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Damned if you do and damned if you don't: The (re)production of larger breasts as ideal in criticisms of breast surgery

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Abstract

In contemporary Western societies women are often thought to have overcome inequality, become autonomous and resistant to social pressures, and in so doing gained the freedoms to make their own choices. However, this 'post-feminist sensibility' can arguably be seen as a double-bind as some types of 'choices' cannot always be recognised as freely chosen if they are taken as an indication of failing to resist social (appearance) pressures. We argue that one such example is the 'choice' to have cosmetic breast surgery, a practice that has received both criticism and celebration from different feminist angles. In this paper we analyse how women who have had breast augmentation are constructed by readers of an internet blog in which they are largely vilified and pathologised for not valuing their 'natural' (yet 'deficient') breasts. We demonstrate how the same discursive constructions that appear to value women's 'natural' bodies simultaneously (re)produce the conditions in which women may feel the need to have breast augmentation.

Keywords: choice; cosmetic surgery; discourse analysis; gender; agency; postfeminist

Damned if you do and damned if you don't: The (re)production of larger breasts as ideal in criticisms of breast surgery

Breast augmentation procedures are becoming increasingly common in various Western countries (American Society of Plastic Surgeons 2010; 'UK plastic surgery statistics' 2011) and can be seen, *en masse*, in mainstream media publications such as magazines and print media advertisements (Sullivan 2001). The normalization of cosmetic surgery has been further accentuated through the commercialization and objectification of female bodies in the upsurgeance of reality television and plastic surgery 'lifestyle' programs such as *The Swan* and *Extreme Makeover*. Despite the continued rising popularity of breast augmentation, the phenomenon has received considerable academic and popular critique. The specific nature of this critique, however, has been somewhat varied. On the one hand, there have been concerns expressed for the physical and mental health of individual women who opt for surgery (for example, Koot *et al.* 2003; Sarwer, Brown and Evans 2007). There have also been ideological critiques that position the rise in popularity of these procedures as an outcome of societal pressures exerted on women to conform to hegemonic notions of an attractive female form (Adams 2009; Cusumano and Thompson 1997; Fredrickson and Roberts 1997; Henderson-King and Brooks 2009; Jeffreys 2005; Markey and Markey 2009). In the present research we examine the ways in which critiques of the general practice of breast augmentation were constituted in a corpus of naturally occurring discourse relating to the topic. In particular, we explore the ways in which the relationships between individualised and societal-level critiques are formulated in these accounts.

The complexities of choice and agency

Debates around cosmetic surgery, beauty practices, and representations of women who engage in these practices, often revolve about the notion of individual choice (for example, Braun 2009; Gill 2008; Evans, Riley and Shankar 2010; Fraser 2003; Pitts-Taylor 2009; Stuart and Donaghue 2012; Whitehead and Kurz 2009). At the risk of caricaturing complex debates (see Duits and van Zoonen 2006, 2007; Gill 2007)¹, positions on the issue can often be characterised in terms of the ways in which one should (or even *if* one should) analyse women's right to 'choose' to partake in various beauty practices. On the one hand, it is argued that women are not 'cultural dupes' to patriarchal oppression but, rather, are free-thinking liberal subjects who exercise their individual right to choose to partake in (and pay

for) a particular product such as breast augmentation. Braun (2009) highlights that this notion of ‘choice’ is often invoked in the context of female genital cosmetic surgery by both surgeons and women who have undergone surgery as a form of bottom-line argument that works to inoculate both the industry and the individual from potential criticism levelled at the practice.

A somewhat opposing position to the notion of free choice has argued that a focus on individual choice precludes an examination of the contexts in which such choices are made (Bordo 1993; Gill 2007, 2008; Jefferys 2005). For example, Gill has argued that ‘girls and young women make choices... but they do not do so in conditions of their own making’ (2007, 72). It is argued that such choices are made in a particular context in which there exist normative requirements for self-presentation. It is suggested that, as a result, women’s choices are inherently socially influenced to the point where some women may feel they have little choice but to undergo procedures such as cosmetic surgery (Gimlin 2000). This position has not been without criticism, however, with some suggesting that such analyses act to silence women’s voices and deny their agency (Davis 1995; Duits and van Zoonen 2006; van Lenning 2002). It is in light of this debate that we seek to examine how the negotiation of normative appearance expectations may be acted out in public discourse around cosmetic surgery. As authors, we take up the position of Gill (2007) on the need to ‘complicate’ our understandings of choice and agency. Indeed, our aims are to expand beyond discourses of individualised choice, and to look at the ways people may reflect upon and construct women’s decisions to have breast augmentation. In so doing we seek to gain insight into these very conditions that shape the social environment in which women make choices.

Theorizing contemporary female beauty practices

As McRobbie (2009) and Rose (1996, 1999) argue, in ‘neoliberal’ Western society the body has become a site for undertaking and demonstrating self-control. It is claimed that women’s ‘wellbeing’ is dependent upon their obligatory pursuit of what is culturally defined as an ideal body (Sointu 2005) and a shifting definition of femininity that emphasises bodily perfection and ‘sexiness’ (Bordo 1993; Evans *et al.* 2010). Even with shifts within the advertising industry away from constructing women as sexual objects and towards the construction of women as sexual agents, women’s bodies are arguably still presented and framed in relation to heterosexual male desire (Gill 2007). Moreover, they are constructed as needing ‘work’ to meet this ideal and become ‘acceptable’ (Blood 2005). Cosmetic surgery

can be seen in some circles as an increasingly socially acceptable method by which to obtain so-called 'perfection' and feel better about oneself as a result (Askegaard, Gertsen and Langer 2002). Cosmetic surgery has been argued to represent a form of 'self-help' for the enterprising self (Fraser 2003; Rose 1996).

Electing to have cosmetic surgery is not, however, socially inconsequential. This is due in part to the pervasive, yet contradictory, discourses of 'right to choose' on the one hand and 'self-acceptance' on the other. While cosmetic surgery may be seen as a method of attaining bodily 'perfection', there is also a somewhat contradictory sense in which contemporary beauty practices must be kept socially invisible (or only knowable through discourses of 'pampering'), in order to hide the cost and labour involved in rendering the female body 'beautiful' (Gill 2007; Wolf 1990, 254-260). The 'empowered woman' must be seen to have the capacity and autonomy to intensively manage herself *without* need for outside intervention (McRobbie 2007, 722-723). While it is somewhat 'obligatory' for women to engage in some practices of regulating and sexualising their bodies in order to obtain the subsequent social rewards (that is, to be 'empowered'), some have argued that there is a social prescription that such practices should be seen as freely chosen and uncompelled (Baker 2010). Thus, the management of one's self-esteem and confidence should be reduced to a 'playful' and 'pleasurable' activity in which 'extreme' practices such as cosmetic surgery have the potential to be seen as unacceptable in so much as they are a *visible* practice that indicates a psychological failure to retain self-acceptance and autonomy.² This is perhaps because, following Sullivan (2008, 112), dissatisfaction with one's body can be readable as reflective of a non-rational mind.

There is some research that demonstrates an assumption of the putative psychological insecurity of female cosmetic surgery patients. For example, cosmetic surgeons do screen women who do not display sufficient 'mental stability' to make the choice to opt for surgery (Fraser 2003). The criticism of cosmetic surgery as evidence of psychological failure has also been present in some feminist analyses (for example, Blum 2003, e.g. 60-66; 270-290). Little research, however, focuses explicitly on the formulation of criticisms of female cosmetic surgery patients.

Past research has demonstrated the ways in which contradictory discourses in relation to appearance maintenance create a dilemma for some women who are faced with balancing these competing demands. For example, Markula (2001) presents an example of the contradictory expectations placed on women through an analysis of women's fitness

magazines. This analysis reveals messages for women that both encourage them to pursue an ideal (and arguably unobtainable) body, whilst simultaneously sensationalising the ‘psychological problems’ of women who experience body dissatisfaction. As has also been demonstrated in similar work by Whitehead and Kurz (2008), when a desire to ‘look nice’ is taken to ‘extremes’, this is often explained in popular texts in terms of either failures of individual self-esteem or in terms of individual psychopathology. Further vivid examples of this process of potential societal pressure being recast as individual ‘choices’ that reflect ‘failure’ in self-esteem can be found in Gimlin’s (2000) work. She shows how participants make reference to experiences of shame when ‘admitting’ to friends that they had had cosmetic surgery and of fears of being criticised for ‘giving in’ to social pressure (2000, 87). Thus, women’s ‘right to choose’ arguably opens them up to potential criticism through a somewhat ironic and contradictory set of directives in societal discourse. How this criticism is levelled at women for opting for cosmetic surgery plays out in naturally occurring talk and text is an area open for empirical investigation, and it is such an investigation that forms the basis of the research reported in this paper.

The current study

Following Pitts-Taylor (2009), we argue that there is a need to move beyond talk of the individualised female cosmetic surgery patient. We do this by considering how ‘choices’ around cosmetic surgery are constructed, in talk, within broader societal discourse. As Gill argues (2007, 72), women do not make choices in isolation but in relation with others (see also Delinsky 2006). For instance, the extent to which men play a role in increasing rates of cosmetic surgery procedures undertaken by women has been questioned by some feminist researchers, such as Jeffreys who argues that cosmetic surgery ‘is a practice that fits the rules of beauty as required under male dominance’ (2005, 151). In this paper we are not aiming to debate whether or not female cosmetic surgery *is* a practice of male domination. Rather, our aim is to add to the understanding of the pressures women may face by examining how people talk about women who have decided to have cosmetic surgery. In so doing, we wish to gain a deeper understanding of how women’s choices are positioned and the ways in which external social influences may work to constrain female agency.

To achieve our aim of analysing how people talk about women who have chosen to have breast augmentation, a naturally occurring data source³ was deemed the most

appropriate. Our data source is an online discussion board in which contributors are commenting on an online news article about breast augmentation surgery. In particular, we examine how accounts that are critical of the practice are positioned in relation to notions of individual choice, and the ways in which the relationship between individualised and societal-level critiques are formulated in these accounts. The article posed the question of whether men have any responsibility for, or involvement in, the increasing rates with which women are electing for surgery. Women choosing to have cosmetic surgery were largely vilified and pathologised in these contributions, and as such it represented an ideal source of naturally occurring data in which to examine the ways in which such criticisms were formulated and justified. Therefore, the production of this discourse is a distinctive example of societal discourse around the topic of cosmetic surgery, rather than of women giving accounts of their own experiences.

Method

The material for this study is a corpus of naturally occurring text consisting of 254 online reader comments responding to an online media article entitled 'Breast implants: this is getting sili', which appeared on the website of a major newspaper in Melbourne, Australia on March 21st, 2007. The reader responses to the article accumulated over a three-day period. Sam de Brito (columnist/blogger for Fairfax Media online blog, 'All Men are Liars' 2007), ended the article with questions for his readers: 'So what do you think? Do you approve of the practice? Would you encourage a partner to undertake it and should men worry about the ramifications of the surgery when so many women don't even seem to question it anymore?' The article contains a picture of French dancer/porn star Lolo Ferrari, whose augmented breasts were recorded in the *Guinness Book of Records* as the largest in the world (Folkard, 2003). Whilst this image may arguably have provoked more extreme responses, the contributors to the online forum clearly orientated their arguments in relation to breast augmentation in general, rather than the insertion of 'record-breaking-sized' implants.

Of the total contributors to the discussion ($n=93$), the majority made a single entry response to the topic. A smaller number ($n=36$) contributed to the discussion board more than once. The majority of contributors appeared to self-identify as male ($n=54$). This analysis focuses directly on the contributors responses; the columnist did not participate in the discussions.

While establishing the ethical guidelines of research using online data sources is complicated (Brownlow and O'Dell 2002), we have adhered to basic ethical principles. The contributors were explicitly invited to 'have their say' in a forum that is open access to the public. Thus, consent is given by the contributors for this material to be considered as in the public domain when they submit their entries. This can be contrasted with, for example, more covert (and thus, ethically complex) observations of online support chat rooms in which participants may be less likely to expect their contributions to be treated as 'public' beyond the immediate forum membership (for example, Brotsky and Giles 2007). Any real names provided by the participants were replaced with a pseudonym, however aliases used by participants remain the same. All in-text grammatical and spelling errors are reproduced as originally found in the data.

Analysis of the online discussion board was guided by an adapted form of Foucauldian discourse analysis (as outlined by Willig 2008, 112-128) and a feminist poststructuralist perspective that examines the competing ways in which language, subjectivity and power construct and give meaning to social reality (Gavey 1989, 1997). We began by reading and re-reading the comments, and identifying the common ways in which breast augmentation was constructed. While there were a very small number of comments where people defended women's choice to have breast augmentation, by blaming media and other social pressures (and therefore were neither advocating nor dismissing breast augmentation) most were either derogative or dismissive of the practice. We then analysed the ways in which breast augmentation was constructed in terms of the implications for women's agency, in either allowing or denying agency. We then considered what possible 'ways of being' or subjectivities are created by constructing breast augmentation in these ways.

Analysis and Discussion

A compelling feature that we observed in the data was a difference between a stated personal preference towards larger 'real' breasts and an explicit contention that breast augmentation is an unacceptable *choice* for women to make. These objections rested upon two primary assumptions: a) that cosmetically enhanced breasts are inferior, and b) that women who enact this choice are suffering from some form of psychopathology. We examine these assumptions and argue that while these accounts may appear, through their criticism of

women for having breast augmentation, to celebrate women's natural bodies (and the notion that 'it's ok to be flat'), they often inherently reproduce the notion that 'bigger is better'.

i. Fake breasts as unacceptable due to aesthetic inferiority

An argument that cosmetic breasts are aesthetically inferior often prefaced or supplemented other reasons for constructing the procedure as socially unacceptable. Cosmetically enhanced breasts were frequently described in terms of their visual obviousness, as excessively large, hard and plastic looking. For example:

Extract 1

They always end up with the nipple in the wrong place, bang in the middle like the bullseye on a dartboard. Real breasts they're on the lower part and hopefully pointing upward.

I'd far sooner be attracted to a flat-chested woman than one with rockhard fake gazongas. Smacks of trying too hard. May as well stencil on your forehead 'I am a superficial bimbo'.

Fair enough if its a re-inflating (to normal, not big) after having kids for instance, but otherwise its really, really not necessary ladies. (Posted by: william)

Extract 2

Fake tits are no fun at all, that is for sure.

I can tell you the real things are much better than the plastic blow up doll look. Even if they are small.

Most guys I know hate the things, it takes away from the natural experience and pleasures of a woman.

Instead of being soft, supple pliable, warm and cuddly they are just like robots tits all hard and B grade.

Needless to say I would rather be with a flat chested girl any day than some fake titted plastic doll, like Pammy Anderson et al. (Posted by: carl)

Negative constructions of breast augmentation centred on the unnaturalness and visibility of the practice, such as descriptions of them as giving women 'rockhard fake gazongas' (extract 1), or 'robot tits' (extract 2). Arguably, this may be considered a violation of the expectation that women keep their beauty practices invisible as suggested by Gill

(2007) and Wolf (1990, 254-260). From these accounts the argument could presumably be made that the technology needs merely to be improved; that is, if ‘fake’ breasts were indiscernible from real breasts, they *would* be acceptable. The critique of the practice of breast surgery as shown in these extracts, however, did not merely rest on the aesthetic and tactile properties of surgically enhanced breasts. Rather, they infer something about the *person* who has breast surgery, such as that they are a ‘superficial bimbo’ (extract 1). Furthermore, and as we will continue to expand on later in this analysis, these accounts fail to provide any kind of challenge to the normative assumption that big breasts are inherently more desirable and that they can be used as grounds for the judgement and objectification of women. That is, there is an assumption that small breasts are undesirable, but that they are not *as* bad as having implants. As ‘carl’ states in extract 2, he ‘would rather be with a flat chested girl any day than some fake titted plastic doll’. The notion of ‘trying too hard’ (extract 1) implies that women who have breast augmentation are violating this expectation of appearing to exert minimal effort in their beauty practices and not enacting an assertion of self-acceptance.

The aesthetic inferiority discourse therefore appears to be the starting point of an argument that targets the personalities of women who have breast augmentation and constructs them as deceptive or deviant. We expand on the implications of these constructions in the rest of our analysis.

ii. Pathologisation of the ‘choice’ to have breast augmentation

The notion of ‘trying too hard’ (extract 1) is an example of a pervasive construction in the accounts we analysed in which the character or psychological state of women who enacted a ‘choice’ to have surgery were placed under scrutiny. This was a particularly interesting finding given that a number of authors have identified how a rhetoric of ‘choice’ is commonly deployed as a bottom-line argument to inoculate various forms of cosmetic surgery *against* (feminist) critique (Braun 2009; Fraser 2003). In essence, such practices are often constructed as not being socially problematic *due to* them coming about as a result of women’s ‘free individual choices’. Of interest in our data, therefore, were the ways in which the individual women who made the choice to have breast augmentation surgery were often highly criticised in the online news reader’s posts on account of their choice to have cosmetic surgery. This ‘choice’ was often used as grounds for an accusation of some form of individual deficiency or psychopathology. Examples of this are shown in the extracts below.

Extract 3

I've got nothing against fakeys—to look at. Taking them home to keep is another story, and i dont really think a person who chooses to do that is gonna be my kinda gal (i find perfect imperfection to be the definition of beauty, and that is many varied in it's manifest....)...

Anyway, as mentioned above, there are head and confidence issues that need to be treated—although some for justifiable reasons, such as after breast cancer etc. Though most issues wouldnt be solved by a fresh set of boobs you wouldnt think. (Posted by: devoid)

Extract 4

definitely you'd sleep with one. 100%
you probably couldn't tell anyway.

the problem is would you have a relationship with a woman who has such low self esteem they have to change themselves to make them feel better.

NO CHANCE. you are starting out with a problem that can never be fixed. stay right away. (Posted by: man)

Extract 5

Anyone who gets any type of cosmetic surgery (medical NECESSITIES excluded) is a loser.

—It is sad to see that the losers of the world have evolved such cunning so as to guilt everyone into telling them that they look 'great' post surgery.

—Surely the ridiculous amount of money spent by people trying to achieve an invisible goal would be better spent on a psychologist.

...

—and don't forget kids, fake breasts, or indeed fake anything = CERTIFIED LOSER.

—You are beautiful the way you are, because you are you. (Posted by: Max)

What is significant about each of these accounts above is the ways in which the individual women are vilified (as 'losers') and pathologised in relation to 'confidence issues', 'low self esteem' and as requiring (or even being *beyond*) 'fixing'. Thus, the 'problem' here is located within the individual rather than there being any identification of the social

pressures that might potentially create the ‘low self esteem’ and ‘head and confidence issues’ that are cited (for example, links to advertising or the cosmetics or fashion industry such as those identified by Delinsky 2006).

We also see in Extracts 3 and 5 how individuals are absolved from such accusations when surgery is constructed as ‘justifiable’; for example, as a ‘treatment’ for breast cancer. What distinguishes the case of the woman with breast cancer is that she is a victim of an illness and her loss of natural breasts was not a ‘choice’. Thus, augmentation is justified as legitimate in this case. From this position we can see that women’s capacity for choice or agency, as a motive for getting augmented breasts, is actually denied rather than celebrated (see Sullivan 2008). As has been shown elsewhere, a differentiation is made between the ‘victim’ who requires surgery and the less socially acceptable ‘agent’ who chooses ‘unnecessary’ surgery (Fraser 2003; Gill, Henwood and McLean 2005).

Thereby women’s choices in this context are not used as a discursive resource to legitimate a practice. Rather, they are negated on account of them being made in relation to a form of modification that is harder to place within ‘pleasure’ discourses in the same ways that might be possible for other beauty practices such as ‘having a facial’ (Stuart and Donaghue 2012). Instead, the choice to have breast augmentation is framed as a marker of diminished self-esteem, without reference to potential causes of low self-esteem such as potential social pressures around physical appearance.

iii. The coproduction of individual preference for large breasts and vilification of ‘individual choices’ for surgery

We will now focus on the ways in which the contributors to the online discussion attended to their own, personalised, preferences for large breasts whilst simultaneously vilifying those women opting to augment their breasts surgically. We see in the extracts below how ‘personal preference’ is constructed as being divorced from the social context of its production. Statements of personal preferences are presented as being in no way influential on the social and cultural messages that women take up and reproduce themselves.

Extract 6

... For myself, I like big breasts. But on a small girl, big breasts just don’t look good. I certainly wouldn’t encourage my gf to get implants (she doesn’t need them) and I wouldn’t, even if her breasts were smaller, because it’s just another example of ridiculous societal programming.

IT's not the fault of men that women think big breasts make them attractive, just like it's not the fault of women men base their masculinity on the size of their wang.

(Posted by: Tiny)

Extract 7

As a dude who loves boobs (especially biggish ones), I can say that implants are a total turn-off. I would rather a totally flat girl than a girl with implants. It is a major personality identifier to me—that someone thinks what they need in life is to have a big operation to shove foreign objects in their body to 'improve' their appearance. Fakes are almost always very easy to spot, too, which makes the woman involved appear a bit sad. Just like when you see some new clone actress, all peroxide and surgery.

Girls, it's OK to be flat! (Posted by: Allan)

Extract 8

I would just like to note, i am quite a small person,5'1, i have a small bum/frame and naturally large breasts. I love them and i would hate to be smaller.

However, if i did have smaller breasts, i would definetly NOT get fake ones. They look awful, and i've heard that they feel terrible too. Most girls who get them look ridiculous. (Posted by: LD)

As Wilkinson and Kitzinger (2003, 168) argue, the notion that 'all men love boobs' can be seen as a somewhat ubiquitous normative expectation in Western heterosexual culture. We notice how, in the comments above, Tiny and Allan both start their post by clarifying their genuine entitlement to comment on the issue by speaking as 'a dude who loves boobs' (extract 7), and as a man who 'myself, [likes]...big breasts' (extract 6). It is also interesting to note that even the female commenter here (LD) engages in a somewhat similar discursive manoeuvre by stating that 'I would just like to note... I have naturally large breasts. I love them and i would hate to be smaller' (extract 8). In a sense, these openings work to inform the reader that the writer should not be simply dismissed as some sort of 'strange' or 'abnormal' individual who has some form of preference for (or personal vested interest in the merits of) *small* breasts, lest they be accused of therefore being biased in their assessment of the merits of breast implants on such grounds.

While the two components of the first statement in extract 7 ('As a dude who loves boobs (especially biggish ones), I can say that implants are a total turn-off') appear at first to be slightly contradictory, the rhetorical trajectory becomes apparent when Allan states that it is better to be 'totally flat' than to have implants. Once again, whilst being 'totally flat' is constructed as slightly more desirable than having implants, it is still constructed as clearly *undesirable*. What appears to be a positive affirmation of women's natural bodies ('It's ok to be flat') actually helps construct a formulation in which implants are, in essence, *even* worse than the otherwise 'worst' case scenario of 'being totally flat'. One can begin to see here how these protestations against breast augmentation in many ways work to reinforce the very same social constructions that likely create 'desires' and 'needs' for such procedures within individuals in the first place.

Similarly, as a self-positioned arbitrator of his girlfriend's body, Tiny (extract 6) first ensures that the audience is aware that his 'gf' (girlfriend) does not *need* implants (that is, she does not have small breasts). Again he seems to be attending to a need to establish one's credentials as an appreciator of large breasts in order to be able to offer a 'non-biased' opinion on the issue of surgical augmentation. He then goes on to state, however, that '*even if*' his girlfriend did 'need' them (on account of her breasts being 'smaller'), he wouldn't encourage her to get implants. Again, in the use of 'even if' here we see a form of extreme case formulation (Pomerantz 1986) that works to construct breasts that are, in this hypothetical case, merely 'smaller' as somewhat of a 'worst case scenario' and in potential 'need' of intervention.

Thus, in all these accounts, a key element of the argument *against* the practice of breast augmentation becomes (somewhat ironically) the construction of 'smaller', 'small' or 'totally flat' female chests as sub-optimal at best and entirely undesirable at worst. Having established being 'totally flat' as a worst case scenario, the participants were then able to bolster their claims for the undesirability of breast implants by stating that they would not advocate such procedures '*even if*' someone was unfortunate enough to find themselves in such a predicament. Moreover, what is fascinating about these extracts is that, despite the quite blatant construction of 'bigger as better' within these very accounts, the social phenomenon of breast augmentation surgery is accounted for as an *individual* failure on the behalf of specific women to resist 'ridiculous societal programming' (extract 4). Thus, whilst Tiny draws upon notions of 'social pressure' to have larger breasts to account for (some) women's individual choices, his *own* 'personal preference' for 'big breasts' is not constructed

as a product of (or contributor to) any kind of social pressures relating to idealised female body shapes.

Finally, we would like to make a note on the gendered nature of this topic. While our analytic focus on the criticism directed towards woman undertaking cosmetic surgery meant that our analysis mostly represents the ways male contributors responded to the topic, there were some patterns observed in the female responses. The female contributors typically either made a statement of why they personally would not undergo cosmetic surgery (because they have ‘confidence’), or else they would state that other women get surgery *because* they lack confidence. There were, however, a couple of comments that directed the discussion towards social pressures. This example below was one of the most nuanced accounts of social influence.

Extract 9

... For the women who might take that stuff to heart, seriously to heart, they aren't going to believe you when you say you prefer them as they are, not with the contradictions to that seen everywhere they look. **This is not men's fault.** It's just, we see it everywhere, in all the places you men like to look, well, we see great, big boobies...

But if a woman has issues with her image and hasn't really come to terms with herself, she's may well be deeply affected by these images. She's going to think that to obtain control of her supposedly under-achieving body, she needs surgery to fix it. Which is why she should be sent to a therapist, not a cosmetic surgeon. She is the same woman who thinks she cannot be happy without a man... (Posted by: BD)

In this comment, despite the appeal to societal contradictions, the demonstrated sensitivity towards not being seen to be blaming men (the bolded text ‘This is not men's fault’) seems to result then in the bottom-line again returning responsibility to the woman who has ‘issues with her image’. Moreover, the suggested remedy is ‘therapy’ for the woman who has failed to ‘come to terms with herself’, rather than a call to *change* the societal conditions that are cited as producing such a state of affairs, or even some form of education campaign targeting men. One can think of the increasing popularity of such campaigns in recent times in relation to tackling domestic violence, in preference to approaches that have historically focused more on simply trying to ‘treat’ the self-confidence of women who stay in an abusive relationships.

Conclusion

We sought in this paper to address the issue of how female agency is constructed in naturally occurring discourse about elective cosmetic breast surgery. Our aim was to gain an understanding of the social consequences that women who have had breast augmentation are likely to be faced with, and the ways in which their supposedly ‘individual’ choices are reflected upon. Other analyses in the literature have looked at the ways in which the cosmetic surgery industry invokes notions of individual choice to argue against claims that such practices are problematic (for example, Braun 2009; Fraser 2003). That is, cosmetic surgery practices are produced as acceptable so long as women are *choosing* to have them. What we have shown in our analyses here, however, is that the ‘choice’ to actively change one’s body through cosmetic surgery was rendered an unacceptable bodily practice on account of it reflecting an inability of these women to accept themselves as they are. Indeed, women who had enacted this ‘choice’ were actually often strongly condemned and even pathologised. Such formulations are in line with recent arguments regarding neoliberal, post-feminist, prescriptions for women to understand themselves as being uncompelled by social pressures and the ways in which such prescriptions remove or limit people’s ability to talk about the social influences on their experiences (Baker 2010; McRobbie 2007).

The online news article discussion used as data for this research asked readers if they approved of the practice, and if men in particular should be worried about the ramifications of increasing rates of surgery. Thus, the particular context in which this naturally occurring discourse was produced is an example of how people (mainly men in this case) can construct a response to an apparent accusation that they are in any way responsible for increasing rates of cosmetic breast surgery amongst women. We found that most of the commentary defended against male or collective-level responsibility for female cosmetic surgery. Given the tone of the news article, this finding is perhaps unsurprising, and so we caution that this discourse would not necessarily be representative of the wide range of ways in which people can and do talk about cosmetic surgery. Certainly, the tone of the news article being commented upon did do some work to construct the practice of breast augmentation in a less than positive light. What was most interesting in the contributors’ responses were the specific ways in which blame was then redirected towards individual women rather than broader societal

critiques. This was primarily achieved by constructing women who opt for cosmetic surgery as lacking an appropriate level of self-acceptance.

What is of particular note in our analyses is that the vilification and pathologisation of women who have chosen to have breast augmentation was often achieved *despite* a simultaneous construction of larger breasts as ‘obviously’ (personally) preferable and small breasts as presenting somewhat of a ‘worst case scenario’. The implication of the ‘personal preference’ argument is such that women with smaller breasts are expected to rise above and resist this generally accepted socio-cultural preference for larger breasts. Moreover, they must not ‘cheat’ the system even if they were ‘unlucky’ enough to be endowed with what is being constructed as a deficiency. While people may have stated their personal preference for larger breasts, there is no sense in which such preferences are held in any way accountable for women choosing to have surgical procedures if they fail to meet the normative expectations of body shape that might satisfy this preference.

As Pitts-Taylor (2009, 122) argues, while cosmetic surgery can be a very personal experience, it is also a very public experience. The focus on the individual subject’s choosing to have cosmetic surgery fails to interrogate the ways in which women’s choices are reflected upon by other people, and the ways in which they could be seen to violate contradictory socio-cultural expectations. While decisions to have cosmetic surgery may allow women to feel better about themselves—or more ‘normal’ (Davis 2003, 76-77; Heyes 2007)—it can also open them up to a whole new set of criticisms, particularly if the procedure has visible effects.

Past research on the topic of cosmetic surgery has found that individual women’s choices are often celebrated in terms of an exercising of personal agency. Moreover, such ‘choice’ is commonly held up as the ‘antidote’ to a suggestion that the cosmetic surgery industry is ideologically problematic or that such practices might be a product of a patriarchal social order. As we show in our analysis here, however, when contributors to an online forum are asked to account for the existence of breast augmentation practices, they do so by constructing *individual women* who do choose to have breast surgery as either having personal deficiencies or psychological ‘problems’. Thus, there is a double-bind here in which women’s right to choose seems to be celebrated by those with an interest in constructing cosmetic surgery positively, but in which individual women who enact this choice are then vilified by those wishing to absolve men (or society in general) of any responsibility for creating pressures that promote the existence and uptake of the practice.

The particular ways in which this double-bind plays out in various discursive contexts shows that constructions of the notion of individual choice of the cosmetic surgery patient can be put to work in highly flexible ways. For the cosmetic surgery industry, surgery is relatively unproblematic because it reflects ‘empowered’ individual choices; however, this is only so long as the patient expresses a ‘normal’ level of psychological concern. As Heyes puts it, ‘the cosmetic surgery industry contributes to the production of a subjectivity that it then pathologises if enacted too convincingly’ (2009, 77). In the case of our study, these choices were constructed as entirely problematic. There was an assumption in these data that *all* cosmetic surgery patients are psychologically incapable of making ‘rational’ choices (see Sullivan 2008, 112). The only conceivably ‘rational’ subjectivity made available through this discourse is one where women choose *not* to have cosmetic surgery. The argument follows that if women are psychologically well-adjusted then they should not become susceptible to thinking they ‘need’ cosmetic surgery. While the cosmetic surgery industry’s ideal patient possesses a ‘normal’ level of concern (Heyes 2009), in our study the contributors showed no need to make such a distinction.

We have demonstrated in this paper the ways in which the complexities of agency are negotiated in societal discourse around cosmetic surgery. Specifically, we show how there is a contradictory expectation developed in these accounts that women should accept themselves as they are, *even if* their position in society is considered inferior. In essence, the flat-chested female is positioned as needing to accept her place in society as ‘inherently’ less desirable, content with the knowledge that ‘unnatural’ attempts at surgical modification would lead to her being seen as ‘even less’ desirable. What this achieves is the complete erasure of the possibility that ‘choices’ by *all* women (in relation to a whole suite of bodily practices) might be made in the context of constant societal pressures to meet idealised standards.

Heyes (2009, 91) argues that making the mentally ill a distinct category of person depoliticizes the issue, such that the responsibility lies with the person who is suffering from a psychopathology. This is in contrast to placing responsibility on societal ideals, which we have demonstrated can be discursively reproduced by people in the same context in which they deride those who aspire to meet them. We argue that these discourses do little to improve the situation because the notion that the individual women who elect for cosmetic surgery are solely ‘to blame’ for their experiences of body dissatisfaction fails to challenge problems at a societal level. What we have attempted to make clear in our analysis is that

although such critiques of women who have breast augmentation may appear to support positive ideals of self-acceptance amongst women, they are in fact discursively (re)producing the very discourses that create a social environment in which one might consider oneself in 'need' of breast augmentation.

REFERENCES

- ADAMS, JOSH. 2009. Bodies of change: A comparative analysis of media representations of body modification practices. *Sociological Perspectives* 52 (1):103-129.
- AMERICAN SOCIETY OF PLASTIC SURGEONS. 2010. Report of the 2010 plastic surgery statistics: 2010 quick facts. Available from: <http://www.plasticsurgery.org/Documents/news-resources/statistics/2010-statisticss/Top-Level/2010-Fullquickfacts-cosmetic-surgery-minimally-invasive-statistic-demographics.pdf> (accessed 1 September 2011).
- ASKERGAARD, SØREN, MARTINE CARDEL GERTSEN and ROY LANGER. 2002. The body consumed: Reflexivity and cosmetic surgery. *Psychology and Marketing* 19 (10): 793-812.
- BAKER, JOANNE. 2010. Claiming volition and evading victimhood: Post-feminist obligations for young women. *Feminism and Psychology* 20: 186-204.
- BORDO, SUSAN. 1993. *Unbearable weight: Feminism, western culture and the body*. Berkeley CA: University of California Press.
- BLOOD, SYLVIA. K. 2005. *Body work: The social construction of women's body image*. London: Routledge.
- BLUM, VIRGINIA L. 2003. *Flesh wounds: The culture of cosmetic surgery*. Berkeley CA: University of California Press.
- BRAUN, VIRGINIA. 2009. The women are doing it for themselves: The rhetoric of choice and agency around female genital 'cosmetic surgery'. *Australian Feminist Studies* 24 (60): 233-249.
- BROTSKY, SARAH, and DAVID GILES. 2007. Inside the 'pro-ana' community: A covert online participant observation. *Eating Disorders* 15 (2): 93-109.
- BROWNLOW, CHARLOTTE, and LINDSAY O'DELL. 2002. Ethical issues for qualitative research in online communities. *Disability and Society* 17 (6): 685-694.

- CUSUMANO, DALE L, and J. KEVIN THOMPSON. 1997. Body image and body shape ideals in magazines: exposure, awareness, and internalization. *Sex Roles* 37 (9/10): 701-723.
- DAVIS, KATHY. 1995. *Reshaping the female body: The dilemma of cosmetic surgery*. New York: Routledge.
- . 2003. *Dubious equalities and embodied differences: Cultural studies on cosmetic surgery*. Lanham MD: Rowman and Littlefield.
- DEBRITO, SAM. 2007. Breast implants this is getting sili. 22 March. Available from: <http://blogs.theage.com.au/lifestyle/allmenareliars/archives/2007/03/> (accessed 14 August 2009).
- DELINSKY, SHERRIE S. 2006. Cosmetic surgery: A common and accepted form of improvement? *Journal of Applied Social Psychology* 35 (10): 2012-2028.
- DUIJS LINDA, and LIESBET VAN ZOONEN. 2006. Headscarves and porno-chic: Disciplining girls' bodies in the European multicultural society. *European Journal of Women's Studies* 13: 106-117.
- . 2007. Who's afraid of female agency? A rejoinder to Gill. *European Journal of Women's Studies* 14:161.
- EVANS, ADRIENNE, SARAH RILEY and AVI SHANKAR. 2010. Technologies of sexiness: Theorizing women's engagement in the sexualization of culture. *Feminism & Psychology* 20: 114.
- FOLKARD, CLAIRE, ed. *Guinness World Records* 2003. New York: Bantam Books.
- FRASER, SUZANNE. 2003. The agent within: Agency repertoires in medical discourse on cosmetic surgery. *Australian Feminist Studies* 18 (40): 27-44.
- FREDRICKSON, BARBARA L., and TOMI-ANN ROBERTS. 1997. Objectification theory toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly* 21 (2):173-206.
- GAVEY, NICOLA. 1989. Feminist poststructuralism and discourse analysis: Contributions to feminist psychology. *Psychology of Women Quarterly* 13 (4): 459-475.
- . 1997. Feminist poststructuralism and discourse analysis. In *Toward a new psychology of gender: A reader*, edited by M. Gergen and S. Davis. New York: Routledge.

- GILL, ROSALIND C. 2007. Critical respect: The difficulties and dilemmas of agency and 'choice' for Feminism: A reply to Duits and van Zoonen. *European Journal of Women's Studies* 14: 69.
- . 2008. Empowerment/sexism: Figuring female sexual agency in contemporary advertising. *Feminism and Psychology* 18 (35): 36-60.
- GILL, ROSALIND C., KAREN HENWOOD and CARL MCLEAN. 2005. Body projects and the regulation of normative masculinity. *Body and Society* 11 (1): 37-62.
- GIMLIN, DEBRA. 2000. Cosmetic surgery: Beauty as commodity. *Qualitative Sociology* 23 (1): 77-98.
- HENDERSON-KING, DONNA, and KELLY D. BROOKS. 2009. Materialism, sociocultural appearance messages, and paternal attitudes predict college women's attitudes about cosmetic surgery. *Psychology of Women Quarterly* 33 (1): 133-142.
- HEYES, CRESSIDA J. 2007. Normalisation and the psychic life of cosmetic surgery. *Australian Feminist Studies* 22 (52): 55-71.
- . 2009. Diagnosing culture: Body dysmorphic disorder and cosmetic surgery. *Body and Society* 15 (4): 73-93.
- JEFFREYS, SHEILA. 2005. *Beauty and misogyny: Harmful cultural practices in the West*. London: Routledge.
- KOOT, V. C. M., P. H. M. PEETERS, F. GRANATH, D. E. GROBBEE and O. NYREN. 2003. Total and cause specific mortality among Swedish women with cosmetic breast implants: prospective study. *British Medical Journal* 326 (7388): 527-528.
- MCROBBIE, ANGELA. 2007. Top girls? Young women and the post-feminist sexual contract. *Cultural Studies* 21 (4-5): 718-737.
- . 2009. *The aftermath of Feminism: Gender, culture and social change*. London: Sage
- MARKEY, CHARLOTTE N., and PATRICK. M MARKEY. 2009. Correlates of young women's interest in obtaining cosmetic surgery. *Sex Roles* 61:158-166.
- MARKULA, PIRKKO. 2001. Beyond the perfect body: Women's body image distortion in fitness magazine discourse. *Journal of Sport and Social Issues* 25 (2):158-179.
- PITTS-TAYLOR, VICTORIA. 2009. Becoming/being a cosmetic surgery patient: Semantic instability and the intersubjective self. *Studies in Gender and Sexuality*.10 (3): 119-128.
- POMERANTZ, ANITA. 1986. Extreme case formulation: A way of legitimizing claims. *Human Studies* 9 (2-3): 219-229.

- ROSE, NIKOLAS. 1996. *Inventing ourselves: Psychology, power, and personhood*. Cambridge, England: Cambridge University Press.
- ROSE, NIKOLAS. 1999. *Governing the soul: The shaping of the private self*. 2nd ed. London: Free Association Books.
- SARWER, DAVID B, GREGORY K. BROWN and DWIGHT L. EVANS. 2007. Cosmetic breast augmentation and suicide. *American Journal of Psychiatry* 164 (7): 1006-1013.
- SOINTU, EEVA. 2005. The rise of an ideal: Tracing changing discourses of wellbeing. *Sociological Review* 53 (2):225-274.
- STUART, AVELIE, and NGAIRE DONAGHUE. 2012. Choosing to conform: The complexities of choice discourses in relation to feminine beauty practices. *Feminism and Psychology* 22 (1): 98-121.
- SULLIVAN, DEBORAH A. 2001. *Cosmetic surgery: The cutting edge of commercial medicine in America*. Piscataway NJ: Rutgers University Press.
- SULLIVAN, NIKKI. 2008. The role of medicine in the (trans)formation of 'wrong' bodies. *Body and Society* 14 (1): 105-115.
- TIEFER, LEONORE. 2008. Female genital cosmetic surgery: Freakish or inevitable? Analysis from medical marketing, bioethics, and feminist theory. *Feminism and Psychology* 18 (4): 466-479.
- UK plastic surgery statistics: Breasts up, ears down. 2011. *The Guardian*. Available from: <http://www.guardian.co.uk/news/datablog/2011/jan/31/plastic-surgery-statistics-uk> (accessed 1 September 2011).
- VAN LENNING, ALKELINE. 2002. The system made me do it? A response to Jeffreys. *Feminism and Psychology* 12 (4): 546-552.
- WHITEHEAD, KALLY, and TIM KURZ. 2008. Saints, sinners and standards of femininity: Discursive constructions of anorexia nervosa and obesity in women's magazines. *Journal of Gender Studies* 17 (4): 345-358
- . 2009. 'Empowerment' and the pole: a discursive investigation of the reinvention of pole dancing as a recreational activity. *Feminism and Psychology* 19 (2): 224-244.
- WILKINSON, SUE, and CELIA KITZINGER. 2003. Constructing identities: A feminist conversation analytic approach to positioning in action. In *The self and others: Positioning individuals and groups in personal, political, and cultural contexts*, edited by R. Harré and F. M. Moghaddam. Westport CT: Praeger.

WILLIG, CARLA. 2008. *Introducing qualitative research in psychology*. 2nd Ed. New York: McGraw Hill.

WOLF, NAOMI. 1990. *The beauty myth*. London: Vintage.

ENDNOTES

¹ For further discussions of these debates see Braun 2009; Gill 2008; Duits and van Zoonen 2006; Evans, Riley and Shankar 2010; Fraser, 2003; Pitts-Taylor 2009; Tiefer 2008.

² As an anonymous reviewer pointed out, however, in some contexts (such as Iran) evidence of cosmetic surgery can be displayed with pride. There seems to be multiple interpretations and contexts in which beauty practices should either be displayed, or downplayed.

³ A naturally occurring data source is pre-existing data that was not originally generated for research purposes.

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