards on a scale not seen previously. The 'hole' that women find themselves in, the perpetual cycle outlined by Mia in the above excerpt is a feature of the Web and one of the central findings of this thesis is that women's non-linear and cyclical explorations of aesthetic surgery result in desire, exploration, resistance and ultimately, non-participation in surgery.

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 Web spaces, rooted in everyday practices of looking at other bodies and intermittent processes of self-surveillance. Aesthetic surgery content is browsed by women, and due to Web technologies, follows women around the Web in the form of targeted advertising. In engaging with campaigns against dominance of aesthetic norms, 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 aesthetic standards, particularly if networks of online contacts have similar views on an issue. 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 ideals underpinning the original image. The

cosmetic gaze can align with subjective opinions on beauty and subvert dominance. Aesthetic standards that have typically been advocated in offline media, such as women's magazines, may not hold a position of salience when situated amongst a large amount of diverse online platforms for representing bodies, and building networks of resistance. It was this resistance, and spaces that host resistance to aesthetic ideals, that some women encountered and which derailed explorations of aesthetic surgery. 'Feminist' spaces, anti-surgery spaces, celebratory spaces where unaltered, 'authentic', 'imperfect' bodies may be displayed paused sporadic considerations of surgery. This is comparable to 'love your body' discourse. However, where LYB has been related to somewhat paradoxical cultural pushback by companies that have existed to discipline women's bodies to reflect aesthetic ideals, women in my sample referred to user attempts to resist aesthetic standards. Jasmine pointed out that she did not think that the Web inspired organic shifts in aesthetic ideals, but resistance in the form of 'love your body' discourse could signal a turning point, which could add an additional regulatory strand to body politics (Gill & Elias 2014: 185).

Rosie was one participant whose cyclical exploration of the Web consisted of spaces that recounted successful surgeries, alongside spaces that provided myriad body types in order to provide a realisation that all bodies are different and that surgery was not necessarily the 'answer'. Rosie saw the Web offering opportunities for altering the cosmetic gaze, although she focused on the potential of the Web to challenge racist aesthetic standards,

> 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 cyclical Web use. She provided – earlier in her interview - the notion of 'invisible beauty' that drives the idea that employing the cosmetic gaze on genitalia is now normal practice online. Body surveillance has increasingly extended even to parts of the body that largely remain unexposed in everyday life. 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 aesthetic norms. 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 aesthetic standards that women highlighted in Section 6.2, and diversifying aesthetic 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 aesthetic standards are 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 aesthetic norms online, but escaping the body altogether. This reflected a theory of the Web that became popular during its early inception – the idea that inscribed characteristics such as gender, ethnicity, and age could be collapsed 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 bodies simply are not the focus.

6.4 Conclusion

The ways the Web is perceived to be changing ideations aesthetic standards conflict. There was reference to volume, variety and velocity of materials that play a role in presenting ideals online. The Web presents multiple perspectives on aesthetic norms and standards – hosting a multiplicity of voices that could serve to challenge aesthetic norms. However, when it came to perceptions of aesthetic ideals, 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 sometimes as banal. Whilst the Web affords variety in presentation of women's bodies, women interviewed were only cautiously optimistic about alterations to aesthetic standards or the possibilities of Web spaces as challenges to hegemony. 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 ideals through advertising and upholding Western aesthetic standards across spaces. How the Web is implicated in reinforcing or challenging standards was discussed with women I interviewed. It was clear that women felt 'bombarded' by ideals in advertising of products and services related to aesthetic standards. 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 not porous and naïve but simply, volume, variety and velocity of Web content displaying aesthetic standards and routes to obtaining physical capital present an ever-expanding set of aesthetic 'landscapes' where women are confronted with, and browse, reinforced and potential challenges to, idealised appearances. 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 and general 'love your body' discourse (Gill & Elias 2014). This caused conflict. Web spaces encountered were thus influential in swaying attitudes towards aesthetic standards and aesthetic surgery and opinions veered and changed dependent on content women were confronted with. Chapter 7 focuses on 'looping' the Web in more depth, with the narratives of three women from my sample – Mia, Anna and Rosie – demonstrating the circularity and non-linearity of considering aesthetic surgery; the processes uncovering contradictions and conflicting politics.

Chapter 7:   Loops of Exploration, Consideration and Resistance – The Web and Women's Non-Participation in Aesthetic Surgery

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 transform their bodies. There are multiple reasons that women opt for aesthetic surgery. For some, it may be because they have low self-esteem (due to breast size, nose shape, genital appearance, signs of ageing) or a non-life threatening issue (excess skin after weight loss) and aesthetic surgery can help remedy that. For others, they may wish to make changes that reflect forms of embodiment that align with their identity (gender non-binary, femininity). 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 uncovered a decidedly contradictory picture of how aesthetic surgery is explored online, particularly by women who had not yet undergone procedures. The contradictions in their narratives push beyond binaries of oppressive versus empowering – the two are inextricably bound and the Web is central not only in perpetuating women's conflicted narratives, but manifesting these in behaviours of 'looping' the Web which see women repeatedly browsing information in a cycle of active consideration – but rarely leading, in the cases of my participants, to undergoing procedures.

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 and/or needlessly dangerous pursuit. Negative outcomes were made into spectacles of morbid curiosity and objects of moral judgment. 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 (successful) results of surgical intervention were described as heightening self-esteem, and feelings of authenticity and normality.

The women I interviewed began online explorations by accessing provider websites and medical information, and then migrated to user-generated spaces such as forums, blogs and visually-driven social media as their explorations progressed. User-generated materials were deemed trustworthy and authentic against marketing materials, providing voices of experience and visual imagery outside of 'sanitised' provider spaces. Women's perceptions of surgery and aesthetic ideals were often at odds with how they engaged with online content. All women exerted the cosmetic gaze – upon others and upon themselves - and emphasised awareness and understanding of aesthetic standards, whether they agreed with them, or aspired to those bodies, or not.

The women I interviewed responded emotively to the topic of aesthetic surgery – Most saw it as something positive *and* negative, oppressive *and* empowering, as something they desired *and* as something they resisted. There were three exceptions to the latter: Michaela, who had undergone a bilateral breast reduction, Beth, who explored excess skin removal and Sasha, who was saving for a double mastectomy. Embodiment for these three was about excising excess – for Michaela and Beth, excessive breast tissue and excess skin were a hindrance in their everyday lives; uncomfortable and impractical. For Sasha, breasts were a barrier to performance of non-binary identity. All three articulated conflicting attitudes towards aesthetic surgery, and placed their own pursuits externally to those felt to be more about adhering to aesthetic standards. For others, desiring aesthetic surgery was problematic in relation to their politics, resulting in looping the Web and non-participation. This chapter focuses on three examples of this.

Women's attitudes towards aesthetic surgery and spaces they accessed online were fluid and changeable, yet cyclical and perpetually 'active'. It is important to note, additionally, that the Web does not exist in a vacuum. It has been the case in some theoretical works that the online and offline are clearly demarcated. The work of Jones (2008a) and Pitts-Taylor (2007, 2009) has gone some way toward decentralising motives of patient-consumers in their work; seeing them bound with networks of human and non-human actors in aesthetic surgery processes. The Web adds volume, velocity and variety of materials and interactivity on a scale previously

unseen, but exists alongside offline networks. How engagement with aesthetic surgery online affects offline decision-making and pursuits is shown in my thesis to largely remain online in the context of my participants.

This Chapter uses narrative analysis of three women – Mia, Anna and Rosie. These women's interviews were particularly demonstrative of contradictions my sample encountered when exploring aesthetic surgery online that resulted in cycles of exploration, consideration, resistance and non-participation in surgery. The Web enabled navigation 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 Cosmetic Gaze

Mia was selected as a case study demonstrating particularly stark contradictions with how she used the Web to engage with aesthetic procedures, against her perceptions of aesthetic surgery and aesthetic norms. Mia had tendencies to veer between pragmatism, scepticism, sadness, anger and humour in her online exploration of aesthetic surgery. Her responses to content in online spaces varied and elicited emotive reactions that did not form a concurrent narrative. Mia expressed sadness at how women are judged in an aesthetic capacity. She did not reconcile her own exploration of aesthetic surgery – despite considering five different types of procedure - with how she viewed others who opt for surgery. Women were both victims and villains of the cosmetic gaze.

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

> "[…] 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 representations of surgeries. Mia exercised critique of Web content produced by providers – she was not easily drawn in by graphics and assertions of expertise online. 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. 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'. The sale of aesthetic surgery is much more than a singular bodily component surgically altered; it is transforming an entire state of being. The camera is able to convey that not only has the patient consumer had surgery, but also that they have benefited from it in ways that extend beyond the surgery itself. 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, then a finished 'product' and then their own bodies – 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.

For Mia, unrealistic representations of women and lifestyles extended beyond the Web and were symptomatic of surveillance from mass media. She turned her attention to the offline and 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."

Mia did not wish to associate with offline media that she felt portrayed women's bodies as in need of transformations aligned with 'beauty'. 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. 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 conversely that the Web is easily navigated. 'Interest' in something could lead to exploration of lifestyles and products,

> "I just don't click on [links]. 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 also as lucrative advertising for companies via individuals who have large 'followings'. Instagram as a platform where normal, 'authentic' users post alongside those who would have traditionally been featured in magazines, has an allure for advertisers in broadened and diversified advertising landscapes online. 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 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 go from image to product in a single click, just because of 'interest'. It is rapid replacement of advertising material, variety of online platforms through which advertising can take place and sheer volume of advertising that keeps that intermittent interest in aesthetic products and services, including aesthetic surgery, 'alive'.

Exploring the idea of 'interest' further – in relation to the Web, even a fleeting interest could result in entirely new avenues being explored. As will be seen in Anna's narrative, unintended consequences of Web use can see ideas, products, services and communications being used that previously may not have been considered. Taking the example of an advertisement in a magazine – if interest is sparked, there is labour put into finding out further information about that product online (or offline). If the Web is already being browsed and something of interest becomes apparent, the ease with which new things can be discovered potentially adds another tangential network to online explorations. In this context, 'interest' had propensity to disrupt Mia's empowered stance on avoiding what she felt to be oppressive magazines. Visual social media drew her back into the loop of consideration.

Tying accessibility and exposure to products, services and communications, Mia went on to contend that aesthetic surgery is 'too accessible' online. Equating aesthetic

surgery numbers with 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. What Mia did not consider was that there were women like herself, who were engaging with aesthetic procedures, but not actually opting to move away from the Web and schedule consultations. There was an assumption on her part that women were opting for procedures purely based on online advertising – she saw the Web akin to a conveyor belt, as opposed to a loop.

Whilst on the topic of spaces like Instagram and aesthetic surgery, Mia criticised the Web in relation to how women were viewed to seek out 'admiration',

> "[The Web is] 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 framed women as being complicit in reproducing aesthetic norms through 'seeking' admiration from others. She criticised women for having "destroyed [their] own image" by seeking aesthetic approval through compliments. She conceded regretfully - "guilty as charged" – that she enjoyed receiving compliments online. Mia implied that there is guilt to be felt if women enjoy compliments based on their aesthetics, because focus should not be on appearances. However, despite all the criticism Mia levelled at aesthetic industries, advertising and other women throughout her interview, she held a desire to surgically alter her appearance. Mia's narrative reflected a non-linear exploration through materials that sparked conflict and contradiction. She expressed injustice and oppression from being framed as valuable only based on aesthetics - asserting that women are complicit in this cycle - whilst actively engaging with aesthetic surgery online spaces with a view to altering her body. There were tensions in Mia's narrative between the 'love your body' discourse (Gill & Elias 2014), and the cosmetic gaze. She emotionally pleaded for women to get back to embracing 'our lumps and our bumps and our imperfections', whilst desiring techniques in an attempt to eradicate those imperfections.

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 means they are confronted by advice in an attempt to divert Web exploration toward 'cheaper' self-help. Aside from not considering her own Web use, Mia did not consider privacy implications of tracking Web searches to this extent. Whilst this idea emerged with intention of making women more body-positive, it diminishes completely 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, she viewed other women 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 – she wanted to disrupt the cycle.

Throughout her interview, Mia consistently referenced aesthetic surgery online and perceptions of aesthetic standards abstracted from her own research. She staunchly rejected women's magazines for selling a false lifestyle and forcing oppressive aesthetic norms upon women, but actively engaged with Instagram posts that presented the same thing. She conceded participating in image searches – which she likened down to falling down a hole (see Section 6.3) - and enjoying compliments, although the latter was revealed akin to an admission of guilt, whilst framing women as complicit in perpetuating their own oppression. 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."

Mia puts an interesting emphasis on practicalities of procedures and associated risks as aspects holding her back from pursuing surgery. Again, here, she did not reflect upon the politics of surgery that she expressed freely in relation to others who undergo procedures. 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 aesthetic pursuits, regardless of how 'easy' marketing made it look. There were a number of implications that women gleaned from their online explorations, and these were enough to temporarily dissuade them from undergoing procedures – but not to turn them away from active research and consideration online. When asked if and how she would use the Web in any future research into aesthetic procedures, Mia 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 was still certain she would look into undergoing procedures – resting her future intentions to undergo procedures on development of surgical techniques. It was clear again that political qualms Mia had with aesthetic surgery did not extend to her own pursuit. She exclusively related extending her own participation with surgical progress. 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.

When discussing different online spaces, despite her active exploration of aesthetic procedures, Mia's principles were rooted in women celebrating their natural bodies and positive characteristics of their personalities. She criticised women for reinforcing aesthetic norms through compliance and acceptance of compliments. Her proclamations aligned firmly with aesthetic surgery – and Web content - as oppressive. However her own consideration of 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 as will be seen, Mia did not

bind her own narrative with those of other women, and did not appear aware of the contradiction in her views. The opposing strands in Mia's narrative – desiring aesthetic surgery and researching procedures, on the one hand, and being critical of essentially all advertising and visual content on the other – saw a clash of politics and desire, resulting in a severance of the two. There were clear parallels between Mia's opposition to aesthetic surgery and feminist critique from the early 1990s, where aesthetic surgery was considered a betrayal of female bodies (See: Wolf 1990, Morgan 1991, Haiken 1997, Bordo 2003). However, apart from the occasional association she made between how she used the Web and behaviours she criticised, these narrative strands did not frequently entwine.

Mia asserted that the Web was making things worse for women in relation to aesthetic pressures and access to aesthetic surgery, but actively engaged, and would continue to engage, with the same content she disparaged. Despite Mia's appraisals of aesthetic surgery websites, and her commitment to continue searching for procedures as surgical techniques advance, there was not a clear idea as to whether or not her aesthetic exploration would move beyond the Web, or whether she had fallen into a loop of active consideration driven by access to aesthetic surgery that she vocally denounced. It will be seen that this was also the case with both Anna and Rosie.

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, she heavily focused upon ways that the Web has propensity to stimulate contradictory perceptions in women via volume, velocity and variety of information – leading to unexpected explorations. 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 non-linearity immediately. Navigability of resources and ease of exploration saw her investigating one type of surgical procedure and then being drawn in by another – unexpected - type,

> 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's engagement with Instagram posts promoting certain aesthetic products, Anna demonstrated how quickly attention could be diverted and how online content could inspire a completely unforeseen investigation through other materials. 'Interest' was repeated throughout and is one of the ways that the Web modifies processes of aesthetic surgery in regards to consideration. Where aesthetic surgery processes are not linear from pre- to post-surgery, 'interest', particularly the 'grabbing' of interest is of significance because of its sporadic nature. How women loop the Web is sparked by interest. An initial interest in an aesthetic procedure for the women in my sample raised a number of affiliated points – how much does it cost? How is the operation carried out? What are the risks? What do the results look like? How have other people found this surgery? Prior to the growth of the Web, particularly Web 2.0, answering these questions would have been incredibly difficult, but now it is possible within a few clicks and searches. Previously, someone may have been fleetingly interested in aesthetic surgery due to an advert, article or television programme, but limitations of offline media would not have offered opportunities to pursue this interest. Interests now – even fleeting ones – can be explored impulsively, quickly and easily, meaning interest can potentially be maintained for longer.

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 was 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 comes a range of positive life alterations was something commonly outlined in patient-consumer testimonials. Aesthetic providers hinge quality of their services on delivering outcomes that 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 form romantic relationships. Physical capital sees individuals obtain social value through aesthetic appearances. Anna overviewed visual representations of post-surgical bodies in a sardonic way; poking fun at prospects for socioeconomic advantage that could be attained through adhering to idealised aesthetics; satirising the narratives frequently outlined in aspirational patient-consumer testimonials. 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. Differently to outcomes marketed in provider spaces, Anna found online forums offered her spaces for looking at more honest, experiential representations of surgical results, and ultimately informed her decision not to 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, reinforcing my earlier argument that forms of user-generated content must be seen as an additional network binding women's agency and consumer marketplaces. 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 in my sample 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. Anna's empowerment – and Rosie's as will be seen - varies according to which online spaces they browsed. Previously, Mia wanted to influence feelings of body empowerment and proposed a Web filtering system that diverts aesthetic surgery explorations by offering the user a chance to read 'body positive' literature instead in order to change their minds. This focuses more on the original conceptualisation of the 'love your body' discourse that Gill and Elias (2014) observed online – the corporate potential for capitalising on ideas of 'self love' and 'body confidence'. Desire to undergo aesthetic procedures was not a constant. The Web enables women to explore materials that complement, challenge and contradict opinions they hold.

Aesthetic surgery is not just oppressive; yet it is also not just an expression of autonomy, and women are not just empowered consumers. They can be *all* of these things. Politics in all forms can be tenuous, changeable and conflicting, as can desires, and Anna was conflicted in how she viewed her body due to variable content she browsed and 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 Victoria Beckham; 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. This is a 'speculative gaze', and it was rife across online media. Women's bodies are 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; whether they are altered or unaltered becomes a guessing game, and a moral judgement is made based on the conclusion reached. 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. Anna sometimes engaged with online content at odds with her feminist politics. Anna's ideas what constitutes a 'strong feminist message' – in her case, praising body diversity and not judging women's bodily

appearance - is not unshakeable. The pervasiveness of the cosmetic gaze and ease in navigability of the Web sometimes led to participation in speculative activities reinforcing discourse about desirable versus undesirable bodies. What Anna understood to be tenets of feminism were directly challenged by Web content she engaged with. Anna was drawn into constantly considering the aesthetic condition of her own body; emphasising that her body-esteem only reached 'acceptance' level, at odds with her desired feminist mind-set.

Anna's online engagement, 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 went from resistance, to exercising a powerful cosmetic gaze upon herself with awareness of aesthetic ideals and how to obtain them, and finally a transition to allegedly 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 has been employed to identify alterations that can be made to the body in order to gain physical capital. On the other, the gaze has also been used to view the aesthetic ideal 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.

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 feminist politics: empowerment through

loving – not just accepting - her body in its natural state and diverse bodies of other women. She did not understand why her attention and interest was grabbed by various online spaces pertaining to speculation and judgement. Anna expressed similar scepticism towards providers as Mia and other women interviewed. She, again like Mia, could not be considered a 'surgical dope' or unconscious victim seduced 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, but not enough to seriously opt for surgery at the point of interview. The Web, on a single exploration of aesthetic surgery materials potentially 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 – feminist politics that embrace body diversity.

7.3   Rosie: Perpetually (Re)building Feminist Politics and Body-Esteem

Rosie was similar to Anna in realising contradictions in her narrative and the ways she engaged with aesthetic surgery online. Rosie found it difficult to conflate her own feminist politics with her desire for surgery, and her engagement with aesthetic surgery content. The tension between politics and desire was at the forefront of her interview throughout, resulting in non-participation in aesthetic surgery at the time of interview, and the most cyclical browsing habits of any participant I interviewed. Intermittently engaging with labiaplasty online, Rosie tried to counter her bodily desires and insecurities by actively seeking out spaces where women were empowered by sharing anonymous images of their unaltered 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 have genitals that meet a restrictive norm. Rosie was the most aware of contradictions and conflict in her narrative as well as perceptive awareness of how the Web influenced her explorations and views.

In contextualising her online explorations, Rosie emphasised television triggered a pre-existing self-consciousness and motivated the beginning of her online search for labiaplasty,

> "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 explorations became cyclical and veered between marketised spaces, medical information, user-generated spaces - both 'empowering' and surgically experiential – and 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, she constantly reviewed content at the expense of her self-esteem. Rosie sought out spaces that both confirmed and challenged her self-esteem issues, influencing a cycle of empowerment *and* oppression that she consciously engaged with. As emphasised from Anna's interview, women's feelings towards aesthetic surgery are not fixed and unchangeable. Differences between online content can play a considerable role in how women feel about procedures. Considering Jones's (2008a) and Pitts-Taylor's (2007, 2009) writings on the decentralisation of women's motives in aesthetic surgery processes, Rosie provided an insight into how processes of exploration can engage and err on a perpetual loop. Rosie's motives were not static; she was not unconsciously following a straightforward surgical

trajectory. The circularity of exploration influenced by Web networks of contrasting and competing spaces provides a basis for understanding women's conflicted narratives regarding aesthetic surgery.

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 online browsing as 'really silly' and presumably counterproductive in her desire for increased body esteem. 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 browsing habits. She employed the cosmetic gaze to judge 'normality' of labia on a website designed to empower women through presentation of diverse female genitalia. However, although there was an active effort to 'believe' in the message of empowerment the website attempted to cultivate through natural diversity, this did not challenge the norm that Rosie had come to relate with acceptable genital appearance; visiting forums immediately afterwards where women outlined their surgical processes to genital 'normality'. For Rosie and Anna in this Chapter, and Ruby and Julia previously, self-esteem and 'feminist' spaces were identified as those that praised diversity of

surgically unaltered female bodies. Reinforcing the idea that whilst body modification is acceptable within limits, undergoing aesthetic surgery was not as commendable as abstention and 'learning to love' the alleged flaws in appearance, again an indication of 'love your body' discourse (Gill & Elias 2014). The women interviewed in my study held the opinion that to undergo aesthetic surgery required justification – whether by attaching it to heightened self-esteem, or subversion of gendered expectations of appearance. There had to be seen a genuine 'need' that only surgical intervention could address, but even then – if we look at Rosie's narrative – there can be attempts to quell that 'need' through more socially acceptable routes: websites representing naturalness and diversity, for instance.

When pushed about the role of the Web in this cycle, Rosie highlighted that a lot of content was inescapable, and that women were caught in cycles of speculation – regardless of whether that clashed with their own pursuits,

> "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 online explorations to detective work. There was clear contradiction between Rosie's beliefs in agential pursuit of body modification and how she ended up judging women emphasises power of discourse and the cosmetic gaze in online spaces. Rosie veered between moralistic judgements driven by access to Web content,

advocating agency ("I think women should be allowed to do whatever they want with their bodies"), and questioning the origin of bodily decision-making that encourages surgical aspiration. Again here, is a complex, contradictory and tenuous range of feminist politics. Rosie's narrative was not solid in believing that aesthetic surgery is simply a good or a bad thing for other women. She found herself overwhelmingly influenced by Web content that reinforced notions of aesthetic norms 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 explained her perceptions of aesthetic standards and highlighted that not only did the Web reinforce aesthetic norms, 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 divisiveness of aesthetic surgery, particularly when women are engaged 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 in attempting to rebuild her fractured self-esteem and resist. The resultant cycle had not manifested in a secure surgical 'end point' – simply, the decision of whether to undergo labiaplasty or not was frequently 'active'; Rosie would look at spaces, move to other spaces, and then go back to a previous space again.

Rosie was the most self-critical of my participants. She was acutely aware of the contradictions in her use of the Web and her attitude towards aesthetic surgery. Driven to the Web by a television programme, Rosie embarked on investigations and considerations through myriad Web resources, including aesthetic surgery providers, online pornography, online discussion forums, user-generated visual content, and online gossip and media stories. The outcome was heightened feelings of confusion, both in regard to her perceptions of aesthetic surgery as well as her own feminist politics. Rooting feminism in agency, 'strength', and pride – there was an unsubtle hint to feelings of shame in engaging with aesthetic surgery materials online, particularly those that encouraged judgement of other women's bodies. The Web enabled Rosie to navigate resources that led to conflict and directly opposed what she understood feminist politics to stand for and against when it came to body modification. She veered between oppression and empowerment, moved in continually conflictual loops around online materials, questioning agential decisions, and passing moral judgements through employment of the cosmetic gaze. Rosie highlighted powerlessness when it came to aesthetic norms online.

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. 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 be felt to bombard women with adverts for services to enhance their appearance. Marketing and media that problematise bodies, in both altered and unaltered states can seem oppressive. 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 and engaged with. . 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. My sample showed women who actively engaged with aesthetic surgery and desired procedures, but attitudes may contradict practice. Jones (2008a) and Pitts-Taylor (2007, 2009) have asserted decentralisation of women's motives in accounts of aesthetic surgery; implicating all human and non-human actors in understanding processes whereby aesthetic surgery is the outcome. In the case of the majority of those I interviewed, aesthetic surgery was *not* the outcome. There was no discernible outcome – more that women would continue to browse aesthetic surgery content online that one day may result in a decision to move offline to attend a surgical consultation, and perhaps eventually opt for surgery. At the point of interview, however, it was clear that while the women I interviewed were engaged with aesthetic surgery, few of them had plans to move from online environments to surgical locales.

The participants in this chapter presented narratives that highlight an original contribution of my work. In resisting aesthetic surgery, and the contradiction and conflicting politics observed throughout their narratives, my work offers a view of online aesthetic surgery processes that non-linear, cyclical, nuanced, problematic,

steeped in confusion around choice and autonomy, and that present ways thinking about the positioning of aesthetic surgery in feminist theory and politics. Chapter 8 will now discuss my conclusions and contributions.

Chapter 8:   Discussion, Conclusions, and Future Directions

This thesis explored how the Web shapes women's engagement with aesthetic surgery, and specifically, the implications of the Web for how aesthetic surgery is positioned in feminist theory and politics. 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?*

Firstly, the Web has intensified volume, variety and velocity of aesthetic surgery content. In comparison to offline media, there is simply more material, more variety in material, and content is constantly changing and moving. Secondly, the interactive capacity of the Web has particular ramifications for how women in my sample interacted with content formerly produced purely for consumption. Web users are not passive consumers of Web materials; they are prosumers, bound up with online content, lending their voices to discourse about women's bodies in ways previously impossible. Thirdly, there are contradictions in how aesthetic surgery is presented online. It is advocated in some spaces, maligned in others. As a result, women's bodies have become sites of surveillance at a much larger scale than in offline media. In considering accessibility, volume, velocity and variety of Web content, "switching off" from the Web has become difficult given the pervasiveness of various media, user-generated content and targeted advertising. Multiple voices online reinforce and challenge aesthetic discourse. I found that, in the case of my sample, practicalities and politics of aesthetic procedures kept a majority of women online, caught-up in the heterogeneity of content, rather than decisively seeking procedures away from the Web.

The women I interviewed engaged with a variety of materials that informed and challenged their perceptions of aesthetic surgery. Whilst each of my participants had explored procedures for varying reasons, there were tensions between their politics, desires, and advocacy for other women considering aesthetic surgery. This was articulated as problematic particularly if they identified as feminists, but also if they did not expressly mention feminism. Feminist politics in the cases of women I interviewed had identifiable tenets: autonomy, authenticity and empowerment, and

these were perceived to clash with each other and with pursuits of aesthetic surgery – particularly those that were viewed and/or professed to be in pursuit of aesthetic norms and standards. This affected decision-making that, in the case of my sample, saw women remain in a perpetual loop of online exploration and active consideration, rather than moving on to 'real life' surgical locales to consult about, and ultimately undergo, procedures. For these women, it was insufficient to think of aesthetic surgery as purely oppressive *or* empowering – it could be both, and the degree to which it was either was reflected in variable representations engaged with online. Attitudes towards aesthetic surgery were not static – they ebbed and flowed with the Web.

My research contributes to Web Science and feminist theories about aesthetic surgery by focusing attention on how a sample of women – both those who had undergone surgery, but significantly those who had not – explored the Web and engaged with contrasting discourses about aesthetic surgery and aesthetic norms. Firstly, I sought to include voices not typically a focus in empirical work on aesthetic surgery. Numbers of women actually undergoing surgery are a minority against those who research and actively consider it. How women considering aesthetic surgery use the Web and why they resist provides narratives that can extend theorisations where focus has been on those who have journeyed from pre- to post- surgery. Secondly, I desired to understand how women who had actively considered, or were considering, aesthetic surgery engaged with interknit actors on the Web and what influenced their explorations and decision-making. To extend Jones (2008a) and Pitts-Taylor's (2007, 2009) conceptualisation of aesthetic surgery as a discursive and intersubjective process, considering the Web as a sociotechnical system comprising multifarious networks further complicates an already contentious practice and pursuit. The Web is important in understanding why and how women consider aesthetic surgery, and also why they resist.

8.1   Explore, Consider, Resist, Repeat: Discussing Women's Engagement with Aesthetic Surgery Online

From exploring multiple online spaces, it was found that women's bodies were presented as variably 'deficient' in relation to aesthetic surgery. This was dichotomised as authentic versus inauthentic bodies, and desirable versus

undesirable bodies. Within online news content, speculation and consequent judgement was levelled at women suspected to have undergone aesthetic procedures. There were limits to acceptable accumulation of physical capital – surgically altered bodies were not felt to be deserving of praise. Body projects had to be pursued via 'acceptable', laborious routes like diet and exercise to be deemed authentic. In online video content, individuals were paraded as abject, whether through botched or excessive surgery, or due to the perceived unnaturalness of their appearances. Comments sections across these spaces allowed users to voice their opinions on the content - contributing to discourse and debate that could have a wider impact on women's decision-making processes. On the other hand, undesirable bodies in online discussion forums and on surgery provider websites were the unaltered bodies of women prior to surgery, or as a result of botched surgery. 'Before' bodies were described negatively, 'after' bodies – where surgery had been considered successful - were a source of happiness and confidence.

The women in my sample explicitly referred to representations of aesthetic surgery online affecting their perceptions and decision-making processes in relation to undergoing procedures. Women I interviewed – particularly those who had not yet undergone any aesthetic procedures - explored aesthetic surgery online in a state of intermittently active consideration that exposed contradictory feelings towards aesthetic surgery, as well as towards aesthetic norms and standards. Women typically began explorations on provider websites and then migrated to user-generated spaces for experiential information and visual 'proof'. Women doubted the truth of information that they encountered in provider spaces. Voices in online discussion forums and other social networking websites, however, were felt to offer honesty as they were not assumed connected to commercialised aesthetic surgery websites. User-generated spaces were powerful intermediaries in women's consideration processes and attitudes towards aesthetic surgery. The Web sees women no longer reliant on aesthetic surgery marketing and dominant voices of clinicians when deciding to undergo procedures. They positioned themselves as critical consumers – and to some degree, expert patients - operating selectively in an increasingly saturated marketplace (Jones 2008a). I argued that this was a demonstration of expertise-building that should be thought about in conjunction with postfeminist ideas around complexities of intertwining agency, consumerism and autonomy in neoliberal societies (see: Gill 2007, McRobbie 2009, Evans & Riley 2013). At the same

time, however, many of the women I interviewed felt aesthetic surgery ought to be resisted. The reasons for this were multiple, but rested on not *wanting* to feel as though surgery was the only option for them to feel normal or attractive. As a result, the women vocally denounced their own – and/or others - interest in procedures.

My sample did not find that the Web offered any significant challenge to dominance of consistently identified aesthetic norms, despite some emphasis on cultural pushback; representations of 'love your body' discourse (Gill & Elias 2014). Aesthetic norms were experienced as a continual and multiple bombardment; particularly targeted advertising. Bodies reflecting particular Caucasian feminine standards – blonde, slim and with large breasts - were described as omnipresent and exacerbated by the dictates of makeover culture. This was not a critique where 'feminine' aesthetics were positioned in opposition to feminist politics, per se. Rather, it was critique of 'unrealistic' standards and lack of diversity advocated by advertisers as to what 'feminine' looked like. Although critical of how pervasive surveillance of women's bodies was online, there was a glimmer of hope from some as a result of the pushback they identified, particularly in user-generated content. Body-positive spaces and presentation, however, were felt by others as a reactionary protest as opposed to organic transformation and did not prevent women interested in surgery from exploring procedures. However, the pressure to feel comfortable in aesthetically unaltered bodies was a facet that kept women from pursuing aesthetic procedures. Demonstrative of tensions in the postfeminist landscape of choice and empowerment through body transformations, resistance to aesthetic procedures occurred when considering disparate politics of procedures.

My thesis makes notable contributions to existing literature. Firstly, my research offers original insight into how women engage with aesthetic surgery without actually proceeding to procedures. To date this has been given little attention either theoretically or empirically. Secondly, I contribute on where engagement with aesthetic surgery online sits in relation to women's ideas of body politics – whether they identified as feminists or not – particularly in relation to ideas surrounding the cosmetic gaze and 'love your body' as interknit, but paradoxical, self-regulatory discourses. Lastly, my work contributes to wider theorisations of aesthetic surgery, with the Web as a focal collection of networks in aesthetic surgery processes. This chapter is laid out as follows: Section 8.1.1 discusses how women I interviewed engaged with representations of aesthetic surgery, and how ideas of aesthetic

normality and authenticity affected their perceptions of aesthetic procedures and surgical decision-making. Diversity of content means women can engage with different representations of aesthetic surgery across multiple online spaces. Additionally, fast-paced, quickly replaced content means representations of aesthetic surgery are constantly flowing, and this keeps consideration of aesthetic surgery alive. Section 8.1.2 discusses the contribution of my work focused upon those who resist aesthetic surgery and remain online, intermittently looping the Web whilst debating the practicalities and politics of aesthetic procedures.

8.1.1   Altered, Unaltered and 'True' Bodies: Networks of Normality, Deficiency and Authenticity

Whether altered or unaltered, women's bodies were open to scrutiny across online spaces and this was reflected in discussion with my interview participants who described conflicting emotions and politics in their online explorations. Women contended with what they saw as unrealistic – or inauthentic - depictions of aesthetic standards in some online spaces, alongside empowered altered *and* unaltered bodies in other spaces. This resulted in conflicting feelings towards their own bodies, considered together with favourable and unfavourable representations of aesthetic surgery. Mediating perceptions of procedures, online representations thus affected how the women negotiated their desires for surgery. Processes of aesthetic surgery – as Jones (2008a), Pitts-Taylor (2007, 2009) and Jones et al. (2014) have emphasised - are not linear. Non-linearity was extended by Web content - multiple and dynamic. For those who had not undergone surgery, explorations were characterised by contrasting discourses, and constant reappraisal of body politics, culminating in cycles of 'looping' online.

It is notable that, although typically associated with gendered aesthetic standards, there were few allusions to obtaining beauty in online discussion forums, and UK-based aesthetic surgery providers avoided using the term beauty in much of their advertising. Davis (1995) and Gimlin (2000) suggested that instead of undergoing surgery to obtain 'beauty', women opt for surgery in order to blend in. Juxtaposed against spectacles of artificiality, aesthetic surgery is sold on the pretence of creating a body that exists in *everyone*. 'Authentic' selves can be achieved through surgery – marketing of procedures focuses on creating a body that the individual is *meant* to have. The cosmetic gaze (Wegenstein 2012) operates in such a way that individuals

not only understand how to alter their bodies, but should also aspire to transform themselves. This choice is presented to prospective patient-consumers, situating aesthetic surgery as a technology of the self (Foucault 1988). There is an element of almost forceful alignment that exists in marketing of aesthetic surgery – that, for all intents and purposes, *everyone* has potential to meet aesthetic standards, and everyone should *want* to make embodied changes to live an aspirational lifestyle not 'restricted' by abject body parts.

Linking pursuits of physical capital – in the guise of 'beauty' - to motives for undergoing aesthetic surgery has been a weakness of some feminist critiques that see aesthetic surgery as a harmful intervention influenced by unrealistic expectations of idealised aesthetics. Women in my sample negotiated aesthetic surgery variably as a pursuit of normality, physical comfort, and authenticity. They demarcated boundaries whereby aesthetic surgery could be considered 'positive' if alleviating low-self esteem, but 'negative' if transforming the self purely in a way that reflected a socially valorised aesthetic. There were tensions between 'choice' in the postfeminist sense placing women as agential within networks of advertising and options for transformation (Gill 2007, McRobbie 2009, Tsaousi 2017) and implications of that choice when negotiating aesthetic surgery as a contested modification process representing aesthetic standards. Women's criticisms of aesthetic surgery and advertising of procedures echoed Balsamo (1996: 26) who considered aesthetic surgery industries as propagating a Fordist-style conveyor belt for production of identical, standardised bodies, and this did not sit comfortably with their own considerations, or overarching perceptions of aesthetic procedures.

The Web destabilises the assembly line in a slightly different way to Balsamo's original conceptualisation. Whilst she talked about industrialised, standardised beauty, her metaphor of the assembly line can also be applied as a presumption of simple and linear pre- to post-surgery process. Women in my sample, however, criticised surgical outcomes within provider spaces and in wider advertising due to 'unrealistic' representations of the self, equations of 'beauty' with value, and what they saw as restrictive ideals. This had the effect of tempering their feelings towards aesthetic surgery in two ways. Firstly, ideals were not universally reflective of motives for surgery across my sample. Women desired or had undergone surgery for a number of embodied reasons. Secondly, the Web was used to browse myriad spaces, for instance some discussing 'realities' of surgery, some 'celebrating'

unmarked bodies, and some portraying post-surgical bodies unreflective of the types sold through provider websites (i.e. non-binary). It is not enough to simply link aesthetic surgery to pursuits of physical capital, or to see women as docile and unquestioning of what they recognised as pervasive structures of power over appearances. Women I interviewed overwhelmingly remained online exploring aesthetic surgery because they were caught in cycles of scrutinising representations of aesthetic procedures, wider networks of aesthetic norms, standards and subversions, and how they negotiated desires for surgery.

Adding further contention, in online media and visual content, bodies that had undergone surgery were frequently presented as 'cheating', betraying other women through non-disclosure of surgeries, erasure of ethnic characteristics, or simply failure to achieve a desirable aesthetic. Artificiality of bodies and perceived lack of 'honesty' by surgical recipients were key themes. Speculation, scrutiny and dismissal of aesthetically altered bodies diminish value that aesthetic surgery holds in these spaces, and this is reinforced through user-generated content in the form of comments and images – still and moving. Bodies framed as inauthentic were seen to betray performativity of socially upheld and valorised natural bodies, and were thus less deserving of praise afforded unaltered bodies (Hurd Clarke & Griffin 2007). Bodies framed as recipients of excessive or botched surgery were presented as abject, disrupting performance of 'normal' gendered bodies. Butler (1993) described performativity as the way that discourse is (re)produced through reiterative power. Gendered discourse is represented through performance, becoming cyclical and then entrenched as normative. Performativity can be destabilised by subversion. Representations of aesthetic surgery online, whether excessive or botched or simply reflecting an 'artificial'-looking body, disrupts performativity, albeit in a way that serves both to 'warn' of the perils of aesthetic surgery that transgresses 'acceptable' boundaries, or to level moral assessment at those who are known or alleged to have had surgery.

Similarly, women in my sample commented on authenticity and inauthenticity. Anna and Rosie made reference to negative portrayals of surgery in media, and how they got caught up in speculating and judging those alleged to have undergone surgery as inauthentic. Jade critiqued pervasiveness of aesthetic procedures, seeing aesthetic surgery as so normalised that it was akin to a new authenticity, as that emphasised in postfeminist literature ("why *aren't* you having it done?'). Sasha, however, credited

aesthetic surgery as a route to creating an authentic gendered – or non-gendered – identity. Performance of non-binary identities were documented and presented online; post-surgical genderqueer, and trans bodies presenting pre- to post-surgery narratives that collapse boundaries of male/female, 'beauty'/subversion, human/machine, akin to Haraway's cyborg. Performance of gender and non-binary in online spaces were significant to Sasha in that platforms like Instagram provided imagery of not only pre-surgical bodies and post-operative aftercare, but served as documenting changes that were integral to aligning bodies and identity. Prosumption of non-binary identities through user-generated content signals a shift away from aesthetic surgery undergone to obtain some form of gendered appearance, and also away – currently – from spaces which advertise and drive valorisation of particular gendered aesthetic norms and standards. Where aesthetic surgery has been judged in feminist literature as perpetuating gendered performativity in an oppressive sense, these critiques do not take into consideration those who seek to reflect non-binary identities, and that procedures such as elective double mastectomies provide an opportunity to live authentically. Gender as performed through breasts was key to Sasha. Performativity, the Web and aesthetic surgery has implications for 'traditional' forms of gendered performance, and those that are collapsing the binary.

The Web has fundamentally changed how women can engage with aesthetic surgery in comparison with offline media and marketing. Representations of aesthetic surgery are variable, fast moving and constantly replaced across online spaces. Volume, velocity and variety of content cannot be underplayed when considering multiple discourses of aesthetic surgery that women browse or are confronted with. Aesthetic surgery online is represented as empowering, oppressive, desirable, undesirable, and enabling authenticity or simply reflective of artificiality, all within a few clicks of each other. The politics of surgery saw a majority of my participants sporadically 'considering' surgery, instead of moving away from the Web and booking consultations. There were tensions between desires for, and resistance of, aesthetic surgery. Unpicking perceptions and constant (re)negotiation of contrasting and competing discourses kept women online, and this is a fundamental contribution of my work.

8.1.2   Practicality, Politics, and Desiring Alteration: Loops of Consideration and Women's Non-Participation in Aesthetic Surgery

Representations of surgery interlink with politics of bodies to inform how women negotiate surgical procedures. There were clear tensions between the surgical desires that some women expressed in their interviews and what were seen to be the problematic politics of aesthetic surgery. Reasons that women undertake Web explorations of aesthetic surgery are not homogenous. Consideration can be sparked and re-sparked by myriad factors – a firm or fleeting decision to pursue or explore aesthetic surgery, targeted advertising, visual content, or simply general curiosity. Access and navigability facilitate impulsive Web searches, and rapid replacement of online content maintains interest – if all pages were static like aesthetic surgery providers (Jones et al 2014), it may not inspire the 'looping' that my sample experienced. Practicalities and politics of surgery were factors that my sample considered in relation to not only their own explorations and desires for surgery, but other women's as well. The Web is always live – there may be static pages like provider sites, but there are also pages updated constantly (visual social media, forums, mass media etc.) that attract users back into cycles of consideration.

In the first instance, explorations that women in my sample undertook focused on practical aspects of surgery. There was curiosity towards surgical options, the costs associated with procedures, and a concern for operative processes, risks, and aftercare. Pragmatic information was sought about desired procedures in order to build knowledge, and assess viability of undergoing surgeries. From these arenas, the women started to become expert patient-consumers, building their knowledge of procedures prior to any commitment away from the Web. Fox et al. (2005: 1307) posited that if expert patients were to be understood as undertaking reflexive projects of self-governance, their routes to doing so represented what Foucault (1988) termed 'technologies of the self'. Intrinsically linking this to the cosmetic gaze, the women in my sample positioned their own bodies in relation to those they aspired to, casting a critical eye in understanding routes and techniques to disciplining their bodies into meeting the desired aesthetic. Using information provided by those who would be carrying out procedures was a first step in understanding transformative processes.

Browsing provider and medical websites formed an integral part of consideration, and once the women gleaned as much as they could from this type of space – which was often not enough - they migrated elsewhere, usually user-generated spaces, in order to further extend, or fill gaps in their knowledge. There was a sense from the interviews that once women moved away from the provider websites, they were unlikely to return unless there was a practical need to, i.e. if they chose to undergo aesthetic surgery and had to select a provider. Women would go on to browse linguistic and visual resources, finding advice and honesty in experiential recollections of pre- and post-surgery in online discussion forums, blogs, vlogs, and social media such as Instagram. When discussing the pragmatism of undergoing procedures, women said that they were ultimately restricted by cost and recovery time. From this, it would be easy to assume that women browse practical information, explore experiential online content, deduce that they cannot afford aesthetic surgery, either financially or with regard to recovery time, and simply stop engaging. However, desire for alteration stretched beyond simply looking for practical information and experiences.

Looking at this through the lens of the cosmetic gaze, engaging with aesthetic surgery online could reflect moment(s) in personal history and not just a way of seeing bodies. Referring back to Silverman (1996: 135) who saw the screen as defining the gaze and responsible for how individuals experience the gaze is particularly apt when thinking about aesthetic surgery online. The physical screen in the context of accessing the Web is a gateway to multiple, diverse networks of 'screens'. The Web goes beyond simply imagining a refashioning of bodies, it enables users to experience what refashioning could be like for them in much more personalised ways than offline media has ever been able to achieve. Complementing aesthetic surgery information with experiential information and a deluge of visual resources, there exist online platforms that enable heightened engagement with aesthetic surgery through prosumption. This does not mean, however, that women are opting to undergo procedures. Engagement can be both passive and consist of simply looking at advertising as and when it is visible on a website, or it can be active – seeking providers, lurking in or contributing to dedicated forums, viewing or commenting on media, images or video content. Networks can be built, but are tenuous and changeable with swift and constant replacement of online content.

It was not just practicalities like cost and operative risk that turned women away from undergoing procedures, but also tensions that existed between desires for, and politics of, surgery that, for a majority of my participants who had not undergone procedures, kept them in a state of perpetual flux. In Section 5.1 I introduced perceptions of my sample towards aesthetic surgery. Procedures were seen to carry conditions in order to transfer them from the realms of oppression and/or frivolity and into acceptable processes of embodiment. Of my sample, there were participants – Michaela, Beth, Sasha and Jasmine – who desired aesthetic procedures for reasons that were not in adherence to what were identified as aesthetic standards. Their desired – or in Michaela's case, undergone – procedures reflected a pragmatic solution to a physical nuisance (large breasts, excess skin), or a way of performing non-binary gender (via excision of breasts). They abstracted their own aesthetic pursuits from those that they saw as symptomatic of ideals advocated by media and advertising. While these interviewees moved around the Web in a non-linear way, their explorations were less tempered than women who desired surgery that was felt to adhere more to some form of aesthetic norm or standard. It was procedures to 'normalise' or 'enhance' that triggered unease in some of my participants. For instance, Rosie and Julia actively sought out spaces where 'love your body' discourses (Gill & Elias 2014), proliferated, in an attempt to quell their desires for surgery. This type of discourse was a regulatory frame that some of the women referred to when explaining reasons why they had not pursued surgery, that whilst surgery could be undergone in order to enhance self-esteem, women who desired aesthetic surgery reflective of aesthetic norms should simply 'learn to love' their bodies in their natural states.

On this basis, the duality of love your body discourse and the cosmetic gaze are problematic when considering aesthetic surgery. On the one hand, women engage with aesthetic providers, advertising, and large volumes of experiential data espousing the benefits of undergoing procedures. Some postfeminist theories have identified commoditisation of women's choice and agency - binding femininity, consumerism and neoliberal subjectivity (McRobbie 2009). Evans and Riley (2013: 270) highlighted the complex and 'interconnected' nature of postfeminist discourse, neoliberalism and consumerism. In the context of aesthetic surgery, I argue for the addition of forms of expertise, and – in some cases – resistance online to be implicated in these interconnections. Processes and consideration of aesthetic

surgery are not just bound with consumerism and neoliberalism. The complex intersubjective processes that form online explorations and consideration of surgery are much more than a shift to engaging with rhetoric of self-improvement and empowerment. For some, altering the body for the means of normalisation or beautification jars with a discourse where women are encouraged to embrace naturalness, and effectively remedy low self-esteem via a defiant act of 'body love'. I argue that the complexities of the Web comprising non-linear and easily navigable networks represent these different regulatory forms within a click of a link. Consequently, for women in my sample, often the desire to undergo surgery was matched by a desire - or advocacy - to resist, and reluctantly embrace natural aesthetic forms.

Considering this tension in regards to (re)construction of tenuous and multiple online networks; rapidly replaced varieties of content both stimulates and dampens desires and resistance. Women I interviewed were not simply porous to imagery and advertising; unconsciously persuaded to adhere to dominant, standardised aesthetic standards, as some feminist theories of aesthetic surgery have painted them to be (Wolf 1991, Morgan 1991, Bordo 1993, Haiken 1997, Jeffreys 2005). However, despite acknowledging the perceived psychological benefits of undergoing aesthetic procedures, the women in my sample were not uncritically empowered by options for surgery, and nor were they unquestioning advocates for other women. Where Davis (1995) observed aesthetic surgery akin to a balancing act between oppression and empowerment, I found that for women in my study, aesthetic surgery was more a continual act of 'balancing' between precarious, multiple, intermittent loops of desire and resistance. Virginia Blum (2003: 64) argued that "recapitulation and resistance often happen in the same arena", and this is particularly true when contemplating engagement with aesthetic surgery on the Web. Scepticism and cynicism towards aesthetic surgery industries and perceptions of aesthetic standards affected considerations and decision-making in the immediate term, but did not permanently defuse desires or consideration of procedures. Women were self-regulating both in relation to the cosmetic gaze and in relation to 'love your body' discourse, and for some, like Rosie; this could be a tiresome cycle.

The implications of looping the Web and non-participation for positioning aesthetic surgery in feminist theory and politics are complex. On the one hand, choice and agency was of concern to women in my sample. There was belief that women should

be empowered to make their own bodily decisions, but this was met with reluctance, and occasional hostility, when considering aesthetic surgery. There was an enduring concern amongst my sample that, despite desires to undergo it themselves, aesthetic surgery was a contentious route to embodiment if undertaken in adherence with idealised images coveted, promoted and sold via media and advertising. Multiplicities of feminist politics came through the interviews, fluctuating in part due to volume, velocity and variety of Web content. Multiple, looping networks are built and collapsed, tangled and disentangled; markers that not only separate online aesthetic surgery content apart from offline content, but position the Web as a focal point of aesthetic surgery consideration and resistance.

8.2   Conclusions

Aesthetic surgery continues to be an enduringly controversial, complex and perplexing practice and pursuit, increasingly so with competing discourses online. The contributions of my work raise the importance of how the Web is implicated in explorations of corporeal transformation via aesthetic surgery. These processes have never been linear, and recent theories of aesthetic surgery have acknowledged the intricate, interknit networks developed as part of surgical journeys. What have not been accounted for are reasons for non-participation in aesthetic surgery, and how the explorations of those who have intermittently considered procedures have engaged with representations of aesthetic surgery online. My work has moved to show how the volume, velocity and variety of Web content, competing representations of aesthetic surgery and women's own perceptions of the politics of aesthetic surgery interact to keep women moving around the Web, in varying interactive capacities, as opposed to seeking surgical consultation. It may be that those in my sample who were considering procedures never undergo surgery. It may be that some or all of them will. What is important about my contribution is the non-linearity of online explorations, and the role that different types of Web spaces play on women's perceptions of aesthetic surgery, and their own embodied desires. Not straightforward, the ways women perceive aesthetic surgery presents a multiplicity of feminist strands of thought. Processes of aesthetic surgery are complex and intersubjective, governed by desires and regulatory forms that shift and alter as women move around the Web.

For feminism, aesthetic surgery continues to be a vestige of discordant theory and politics, despite 'reconciliatory' approaches (Davis 1995, Gimlin 2000) and a push for decentralisation of women's motives for surgery (Jones 2008a, Pitts-Taylor 2007, 2009). The Web adds further dimensions of complexity in women's narratives. It comprises vast networks that are always alive and constantly moving. This, in turn, keeps consideration active, has propensity to alter discourse, and affects decision-making. Aesthetic surgery has been considered oppressive, empowering, a route to authenticity, and as a betrayal of naturalness. Post-essentialist feminism has been useful for feminist work that positions aesthetic surgery as a process not loaded down with ideas about superiority of a kind of 'natural' female body. That does not mean, however, that those considering aesthetic surgery do not grapple with what it means to be feminine, empowered, or possessing a particular gendered aesthetic. These things are still very much components in debates of aesthetic surgery.

It is integral that empirical and theoretical work about aesthetic surgery maintains focus on the role of diverse Web spaces on processes of surgical exploration and pursuit, and to consider the richly varied narratives and changeable politics of those caught in a cycle of (re)considering surgical transformation. Women's narratives are constructed with and through the networks built online, and given how tenuous these can be, attempts to position aesthetic surgery are difficult when considering the explorations women end up pursuing. Attempts to theorise aesthetic surgery abstracted from the Web dilutes the richness of women's explorations, the discursive nature of women's resistance to surgery, and the complexities of their considerations and decision-making.

8.3   Limitations to current study

Whilst my research offers original contributions, 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 online content 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.

Secondly, given the scope of the project, male aesthetic surgery and how they use the Web 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 its 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.

8.4   Future Work

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.

8.5   Researcher Reflections

As a researcher, undertaking this research had an enduring effect on my own Web explorations. 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 online explorations 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 politics, I found, are not immutable. They are discursive, complex and variable.

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?
    - o 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?
    - o 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?
    - o Were other procedures considered? If so, why?
    - o Were certain products considered? If so, why?
    - o Did any websites have more of an influence over the research than others? If so, why?

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

Appendix B   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

- 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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