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RETHINKING CONSUMER EMBODIMENT: A PRACTICE BASED VIEW OF BREAST
AUGMENTATION

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ABSTRACT

The body is integral to consumption. Consumers feed, groom, dress, adorn, and alter their bodies. However, relatively few studies examine the body as a site of enquiry. This research seeks to understand the body as a site of consumption and draws from a long-standing tradition in sociology that treats the body and identity as intertwined in a personal project whereby the body is shaped through desired identity/ies. In this way, the body is framed as an obstacle that may either block identity projects, or as a static possession to be modified in line with these values. However, questions remain as to the ongoing process of shaping, interpreting and experiencing the body. I ask what are the embodied factors that contribute to ongoing body change, and what is the role of social others in shaping consumers intimate preferences? My research answers these questions through extended netnography, coupled with in-depth interviews of young women's experiences with breast augmentation surgery. My findings show how the body and body management acts as a contested site of identity and involves complex social relations. I find that consumers experience their bodies through a desired identity, but that this desired identity is shaped by market-mediated materials, social others and the passage of time. Family and friends seek to make the body social by providing their own opinions and knowledge in ways that stabilise and destabilise consumer plans over the body. I find that consumers must continuously engage in a process of re-working their expectations, desired identity and body throughout the process of wanting, planning for, and receiving body-modification.

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AUTHOR DECLARATION

I declare that the thesis comprises only my own original work towards the Doctor of Philosophy except where indicated in the preface; and that due acknowledgement has been made in this text to all other material used. Finally, this thesis is fewer than the maximum word limit in length, exclusive of tables, maps, references and appendices.

Aphrodite Vlahos

20/12/2019

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CHAPTER ONE

INTRODUCTION - CONSUMPTION, IDENTITY AND THE BODY

The body is integral to consumer culture, yet few studies explicitly treat the body as a unit of analysis. This has improved over the past five years, as consumer research has increasingly turned towards the body and embodiment. But, within social science scholarship, embodiment refers to a theoretical approach that considers the body as a dimension of human experience and knowledge (Shusterman 2012; Atkinson 2012). Consumers use the body to explore and engage with the environment such as surfing (Canniford and Shankar 2013), mountain climbing (Tumbat and Belk 2011), and running (Chalmers et al. 2013); to endure sensations of pain or pleasure (Goulding et al. 2009; Scott et al. 2017); to dress (Scaraboto and Fischer 2013; Thompson and Haytko 1997) and costume (Seregina and Weijo 2017, Thompson and Üstüner 2015); and to work on appearance and body shape through exercise (Albinsson et al. 2017; Brace-Govan 2010), tattooing (Bengtsson et al. 2005, Patterson and Schroeder 2010, Roux and Belk 2019), or body modification (Askegaard et al. 2001, Pentina et al. 2009, Schouten 1991). In this sense, the body is used to practice and experience consumption.

A long tradition in sociology and cultural studies has linked the consuming body to identity, as an outside signifier of an internal self-concept and identity (Featherstone 1991; Goffman 1968; Giddens 1991; Turner 2012). From this theoretical perspective, identity-based consumption is malleable (Giddens 1991), and thus the body itself can be theorised as a malleable feature of consumer identity (Featherstone 1991, Turner 2012). This is the case both in the external appearance of the body (Featherstone and Hepworth 1989) and the internal experience of being in the body (Goulding et al. 2009).

Indeed, these studies highlight how bodies and body parts are constructed socially and historically (Schilling 2003, Turner 2012). This is best highlighted in studies examining how

the attractiveness of body parts has changed over time. For example, Entwistle (2002) underscores how fashion models in the 1990s were valued for how underweight or emaciated they appear, in stark contrast to the aerobicised limbs of the 1980s. In his work, he shows those who embody the characteristics considered to be most attractive enjoy more work and higher salaries than their more voluptuous counterparts. In much the same way, breasts are no different, in that over the course of history, different interpretations of beauty have been applied – the small breasts of the 1920's gave way to the voluptuous hourglass shape of Marilyn Monroe in the 1950's, to the barely-there breasts in the 1990's (Bordo 1997). These are all examples of how bodies are subject to social construction over time, such that different bodies become prized, thus increasing the desire to attain them. These studies provide some contextual insight into the 'context of context' (Askegaard and Linnet 2011). That is, underscoring how bodies are subject to social forces which change the way they are interpreted or valued and can therefore highlight how bodies, much like possessions are viewed as an aspect of identity and self.

This thesis focuses on the body and body management as an aspect of identity to better understand how consumption is used to manage and modify the body as both an experience and based on appearance. But how can we understand why consumers choose to modify the appearance of their body in line with a desired identity? Prior research that explores identity and the body suggests that individuals are continuously working on the appearance of their bodies as projects (Shilling 2003).

This idea of the body project emanated from early studies of contemporary consumer culture within sociology. These studies depict consumers as interested in the accumulation of material possessions as signifiers of wealth and social standing (Featherstone 1991). For example, Mike Featherstone (1983) explored a popular comic strip in the UK from the 1960's -- 'The Midlife Style of George and Lynne' as depicting consumer culture through a married

couple who have an accumulation of clothes, art and friends. Featherstone (1991) argues that George and Lynne reflect a set of consumer cultural values back onto the society they portray, by showing how wealth, possessions and social networks, not to mention the (often semi-naked) body should be displayed conspicuously.

Figure 1- *Snippets from the 'Midlife Style of George and Lynne' (circa early 1980s).*



During the 1980s, sociologists became interested in the body as another aspect of consumer life that could be moulded, shaped and adorned in the same way as physical possessions (Featherstone 1991). The body, it was argued, can be worked on in the same way that material possessions that adorn one's home or walls can be evaluated, bought or removed. Referring to Figure 1 above, the bodies of George and Lynne are commonly on display in these strips, depicting their aerobicised limbs and full breasts as another form of possession to be acquired and shown off.

Sociologists have previously considered these practices that shape and show-off the body as body work, such that the body becomes a material possession (Gimlin 2007). Through this, feminist authors and sociologists have extended this line of thinking by

referring to cosmetic surgery as conspicuous consumption, whereby women seek an 'augmented' appearance that signifies to others that the work has been carried out in order to better embody a consumerist ideology (Bordo 2007, Gimlin 2012, Zayer et al. 2012).

The body project is a useful concept to explain how consumers come to view their bodies as something to be worked on in line with their desired identities. Shilling (2003) suggests that with so much of consumer culture fascinated with the appearance and upkeep of the body, the body should be theorized as constantly changing as identities or desires shift. This work undertaken on the body can take two routes: the mundane, depicted in dressing (Thompson and Haytko 1997), dieting (James et al. 2011), exercise and makeup application (McCabe et al. 2017); and the more extreme, seen in piercing, tattooing (Patterson and Schroeder 2010, Bradshaw and Chatzidakis 2016) and plastic surgery (Schouten 1991). This thesis will focus on the latter -- the extreme aspects of body modification -- to understand how consumers make decisions that influence the appearance of the body. This is particularly important because it is unclear how consumer identity shifts to facilitate the evaluation of these very permanent choices.

Because bodies and body appearance are part of identity construction, prior research describes that the body and identity work together. For example, prior research shows how bodies can block identity projects, given that the physicality of the body dictates which kinds of appearance are possible (Thompson and Haytko 1995; Seregina and Weijo 2017). Equally, research has considered body modification and identity as shifting together, albeit as a singular transition (Schouten 1991). Schouten (1991) explored plastic surgery as a means of attaining a desired identity. However, he did not consider how or why identity may then shift and alter the evaluation of the decision. Hairstyles, for instance, may change as a consumer experiments with different aspects of identity, but a tattoo remains a permanent reminder of an identity that may no longer be valued or relevant. Researchers have often failed to pay

attention to the body as a project; that is, framing the body in a constant state of becoming. For this reason, it is less clear how the body comes to change over time as identity shifts, and how this impacts its evaluation, modification and management. Examples of the body changing over time are seen in the development of skills that allow a consumer to move from beginner to novice (Maciel and Wallendorf 2017). In this sense, Maciel and Wallendorf's (2017) findings resonate with the idea of a body project; in this case consumers' bodies are being developed (improving ones sensory capacities) in line with their identity as beer aficionados.

From where do such internalised or ideal states of bodily identity originate? In consumer research, phenomena like body change and body management are typically theorised as individual pursuits driven by images of the 'good life,' or individual goals (Schouten 1991, Crossley 1995, Roux and Belk, 2019) For example, body modification is undertaken individually to conform the body with broader societal pressures to appear a certain way (Askegaard et al. 2002). In this thesis, I assume that body modification is an individualised pursuit that is practiced within systems of knowledge, images and ideals disseminated through a variety of social sites and media. I pragmatically consider how consumers come to make the decision to alter the appearance of their bodies by focusing on their everyday interactions with the world using their bodies. In doing so, I adopt a practice theoretical approach to consider how bodies may facilitate or block everyday activities such as dressing or social events, which may lead to women viewing their body as malleable in their efforts to control their bodies before and after surgery. Nevertheless, it is clear that social interactions also influence the images that define and motivate body projects (Shilling 2003). For this reason, I also consider the role of family and friends in facilitating or derailing the evaluation, decision-making and embodiment of an ideal body. I seek to contribute to

current thinking on embodiment, identity and the role of social networks on consumers' personal consumption choices.

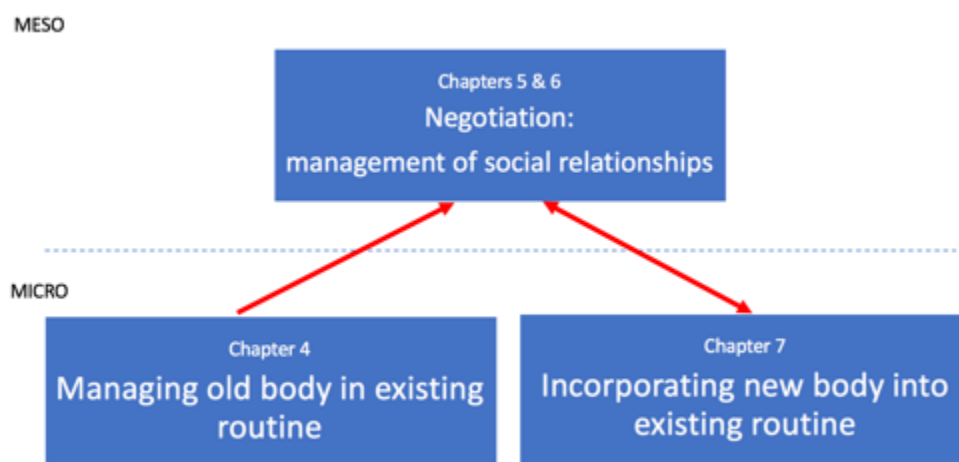
So far, I have explained how the body and identity may be tied together. However, questions remain as to how the body may act as a site of fluidity when identity shifts. What is the role of social others in shaping or negotiating the surface of the body? How it is done? The aim of this thesis is to address these gaps, by bringing forward the idea that the body within consumption is in a constant state of becoming. Moreover, I show that the body acts as a site of sociality and contestation, which can derail certain identity projects, causing consumers to revise them and even discard them.

Overview of Chapters

In order to conceptualise the ongoing nature of the unfinished body, this thesis first outlines the relevant literature within consumer research related to identity, the body and consumption. I then describe how taking a practice theory lens can help scholars to understand embodied consumption as a fluid enterprise that shifts as identity does over time. In Chapter 3, I outline my methodological approach for studying body projects. I explain the motivations for studying women's experiences with breast augmentation using sustained netnography and in-depth interviewing. I then present four chapters of empirical findings that segment the individual consumer trajectory before and after surgical intervention; and the role of social others on consumer choices onto their own bodies. Utilising a practice theory approach to understand the body in consumption, Chapter 4 sheds light on the role of the body in daily practices to underpin why consumers sometimes seek to change their appearance. I also consider the role of social others on the body to better understand how decision-making plays out on the body. In Chapters 5 and 6, I present findings that suggest how close and distant (i.e. online) social others facilitate or derail body projects. In order to

consider how personal decisions for surgery, as well as the negotiation across social networks manifests in the body after surgery, Chapter 7 explores the body after surgery and how women come to incorporate their new body into their daily lives. I consider the role of anticipated versus unanticipated changes in understanding how the new body is managed and evaluated. An overview of these elements is presented in Figure 2.

Figure 2 – *Dissertation Overview*



Each empirical chapter ends with a brief discussion section to document the contributions of the findings to consumer research and transition to the next chapter. The findings of this thesis show how the body relates to embodiment, identity and the role of social networks on consumers' personal consumption choices. Finally, Chapter 8 concludes the thesis by summarising the core contributions and limitations of this research project, as well as the future research possibilities it hopes to inspire. Across these four empirical chapters, two levels of analysis are employed. Chapters 4 and 7 employ a micro-level approach to practice theory (Schatzki 1996) by considering how consumers' routinised, daily activities are impacted by their bodies before and after surgical transformation. Chapters 5 and 6, in contrast, take a meso-level approach to practice theory (Swidler 2002) by considering the

social practices that underpin breast augmentation. In particular, I explore how the meanings and decisions surrounding breast augmentation are negotiated and carried out among members of personal and online networks.

CHAPTER TWO

BODIES, SOCIAL LIFE AND PRACTICES - AN OVERVIEW

In order to arrive at a conceptualisation of the body as an ‘unfinished’ and ongoing project within the context of consumption, my literature review first synthesises the consumer research literature that theorises identity in relation to the body. Next, I turn to explain the concept of a body project, which views the body as constantly being worked on in line with a desired identity (Shilling 1993). I then bring forward the idea that body projects can be studied as a set of practices to understand how meaning around the body shifts, and consumers are motivated to change. Lastly, I consider how practices are also social to

consider how social others can influence the meaning and perception the body. This chapter concludes with the research questions that have been developed from this line of theorising.

IDENTITY AND THE BODY

In this section, I conduct a select review of the literature on identity to consider how the body is tied to identity. As I described in Chapter 1, scholars in sociology have long tied identity and identity-management to the body. Within consumer research, we see instances of identity being tied to the body across research studies. Below, I outline five approaches to understanding identity as it relates to the body: fragmented, fragile, fixed, negotiated and fluid. These are discussed in detail below.

The Body as Fragmented. Theories of postmodernity espouse the self as highly fragmented and constantly evolving (Giddens 1991). This view has been used within consumer research to suggest that consumers often change in line with their desired identity projects (Arnould and Thompson 2005, Shankar et al. 2009). The use of possessions (Belk 1988), clothing (Thompson and Haytko 1997, Ferreira and Scaraboto 2016) or community (Schouten and McAlexander 1995) is also paramount to this fragmented self. For example, Ferreira and Scaraboto (2016) show how consumers utilise plastic footwear in their expression of self across life stages and life roles. This approach corresponds to Bradshaw and Chatzidakis' (2016) observation that consumer research typically frames the body as an object or a surface to be adorned. This approach assumes that bodies can block the performance of certain identities. For instance, consumers who cos-play ruminate that their own body shape dictates what kinds of characters they can conceivably embody (Seregina and Weijo 2017). Likewise, college students discuss their body shape as impacting what clothes they can and cannot wear (Thompson and Haytko 1995). This suggests that the body

may act as to block some identity projects, by hindering particular forms of identity expression.

The Body as Fragile. Consumer researchers are also aware of the relationship between body and identity as fragile. In this conceptualisation, identity is considered as fragmented, yet these fragments are problematic in that they break down easily, causing discomfort or shame. McAlexander et al. (2014), for instance, discuss the difficulty of ex-Mormon consumers' 'shattered identities' as they struggled to adjust to life outside of the church. Without an institutional pillar for identity to lean on, the new self (divorced from religion) struggles to make identity-based consumption choices, ranging from dress, to leisure activities. Similarly, Üstüner and Thompson (2014) describe the experience of Turkish squatters being unable to reconcile their past identities, tied to modesty and frugality, with their future desires for consumerism. Finally, Bradshaw and Canniford (2010) describe how the fragility of bodies can lead to shame and stigma bodily excretions emerge in public, thereby threatening identity. This research suggests that identity can change, but is also fragile, and raises potential questions related to the role that the body plays in shifting and stabilising embodied ideals. In light of these fragile identities, consumers appear unwilling to change their bodies, their tastes and their mannerisms, suggesting that the body cannot map onto all facets of identity. Moreover, it is unclear whether a consumer would actively want to change their body each time identity is challenged, recalibrated or changed.

The Body as Fixed. The body and self are theorised as relatively fixed when consumers compare their bodies to social ideals (Ostberg 2010). In particular, this view theorises the outside world as changing in trends and tastes, while the body is evaluated based on these. In this sense, identity and body can become fixed together. In his research on the male body, Ostberg (2010) explores how the body is compared to social values surrounding masculinity (large muscles or penis size) that may cause anxiety or

embarrassment. Thus, permanent body modifications are sought. Studies of plastic surgery, much like weight loss, tattooing or piercing, assume that modifications are used to embody a desired identity, which may be constructed based on internalised ideals from the social world (Schouten 1991; Askegaard et al. 2002; James et al. 2011; Roux and Belk 2019). These studies suggest that some consumers reject the idea that they are tied to the physicality of bodies and will work to change body parts in order to live out a desired identity that resides within their minds or fantasies. Therefore, unlike identity which appears to be fluid, the body is conceptualised as a one-time change, used to resolve tensions between identity and the body in that moment.

This approach allows us to understand how a non-complying body is altered in line with an internalised desired self. Yet in doing so, the body transitions, from body X (before) to body Y (after) with little rumination about the transition process that exists between these bodies. Prior research has typically focused on the reasons consumers choose to modify their bodies (Askegaard et al. 2002; Pentina et al. 2009) or the psychosocial outcomes following modification (Schouten 1991). In this sense, we have an understanding of how an ‘ideal’ is constructed, or what happens after an ideal is attained, yet it is unclear how this transition plays out and the way in which consumers learn to embody change. Within consumer research, we also acknowledge that change can be processual – however, the body is not featured in this view. Processual change is typically framed in terms of market-level change or in consumption over time (Giesler 2012; Scaraboto and Fischer 2013; Parmentier and Fischer 2015, Thompson and Giesler 2015). A more nuanced approach to process may offer a way forward in thinking about the body and in understanding how the experience, evaluation and modification of bodies can change.

The Body as Negotiated. So far, I have described the body and identity as an independent pursuit. However, a question that begs consideration is how identity and body

are negotiated at the social level. One way to think about this is through the service provider who allows a consumer to embody their idealised appearance, such as a tattooist (Bengtsson et al. 2005; Patterson and Schroeder 2010). Here, the body becomes social when consumers enlist others to help them enact their vision onto their bodies. Group membership is another way that bodies can become social, as belonging is an important tenet of consumer identity (cites). When consumers join groups of likeminded others, norms and values are communicated that binds them together and shapes group identity (Muniz and O'Guinn 2001, Schau et al. 2009, Scaraboto and Fischer 2013). This approach has focused on how group identity can shift consumer practices, such as when new tastes or activities are acquired to signal group membership.

Another way of considering the negotiation of identity and body is through contestation. For example, plus-size consumers experience contestation and tension between their bodies and the market which does not cater to their body (Scaraboto and Fischer, 2013). In their work, Scaraboto and Fischer (2013) describe being plus-size as contentious due to social values surrounding slenderness, and the fashion designers who only envision these bodies as wearing their clothes.

Similarly, body modification practices, like Botox or tattooing are considered a contentious or stigmatised practice (Giesler 2012; Patterson and Schroeder 2010). For this reason, social others may have opinions about the surface of the body of their spouse, friend, or family member. This is important because it points to the limitations of considering the body work or management as an independent pursuit. With the exception of support networks that attempt to help consumers along their journey to body transformation (i.e. Moisio and Beruschaschvili 2010, James et al. 2011), it is unclear how values, goals or decision-making surrounding the body can differ over time through interaction with social others. Therefore,

despite an acknowledgement that identity is formed socially, we are limited in understanding the role that social others play in shaping the body.

The Body as Fluid. The final approach to the body and identity considers both as fluid and changing together simultaneously. Within this view, the body and self mutually reinforce one another so that change in the body may be a catalyst or result of identity shift and vice-versa. Prior research has already foreshadowed the body as a site of fluidity; for instance, the consumption of drugs can alter the body, emotion and mood (Goulding et al. 2009). Smell has an effect on memories (Canniford et al. 2018). Pain can also alter the evaluation and subjective discussion of body (Scott et al. 2017). Yet, how would a shift in identity impact the body? Practically speaking, we already know that consumers will attempt to present their tattoos differently across different spaces (i.e. at work versus with friends, Roux and Belk 2019). This promotes a two-pronged interpretation: on the social (meso) level, the body may be interpreted differently across contexts or social groups. On the individual (micro) level, it also begs the question of how that tattoo changes as identity shifts. A 19-year old consumer with a tattoo may evaluate that same tattoo differently at 28, 48 and 68 years of age. Will the consumer alter the initial design to breathe new life into it? Will the consumer attempt to remove all traces by burning it off the surface of the body? Here, the body is a site of fluidity in line with identity, and both are evaluated and evolve simultaneously. It is here, at the site of body and identity as fluid, that I seek to position this thesis. By doing so, I argue that we may be able to arrive at understanding of the body and identity as continuously becoming and adapting over time. This may allow us to move beyond the one-time transition that body modification is sometimes thought as.

So far, I have outlined five approaches to studying the body and have advocated for an approach that considers both the body and identity as fluid and ongoing. I have also argued that social others play a role in shaping identity, and this line of theorising should be

extended to the body. In the next section, I turn to consider the body project as a conceptual approach to study the body and identity as continuously becoming.

BODY PROJECTS

In this section, I outline the concept of the body project, which enables me to research the evolving nature of the body and its appearance. The idea of the body project was put forward by Chris Shilling (1993). In line with the ideas presented above, Shilling suggested that the body should be viewed as a malleable entity that can be worked on as part of an individual's self-identity. Body projects involve an individual "becoming actively concerned about the management of the body and recognizing the body as both a personal resource and as a symbol which gives off messages about a person's self-identity" (Shilling 1993: 4).

The body project offers a useful way to think about the unfinished nature of *always actively* working on the body (Gill et al. 2005, 40). Therefore, some examples of body projects and the active construction of self may be seen in practices such as dieting (Moisio and Beruschasvili 2010), exercise (Thomas et al. 2013), religion (Sandikci and Ger 2010), seeking alternative medicine (Thompson 2005), psychological services and body modification (Schouten 1991; Askegaard et al. 2002).

Indeed, prior research has recognised the idea that body modification works to match an internalised idea of the self with the outside (Schouten 1991; Askegaard et al. 2002). However, as I have previously explained, the transformations are usually documented as a one-time change – going from an unhappy pre-surgical state to a satisfied post-surgical state. This is helpful in understanding the reasons why consumers seek to change their bodies (Askegaard et al. 2002), or the psychosocial outcomes that follow change, such as divorce or a new career (Schouten 1991). However, we are limited in understanding the process by which the body moves through evaluation, modification and recalibration with identity

following surgery. The use of the body project offers a way forward to understand the nature of body and identity as mutually developing. By framing both body and identity as unfinished, or ongoing, we can better understand the active nature of working on both the body and identity simultaneously, and how one informs the other.

Further, the body project is also useful for thinking about societal pressures. Shilling (2003) argues that the physical body, wider social forces, and the interaction between the body and the social world are all important to the conceptualisation of a body project. Particularly in Western societies, body work is considered part of identity work (Featherstone 1991; Giddens 1991; Shilling 1993). Shilling (1993) argued that in late-modernity, individuals have an unprecedented degree of control over their bodies, notably because consumers have been made responsible for the appearance and management of their own bodies (Giddens 1991). In this sense, consumers carry out diets, exercise regimes, plastic surgery, piercings or tattoos to fit their bodies to reflexive identity projects and maintain social standing. Indeed, Shilling argues that in Bourdieu's (1984) terms, the body can be used a source of symbolic capital not only based on what the body can do, but also by how the body looks, and how closely it embodies current fashions and trends. Returning to the bodies of 'George and Lynne' (Figure 1), both the physical appearance of their bodies, as well as the clothing and jewellery which adorn them can be considered as forms of symbolic capital to gain social standing in the world.

Finally, the body project is a mode of self-expression that is reinforced by consumerism (Featherstone 2010). Body projects are attempts to construct and maintain a coherent and viable sense of self-identity through attention to the body, particularly the body's surface (Featherstone 2010). Therefore, as identity shifts, the body project undoubtedly shifts too. This provides more nuance into understanding how identity, which

changes across contexts, proximity of social others and shifts in cultural norms and values, impact the decisions made over the body.

Having now summarised some key literature on the body and considered how consumer identity as tied to the body and its appearance, I now turn to outline and evaluate current approaches to studying the body. Given the interests of this thesis in understanding the embodied and social factors that contribute to the body and management of the body, I explain how practice theory offers an enabling theoretical lens to advance my research agenda.

CURRENT THEORISATIONS OF THE BODY

So far, I have explored consumer identity as tied to the body. I have discussed that the body, and knowledge about the body, can be constructed in multiple ways. In order to consider the body as ‘unfinished’ and continuously worked on as part of consumer identity work, I now consider how to study the body to develop these insights. Accordingly, this section outlines three current approaches to studying the body. I first outline an institutional approach to the body, which explores how society inscribes values onto bodies. The second approach is an individual approach to bodies, which privileges the role of the individual’s body in shaping the world around them. Finally, I outline practice theory as a way of studying the body, which elides a structure/agency debate and enables a processual approach to understanding body projects that contributes to our understanding of bodies and identities as *becoming*.

Macro-Views of the Body: Bodies Inscribed by Society

Prior consumer research has explored the body, or the decisions that consumers make on their bodies, based on a sociohistorical view that looks to social structures to explain how individual consumers’ actions are shaped. This view is helpful in understanding how society,

norms, and institutions (i.e. the church, the prison) shaping individual action and feelings to comply with societal standards of attractiveness.

One approach to the social body explores societal structures and discourses more broadly. For instance, Foucault (1978a) views societal discourses as imprinted onto bodies. In particular, Foucault's early genealogies trace norms as a result of observation and measurement within society. Individuals considered to be outside of these norms were labelled deviant, and through this, norms become more than a yardstick, but a means of controlling and disciplining the body. Foucault argues that our actions are not exactly agentic, rather people internalise these norms and then manage their behaviours through the fear that they will be labelled as deviant if they transgress societal standards (Foucault 1978b).

As a theory, Foucault has been utilised within Consumer Culture Theory (CCT) research to understand how higher-order structures in society come to dictate behaviours or activities surrounding the body. For example, the concept of governmentality has been applied to understand the creation of responsible consumers via political messaging (Chatzidakis et al. 2012; Giesler and Verasiu 2014), and nutrition labelling (Yakhlef 2015). Moreover, pictures of oneself posted online (i.e. selfies) have been a site of interest, through self-gaze, discipline and adherence to social norms (Rokka and Canniford 2015; Tiidenberg and Cruz 2015). These studies show how bodies become *docile* when higher-order structures related to government, politics or social norms inscribe the body.

This stream of research is significant because it explains why some consumers modify their bodies or elect for plastic surgery, particularly in domains outside of marketing. Specifically, feminist researchers and sociologists use Foucaultian theory to argue that women who have plastic surgery do so because societal expectations of being young, thin and attractive are imprinted onto women's bodies (Bordo 2013; Martin 2015). This work develops a classic institutional view of the body in consumer culture that I explore further in

Textbox 1 - 'Sociohistorical Bodies.' In summary, cultural narratives of cosmetic surgery frame women as 'dupes' who are manipulated into surgery through popular media and an internalised gaze.

On the one hand, taking this view of the body allows us to better understand the structures within society that dictate what is considered attractive, and how consumers may be coerced to comply to 'fit in.' On the other hand, this way of understanding the body and consumer culture more generally has been criticised for portraying individuals as relatively powerless to choose and control their bodies (Shankar et al. 2006, Burkitt 2008). This is to say that by framing the body project via the structures that shape consumption, a reader may conclude that body work is only undertaken to comply with societal expectations. This may limit our understanding of identity and body as ongoing and unfinished because less emphasis is placed on the micro-level processes related to how and why body and identity shift, and whether this occurs simultaneously. Ultimately, this thesis seeks to move away from this line of theorising toward a more holistic understanding of consumers to understand the body project as occurring on both an individual and a social level.

Textbox 1 – Sociohistorical Bodies¹

Plastic surgery is not always viewed favourably by society or academics at large. Many feminist and cultural researchers draw from a sociohistorical view of women's bodies that I have described so far in this chapter, arguing that women who engage with plastic surgery are cultural 'dupes' - someone manipulated by advertising and fashion into mass conformity (Horkheimer and Adorno 1947). Through this view, feminists who have studied plastic

¹ Textboxes are intended to be read as independent side-notes to provide relevant details without distracting from the ongoing narrative of this dissertation.

surgery argue that women are vulnerable within a society that tells them they should be thin, attractive and have proportional features. For instance, Bordo (2013, 250) writes that “the very advertisements whose copy speaks of choice and self-determination visually legislate the effacement of individual and cultural difference and circumscribe our choices.” Bordo views women’s bodies as *hollow* because cultural norms and values have already been inscribed onto them, such that our decisions are not our own but are rather defined by cultural values of ‘thinness’ or ‘symmetry.’ From this view, many streams of feminist scholarship have made similar comments. In short, do not be duped by the idea that objectifying images and practices are somehow subversive because an individual woman has made them “her own” (Martin 2015).

Indeed, feminist authors Kathy Davis (1995, 2007) and Cressida Hayes (2009) build upon the work of Foucault to explore how women’s bodies are surveilled and patrolled through normative forces such as advertising. In marketing terms this is important, for ‘anyone’ could be a potential candidate for surgery because no body can be considered ‘normal,’ based on the unattainable views of femininity and attractiveness promoted in mass media. To consolidate this using a practical anecdote, over 70% of women seeking labiaplasty consider themselves to have abnormal genitalia (Sharp et al. 2016); from a medical perspective, however, huge discrepancies exist in the size and shape of female genitalia (Lloyd et al. 2005).

Within these markets, women’s bodies become ‘docile bodies,’ able to be “...subjected, used, transformed and improved” (Foucault 1978a, 135). This has been an overarching theme of analysis of women’s narratives to undergo plastic surgery since the 1980s. The body is normalised by society, and any effort to change it is in relation to bring it more in line with these values (Featherstone and Hepworth 1986). In both instances, women

are viewed as failing to make active choices over their bodies, but are instead reproducing cultural norms and expectations about how they should look.

Even within consumer research, a well-documented narrative exists that consumers are responsible for the surfaces of their body (Tiidenberg and Cruz 2015). Failure to keep fit, slim and young have been treated as signs of a “flawed self” (Featherstone 2010, 195). In this sense, consumer researchers also draw from institutionalised views of bodies to suggest that women who have surgery are coerced by a society that demands it and media that normalises these ideals. For these researchers, it is not an option to resist cultural expectations to look a certain way. Feminist author Cressida Heyes (2007) writes that the woman who chooses to opt out is not resisting cultural norms. Instead, she is labelled as lazy or weak, and becomes a rhetorical device used in media to encourage other women to comply. Studies that explore advertisements selling body modification procedures add weight to this line of thought. Mello (2012) found that advertising messages for Botox, a wrinkle relaxant, promote greater societal risks associated with not using the product, such as looking aged or sullen, than in discussing any risks that may be associated with their use (see also Giesler 2012).

Taken together, there are many negatives associated with body modification. Such debates underpin discourses that stigmatise plastic surgery. Women who get plastic surgery are merely following consumer culture or are producing unhealthy stereotypes related to vanity, ageing and slimness (Askegaard et al. 2002; Giesler 2012; James et al. 2009, Schouten 1991). Surgical or cosmetic enhancements are deemed unnecessary, risky or subversive by researchers – particularly in the feminist sphere – rendering the women who engage in these procedures as dramatic, shallow or weak (Bordo 2007). Therefore, in considering this approach to the body, I argue that by privileging the analysis of structures

that may push consumers into considering body modification surgery, this merely reinforces the lack of agency or ‘dupe’ status of those consumers who chose to have it.

Micro-Social Views of the Body: Individual Bodies

A second approach to studying the body is centred at the level of the consumer and privileges individual action. Here, individuals' senses, actions and experiences are the focal area for analysis. For example, within psychology, the theory of methodological individualism views social outcomes as propelled by individual action (i.e. Thompson et al. 1989). From this prospective, consumers are defined as agentic and responsible for the actions they take in their lives. In contrast with institutionalised views, this theoretical approach views individual human activity as the basis of knowledge creation.

One approach at the individual level that is central to the consumer research is phenomenology. A phenomenological approach to the body is embedded in the theories of Merleau-Ponty (1962) and his followers and views the body as an important marker of the social world. Phenomenology considers people as *subjects* of culture, not *objects* to be studied in relation to culture (Merleau-Ponty 1962, Csordas 1990, 1992, Wolputte 2004). This approach focuses on the active role of the body in shaping the social world around that person. Merleau-Ponty (1962) argues that perception begins in the body and then moves to objects in the world. For instance, a boulder is already in the world, but it may not be an obstruction until an individual encounters it. It is during this interaction with the world that necessary skills like climbing or side-stepping are developed to move past it (Csordas 1990). Over time, these ways of *doing* become culturally elaborated, such that these individual actions are both creations and reproductions of the social world (Csordas 1993).

Consumer research also conceptualises the body as active, thinking and feeling. For instance, the experience of pain at a Tough Mudder event allows consumers to escape from their mundane lives by seeking out pain (Scott et al. 2017). Moreover, research has also

studied the role of the body in assisting consumers to experience and enjoy art via the senses (Joy and Sherry 2003). In these instances, this approach to the body allows us to better understand how actions at the individual level may arise from interaction with the world.

In thinking about how individual action and bodies should be privileged, prior research in body modification has also sought to understand the micro-social aspect of consumer lives, in controlling their body or bodily appearance (Schouten 1991). This line of research considers what we may gain from understanding the experience of body modification, rather than prioritising the role of societal pressures to appear a certain way. A small subset of feminist researchers outside the field of CCT have advocated for greater research that prioritises women's voices in their justification for surgery (Gimlin 2010, 2013). Past research has shown that consumers feel empowered by their ability to control their own appearance (Gagné and McCaughey 2001); and that this control improves body image (Sarwer and Cash 2008), as well as confidence in relationships (Sarwer 2015). Similarly, Victoria Pitts-Taylor (2003), upon reflecting on her own experience with plastic surgery, wrote that while we should be aware of social pressures and beauty standards. she received a rhinoplasty while studying women who had undergone cosmetic surgery and argued that we must also consider how consumers enact choice and control over their bodies.

Although important in understanding how consumers exercise choice and control over their lives, these micro-social approaches also tend to ignore the societal structures that shape individual action. Therefore, although Merleau-Ponty (1962) and Csordas (1993) consider how individual action is culturally constituted as the basis of social life, it is unclear how these culturally elaborated meanings got there in the first place. For example, within consumer research, Roux and Belk (2019) take a phenomenological approach to understanding body modification. In doing so, they privilege the actions of their informants in understanding the decision to tattoo the surface of their body. This has implications for

understanding how consumption occurs and suggests consumers will decorate their bodies in similar ways to how they may decorate their homes or offices (Arsel and Bean 2013). Such an approach may therefore show how identity and the body are in a process of continuous development. Yet, this approach also misses a critical link that Arsel and Bean (2013) make -- an account of consumption choices that are grounded in the social world. It does not take into consideration how choices, such as this tattoo over that tattoo, or this lamp over that lamp, become socially mediated.

I argue that both the micro-social and institutional approaches to the body are useful ways to consider the body in relation to identity, but equally, they are problematic because they stress one side of a structure/agency continuum while tending to underplay the other. This debate to social theory is mostly encapsulated in studies of the body, which must also consider the body as a subject or as an object of culture (Budgeon 2003, Crossley 2012, 1995, Giddens 1991, Turner 2012, Shilling 1989) These debates have advocated for a middle-ground approach that collapses the dualism and focuses on both the lived body and the body as inscribed by culture. Similar calls have been made within consumer research whereby researchers have called for an epistemology within CCT research that explicitly connects the structuring of social explanatory frameworks with the phenomenology of lived experiences (Askegaard and Linnet 2011, Borgerson 2005). To better understand the lived experience of embodied consumption therefore, a middle-ground approach is needed that can acknowledge the micro-social context, accounted for by the consumer, but is also inscribed by a larger socio-historical context. I next explain how a practice theoretical lens can be used to consider both the individual and social levels of analysis, acknowledging how individual action shapes the body in the social world, but also how this action can be motivated and shaped by a variety of social forces.

Meso-Level Views of the Body: Practice Theory

A third approach to studying the body lies in a meso-level approach that enables the researcher to move between the macro-social and individual level of the body. Important to our understanding of the body-as-subject versus the body-as-object is that these approaches are viewed as two sides of the same coin. Mark Crossley (1996) argues that, from an embodiment perspective, subject/object dualisms are mutually informing and complementary because they are different aspects of consumer embodiment. There is benefit in considering both the social aspects of the body shaped by the cultural world, and the *thinking-feeling-doing* body, as interacting and responding to the cultural world. We stand to gain a more coherent and richer understanding of the body by considering both the individual and social aspects of the body (Newton 1998). This approach allows us to look to social structures that may dictate what kinds of appearance are valued (and not valued), while also exploring how decisions to modify the body become manifest in consumers daily lives and experiences.

One means of adopting a meso-level approach to the body is practice theory. According to Reckwitz (2002, 250), a practice is “a routinised way in which bodies are moved, objects are handled, subjects are treated, things are described, and the world is understood.” Practice theory is therefore concerned with understanding the relationship between individual actions (agency), and the structures that govern their use and meaning. Practice theory therefore looks to the individual as a source of knowledge about the world; but practice theory also depends on the broader society that anchors the meaning of the practice.

Practices are defined differently by various scholars. They include human doings, materials and meanings (Shove et al. 2012); bodily or mental activities, the role of *things* and their use, know-how, states of emotion and motivation (Reckwitz 2002). The benefits of taking a practice-theory approach are that it explores individual consumers’ doings, and the

broader cultural meanings that surround and order them. Specifically, I argue that practice-theoretical approach may therefore illuminate the processes by which the body, which is used in everyday activities, comes to be evaluated as needing modification.

Practice theory is a varied area of study. Some practice thinkers view practices as mundane, unconsciously performed acts, such as showering, dressing and eating (i.e. Phipps and Ozanne 2017, Reckwitz 2002). Others look to practice theory to explain conscious single life events whereby the practices performed are envisioned, planned and performed (i.e. parenting Epp and Thomas, 2019). Both of these views see practices slightly differently and form the basis of differing parts of this thesis. Importantly, what joins these approaches together is the development of shared understandings that demonstrate competencies that reinforce social order, while also allowing these shared understandings to vary (Schatzki 1996, 2010). To describe these, I will outline shared understandings and practical understandings respectively.

Practice thinkers usually acknowledge the structuring and coordinating import of agreements, negotiations, and other interactions in social settings (Schatzki 2010; Swidler 2002). One form of shared understandings is seen via constitutive rules, which refers to a social meaning that helps to define and anchor practices in place (Swidler 2002). For instance, ‘faithfulness’ is a social value that dictates which practices are appropriate – such as praying, or veiling - and which are not (Sandikci and Ger 2010). Swidler argues that institutions pattern social life via discourses that legitimise particular goals, and deligitimise others. To put this more succinctly, consumers’ practices are bound by the social context they are carried out in, which inscribes them with meaning.

Moreover, practical understandings relate to embodied competencies of how to conduct a practice – whether it is riding a bike, brushing one’s teeth, or trying on clothing (Schatzki 2002: 78). Practices are carried out through acquired skills and knowledge about

the social world (Schatzki 2002). These practical understandings therefore relate to ‘knowing how’ to act within a social world. Through this they are usually tacit or unspoken, but there is also evidence to suggest that they can be consciously reflected on, particularly when the practice breaks down (Phipps and Ozanne 2017).

It bears relevance to note that this view of practical understandings shares similarities with Bourdieu’s (1977) conceptualisation of habitus. Bourdieu theorises that individuals consciously and unconsciously acquire skills and knowledge about their social world. Habitus refers to an embodied, tacit understanding of the social world. Individuals use this knowledge to act in ways that are socially valued within a given field. For example, in choosing apartment furnishings (Arsel and Bean 2013) or publishing images in a fashion blog to acquire an audience (McQuarrie et al. 2013). Important to note is that, Bourdieu (1984) typically refers to habitus as static once these values become embodied dispositions. This point has been highlighted previously by Maciel and Wallendorf (2017) who critique habitus by showing how middle-aged male consumers, who have already embodied predispositions of social meaning may learn secondary tastes *within* a given field by becoming beer aficionados.

However, unlike habitus, practical understandings are continuously developed over time as the task, practice, or meaning changes. To underscore practical understanding within consumer research, consider the example of apartment decorating (Arsel and Bean 2017). In their work, a simple practice, such as picking out a vase, is bound by the shared understanding related to the style of the home or the aesthetic being ascribed to (modern, mid-century, minimalist etc.). The authors describe this as a taste regime, “a singular, centralised authority such as an influential magazine or blog”, which communicates these values, and to which consumers adhere to (Arsel and Bean 2013, 900). However, with multiple options and styles of vases available, a consumer not only requires a shared

understanding of what these trends are; but also a practical understanding of knowing which vase – which colour, shape or height – to buy. In this way, a consumer may ascribe to a *soft modern* decorating style (shared understanding); but must also inscribe their own individual taste onto the practice of sorting, evaluating and selecting from options (practical understanding). Here, practices that are anchored to individual pursuits are inscribed with cultural meaning.

In this thesis, I argue that practice theory provides a relevant lens for considering body modification and body management because it theorises the body as an integral component of carrying out activity, which is both social and individual. In the previous chapter, I argued that I seek to position embodied consumption as continuously evolving and socially bound. To show how practice theory applies to such a view, I draw from Schatzki's (2010, 2015) work on the material and the social. Three elements to practice theory should be unpacked, which are fundamental to furthering our understanding of the body. The first is materials that are fundamental to practices; the second is bodies are assumed to be social; and the third relates to the alignment of doings, materials and meanings. These are outlined next.

The Role of Materials. Objects are necessary components of any practice because they allow an individual to carry out activities such as dressing with clothes, playing soccer with a ball, or turning a door handle. Reckwitz (2002: 253) suggests that materials “enable and limit certain bodily and mental activities, certain knowledge and understanding.” A tie, for instance, requires embodied competence to knot it, as well as practical understandings related to which knot for which occasion, or when they should be worn (and not worn). Schatzki (2010) argues that materials and practices are intimately tied in what he terms practice-arrangement bundles². These bundles are slices of social phenomena, in which lives hang

² Schatzki has elsewhere referred to practice-arrangement bundles as nexuses of practices and arrangements in 2010; and then simply as arrangements and materiality in 2012, before returning to practice-arrangement bundles in 2015. These terms appear to be used interchangeably across his works and infer the same concept of

together and significance is provided. For example, a game of American football requires multiple material elements including (at the least), an area of grass/dirt, demarcated goals, a ball and players on opposing teams. Upon these materials, many practices occur—huddling, shouting plays, throwing the ball, catching the ball, running for a touchdown. In this sense, practices are inseparable from bundles in that they effect, use and give meaning to them (Schatzki 2015).

From this perspective, some elements of materials have greater significance. Some physical properties of materials can make practices easier or harder – a bicycle can make the practice of commuting to work easier, but only when both tires are inflated and functioning. Materials also carry different meanings according to the practice. Schatzki (2010) argues that materials are stable, but their meaning reflects their use within a practice. For instance, a door handle can be used to open a door, but it can also be used to hang dry-cleaning or a hat. Finally, material objects can develop social relations between bodies. For instance, a couch can bring people together in the practice of socialising. Taken together, consumers routine practices are likely to be tied to materials, which subsequently impacts the meaning of the material and the practice.

The Social Body. At the core of practice theory lies a different way of seeing the body. This means more than just thinking about how we use our bodies to carry out practices, as was described above with practical understandings, but it also includes the meaning that surrounds a body is social. A practice is social, as it is a *type* of behaving and understanding that appears at different locales, points of time, and by different bodies. Schatzki (2012, 22) says: “[h]umans are trained to be sensitive to normativity. Because of this, the normative organisations of the practices that they have been carrying on, form a context in light of

the interrelation between practices and materiality. For ease of use I maintain the term practice-arrangement bundles throughout this thesis.

which they usually proceed.” In this sense, shared social meanings drive practices, such that consumers’ lives hang together through the meanings which governs certain practices. An example of this may include covering one’s mouth to sneeze, or saying goodbye before hanging up the telephone (Schatzki 2010, 2012). Practices which digress from shared meanings can disrupt the *smoothness* of the task at hand. The body is therefore, “not only a carrier or patterns of bodily behaviour, but also of certain routinised ways of understanding, knowing how and desiring” (Reckwitz 2002: 250).

Shared meanings are also important in other arms of practice theory. Drawing from Swidlerian (2002) practice theory, which considers the sociality of practices. Swidler (2002) argues that some shared meanings are more important than others because they help to provide meaning and structure to practices. These are referred to as constitutive rules, and denote those shared meanings which anchor certain practices in place and explain why something ‘is what it is.’ These constitutive rules are important social meanings or values, such as individualism or faithfulness that provide meaning to practices like leaving ones familial home to start a family, or donating money to a church.

Further, Schatzki (2012) argues that some practices require the presence or action of others to be carried out. The practice of football, for example, requires people, viewers and umpires to work together to carry out the practice. In Chapter 1, I described that consumers sometimes rely on others to carry out decisions over their bodies. A hairdresser works to achieve a consumers’ desired end in the same way that a tattooist imprints a desired appearance onto the body (Patterson and Schroeder 2010). These approaches to understanding the sociality of practices allow us to understand how lives hang together amid practices, norms and material arrangements which support social life. Importantly, the meaning that holds bodies together is not static, but rather is constantly changing depending on contextual circumstances (Schatzki 2010). As previously explained, tastes and practices

can evolve over time, as consumers may take up new hobbies or activities over their lifetime (Maciel and Wallendorf 2017). In doing so, consumers can encounter new groups of people who may cause them to reflect on their routine practices, tastes or preferences; and reorient their practices in a more meaningful way. Importantly, this highlights that practices are often breaking down and changing, which leads to the next element – the interrelation across practices, materials and the meaning which holds them together.

Interrelation across Doing, Material and Meaning. Practice theory seeks to understand interrelations between objects (materials), doings (competencies) and meanings in the performance of practices. Practice thinkers emphasise that for a practice to work, there must be an interrelation across these three elements (Magaudda 2011, Shove et al. 2012). This is also reflected in Schatzki's (2002) work, who focuses on the interrelation of objects, doings and meanings and refers to this as a teleoaffective structure – a linking of ends, means, and moods appropriate to a practice. Consumers carry these teleoaffective structures and embody them when they engage in practices (both independently and with others) that make sense to them. For example, simple acts like laundry require dirty clothes (material), the embodied competence to sort colours from whites, and the shared social meaning that clean clothes are better than dirty ones. There must be a linking between all elements within a practice to achieve the teleoaffective state – i.e. clean clothes. Prior research has acknowledged that when materials, meanings and doings work together it provides an unarticulated smoothness to everyday practices (Phipps and Ozanne 2017).

However, past research has shown that this *smoothness* is fragile and continuously breaking down and redeveloping. One means of disrupting practices is when the teleoaffective structure that governs a practice breaks down. For instance, Phipps and Ozanne (2017) show that during drought when water is scarce, the meaning surrounding cleanliness shifts from a prerogative to a luxury, causing consumers to feel uneasy about routine

practices like dish washing or laundering clothing. Another way that practices become disrupted is when the elements associated with the practice-material arrangement do not align. For example, in their study on time and skiing, Woermann and Rokka (2015) argued that the materials, rules, understandings and procedures all must be aligned to experience the desired end of enjoyment. Misaligned practices provoke an undesirable end state, such as feeling dragged out or rushed. Together, these studies can highlight how when and how consumers, marketers or even institutions engage in intervention when practices falter. That is, when the composition between doings, materials and meanings breaks down, or produces negative end states, change is typically sought to re-gain alignment.

Practice theory seeks to understand how consumers routine practices are developed, evaluated and break down based in interaction with the social and material world. Specifically, I argue that the breakdown of practices -- via the arrangement of the practice, or via the teleoaffective structure -- can highlight how and why consumers seek to change their own bodily appearance. The next section expands on this foundation and outlines the research questions for this thesis. In particular, by exploring consumer practices, materials and meaning, as well as the subsequent breakdown of these practices and their meaning, we may arrive at a conceptualisation of body and identity as ongoing and unfinished.

In the next section, I outline how practice theory may allow us to better understand the body project by bringing this concept into the daily practice of consumers' lives. I present my research questions for this thesis.

BODY PROJECTS AS A SET OF PRACTICES.

Although Shilling did not put forward a theoretical approach to studying body projects, he has previously advocated for an approach to the body that balances a social and individual approach (Shilling and Mellor 1989). Shilling (2008, 182) argues that “to rob the

body of its own history and characteristics...is to neglect how our embodied being enables us to remake ourselves by remaking the world around us.” In doing so, he has suggested that if scholars are interested in how the body is a source of, and a location for, social forms we need to think of the body as simultaneously physical and social, shaped by social relations and structures. I argue, therefore, that taking a meso-level approach to the body is aligned with Shilling’s own theorisation of the body. I therefore use this line of theorising as the basis of this thesis.

In what follows I develop the idea that the body project may be studied as a set of practices. By doing this, I aim to consider how routinised forms of doing become viewed as problematic, which cause individuals to seek change. There are several reasons to think of the body project as a set of practices. First, it allows us to think about how the body, as part of a practice-arrangement bundle, may be subject to change through misalignment. The second relates to viewing the body project as a set of practices. I argue that viewing body projects via practices in consumers everyday lives may offer insight into the unfinished nature of the body. Finally, I argue that by drawing from a social view of practices, we are able to consider the body project as a social pursuit.

First, practice theory can as be used to explore body change through practice alignment and misalignment. As described previously, Schatzki (2002) stressed the importance of the interrelation within a practice-arrangement bundle, which is comprised of doings, materials and meanings to achieve a desired end. Yet past research has also shed light on how this interrelation can become destabilised. For instance, Seregina and Weijo (2017) argue that the materials within these practice-arrangement bundles change over time, as cos-players come to realise that they can outsource aspects like sewing or sequinning to maximise their fun (meaning) within the practice. As I described previously, when there is an interrelation across doing, material and meaning the practice is stable; yet when the meaning

shifts and the practice is unstable, consumers feel insecure and uneasy in their practices, which may prompt change (Phipps and Ozanne 2017). Drawing from this line of theorising, we may therefore consider how the practice-arrangement bundle may come to facilitate or constrain consumer desires to seek change in their body project. Put another way, we can utilise practice-arrangement bundles to understand how body projects are facilitated or constrained by elements within the bundle.

Second, I argue that by viewing the body project as a set of practices, we are able to understand change to the body through routine. Routines are taken-for-granted everyday practices (Shove 2003). Yet when consumers engage in these daily practices, such as dressing, grooming or interacting with others, the meaning around the body may shift; such as when a favourite pair of jeans suddenly feel more snug than before. Here, the meaning of the body may change from accepted to unaccepted, given the interaction between the body and a piece of clothing, prompting the consumer to seek change. By tracing these routine experiences and unpacking the materials, meanings and doings that underscore them, we may better arrive at a conceptualisation of the body in a constant state of becoming. Thus, rather than viewing body change as a one-time transition, consumers may be constantly monitoring, evaluating and tweaking their bodies through their daily habits and practices. Together, this line of theorising has led me to my first research question:

Research Question 1 – What are the embodied factors that influence the evaluation and practicing of the body?

I seek to underscore how body modification is sought based on consumer interactions with the social and material world. In particular, I seek to explore the social meanings that underpin consumer practices.

A final reason that a practice-theoretical approach to the body is useful, is because of its emphasis on the social. As previously described, practice theory asserts that social life exists within a sphere of shared meanings (Schatzki 2001). I also described that some of these shared meanings are more important than others (constitutive rules) because they provide meaning to consumer actions, plans and practices.

This is particularly relevant when considered from the context of body modification practices, such as piercing, tattooing, or elective cosmetic surgery, because these practices are often contested (Giesler 2012). Despite a growing uptake in body modifications, a stigma is still attributed to many of these practices, meaning that these procedures may be met with resistance by some members of society (Bengtsson et al. 2006, Giesler 2012, Bradshaw and Chatzidakis 2016). I argue that the sociality of consumer practices may come to impact consumers body projects. Specifically, consumers who seek to change their appearance may be met with resistance within their personal networks or broader society. Therefore, while the idea of a body project may suggest that individuals have a sense of control over their bodies because they are able to change it, there are times when consumer decisions become social (i.e. Arsel and Bean 2013). This has led to my second research question:

Research Question 2 – What is the role of social others in shaping consumers’ intimate practices?

I use the term intimate practices to describe those practices that effect how the self is evaluated – such as those related to one’s own body project. These are practices which are deeply personal and are likely to be related to appearance or to personal matters. My research seeks to understand the role of close social others in supporting or opposing a consumers’ plans for body modification, based on the shared and contested meanings that are held over

the body. I will use this to understand how consumers develop preferences and take action based on their interactions with others.

In particular, I will take a social view of practice theory via constitutive rules, which suggests that consumer practices are anchored by shared meanings (Swidler 2002). I will consider how multiple constitutive rules surrounding body modification may exist, which may help to explain why some members of society support it versus others who oppose it. I use this to underscore how social practices of support and discouragement may shape consumers body projects, as they work to manage the meanings of surgical modification that others place onto their bodies and plans.

Before concluding, it is worth noting that there is an abundant literature on social influence theory in consumer research (i.e. Turner 1991) and social psychology (i.e. Cialdini and Goldstein 2004, Cialdini and Trost 1998). Though it is not the goal of this thesis to outline these experimental studies (see Dahl 2013 for a short review in consumer research), there is a long-standing history of research acknowledging the power of others on the decisions that consumers make. Though this thesis acknowledges this abundant literature, the goal of this thesis is to consider sociality from a CCT perspective, using practice theory. I do this by exploring the processes by which consumers manage and negotiate with their social networks, how they defend their choices over their bodies and/or how consumers incorporate different opinions into their own practices. The role of social influence within consumer research is explored in greater depth in Chapter 5 and 6. My study seeks to gain a rich understanding of how consumers come to manage, negotiate and incorporate the opinions of others into their own personal preferences by studying how social others may facilitate or disrupt consumers' body projects.

Summary

This chapter has outlined an approach to study the body as a body project, which conceives of the body as a malleable entity that can be changed according to one's own identity. In doing so, I provided an overview of contemporary views of the body and put forward a practice-theoretical lens as a means of studying the body project. This approach allows me to consider how everyday practices may come to shift the meaning around the body, prompting consumers to seek change. In the next chapter, I outline my methodological approach to study the research questions derived from this literature review.

CHAPTER THREE

STUDYING THE BODY PROJECT: AN OVERVIEW OF METHODS

In this chapter, I outline the research procedures to study embodied consumption. As described in the previous chapters, this research is motivated to understand both the social and embodied levels of consumption related to the body. This decision was arrived at inductively, as I began gathering data related to women's experiences with their surgeries, it was clear that social dynamics played a key role in the choices women made over their own bodies. Therefore, alongside women's motivations to seek change, this dissertation has also focused on understanding social influences, conflicts and negotiations in the context of body

modification. The methods undertaken focus on capturing data on the body across the individual and the social level. For two years, I gathered consumer narratives in interviews and online forums to capture consumer experiences of their bodies and their social interactions. While this approach provided rich stories of women's experiences with cosmetic surgery, it did not allow for data to be collected on embodiment. For this reason, I also employed a visual analysis of the body through online videos and photos shared in closed forums. These methods and their rationale are described in more detail next.

Social Context of this Study: Breast Augmentation

Breast augmentation is the surgical modification of female breasts using silicone or saline implants. This surgery is a popular and growing choice among young women – with over 350,000 procedures performed each year, equating to over \$1Bn in the United States alone (Abdifar 2016, ASAPS 2018). Recent trends in cosmetic surgery indicate that younger consumers aged between 18-34 are increasingly seeking modestly sized breast implants to achieve a subtle or *natural* appearance (Stagnone 2016). Cosmetic surgery, when framed in this light, can be seen as a legitimate way for consumers to pursue change for a body that they may not view as congruent with their own identity.

Cosmetic surgery offers an interesting theoretical context to consider embodied transformation, because it alters the appearance of a body part. Cosmetic surgery therefore operates as a specific means of achieving a body - or body part - that is more closely aligned with a consumers' ideal identity (the body project). However, unlike more socially acceptable forms of body management, such as dieting or exercise, cosmetic surgery may be stigmatised in broader culture (i.e. James et al. 2011; Moisio and Beruschashvili 2009). Cosmetic surgery is also unlike tattooing or piercing, which adorn the surface of the body (Patterson and Schroeder 2010; Roux and Belk 2019) because it changes the construction of the body.

Moreover, the majority of research in cosmetic surgery (with the notable exception of Gimlin 2012) considers the motivations of consumers to have surgeries across the face and body (Askegaard et al. 2002, Schouten 1991). This approach yields a nuanced understanding to understanding of surgery broadly – such as understanding how surgery fits into consumers’ identity projects (Schouten 1991) or the stigma of surgical modification (Patterson and Schroeder 2010). However, this approach to cosmetic surgery does not allow us to understand deeply one body modification approach and the varied experiences across different bodies.

Studying breast augmentation surgery specifically has a number of important implications for CCT. The first is that female breasts are intimately connected to female identity, female sexuality or sexual expression, as well as playing a core maternal role (Bordo 1997, Gimlin 2012, Langton 2009). Female breasts play an important and complicated role in signalling self and sexuality. For this reason, many authors have considered breasts, or the presentation of breasts, as a part of gender performativity (Butler 1988). Indeed, feminists like Deborah Gimlin (2013) have written of breasts as central to societal expectations of what a woman should look like -- curvaceous and appealing to the opposite sex (Gimlin 2013). Although cosmetic surgery to the breasts is socially acceptable to some social groups, it is also a stigmatised practice (Giesler 2012). Some feminist researchers argue that it is a practice carried out by naïve or insecure women to please others (Bordo 1997). For example, Pamela Anderson is presented as a ‘bimbo’ with peroxide hair and large fake breasts as a means of deterring plastic surgery through disassociation with this trope (Gagné and Mcgaughey 2002). Cosmetic surgery is therefore a contentious topic, which may cause tensions within and across social networks. This is particularly relevant for understanding the social influences over the body.

Many stereotypes abound in this context. For example, many people consider the image

in Figure 3 as an accurate representation of breast augmentation. Or, heterosexual women are assumed to have breast augmentation at the behest of a romantic male partner. A now infamous story circulated in 2017 of 22-year old Hong Kong beauty blogger Berry Ng, who reportedly underwent 30 plastic surgery procedures to please her boyfriend. These ideas in popular culture suggest that women have surgery to please partners or to appear voluptuous or feminine. Research in cosmetic surgery and consumer research has concluded the same: the majority of women report being supported by social others (Pentina et al. 2009) and view romantic partners as a motivating factor to get breast augmentation (Solvi et al. 2010).

Vlogger Hayley described this phenomenon in her YouTube videos, explaining that she would watch plastic surgery shows and see that “there would always be men that go in (to doctor’s consultations) with their wives and (say) ‘she should be like this.’” These stories add weight to feminist author Natalie Angier’s (1999) contention that women’s breasts do not belong to them, but rather to their husbands, lovers and greater society. Feminist researchers explain how women’s bodies and body projects are for the satisfaction of others (Gimlin 2013). Men expect women to carry markers of femininity and youth: smooth skin, full lips and perky breasts (Angier 1999). Therefore, they support and expect body work that moves women towards this end.

Figure 3: *Popular Culture Assumptions of What Breast Augmentation Looks Like*

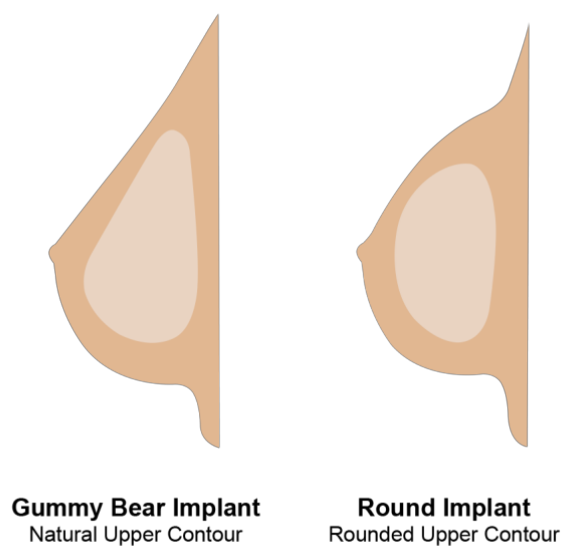
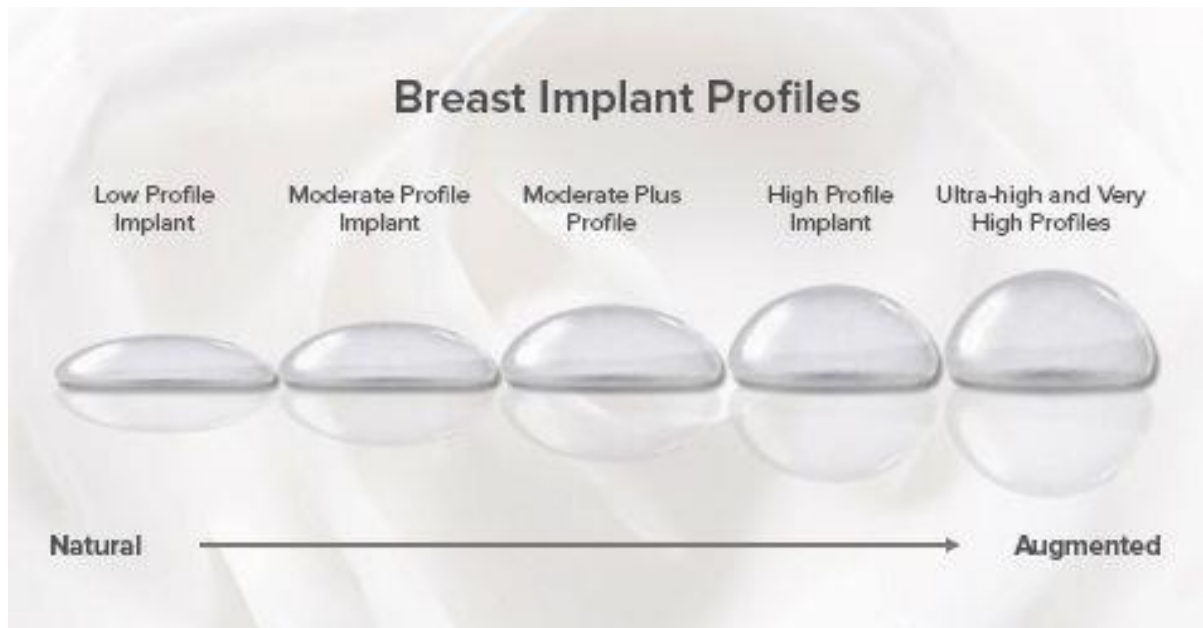


Moreover, female breasts are closely tied to market-mediated material such as clothing, shapewear, bathing suits and intimate apparel. Beyond their role in conveying femininity, breasts are clothed, shaped, squeezed together, hoisted and padded with materials intended to accentuate breasts or hide them away. As previously explained, materials play an important role in consumer practices (Schatzki 2010). Breast augmentation surgery therefore offers a unique opportunity to consider how materials (i.e. clothing) and the body interact, and the meaning that emerges that may trigger modification.

Finally, cosmetic surgery is elective and is driven by consumers' desires. Consumers usually begin with little existing knowledge about breast augmentation. They must gather information about the procedure, the costs, aesthetic choices, associated risks and the outcomes of surgery. Consumers undergoing breast augmentation surgery are expected to make a number of choices, such as their doctor and the size, type (silicone vs saline), shape (round versus anatomical) and profile (moderate, moderate plus, high, ultra-high, ultra-high plus – see Figure 4) of the implant. They must also decide the location of the incision (under

the breast fold, through the areola, or via the bellybutton or armpit) and the technique used to place the implant inside the body (manually or using a funnel). Consumers have many choices to make with no *correct* answer – each choice has an associated pros, cons and risks. For example, a consumer who does not want scarring, may choose to not have the incision placed under the breast fold. Selecting an incision through the nipple may sever her milk-ducts, which may obstruct her ability to breast feed. An incision through the bellybutton or armpit may appear a better suited option. Yet this choice means that the consumer must select a saline implant, as the incision point is so small that only an empty implant shell may be rolled-up, inserted, and then filled with fluid once positioned in the breast pocket. Implants filled with saline solution are considered ‘old fashioned’ implants that many cosmetic surgeons no longer advocate based on safety and aesthetic reasons (Heidekrueger et al. 2018). These examples demonstrate the complexity of this consumption practice and provide insight as to why many consumers join online networks, such as RealSelf.com, and seek the opinions of others during their cosmetic surgery journey.

Figure 4: *Overview of Breast Implant Shapes*



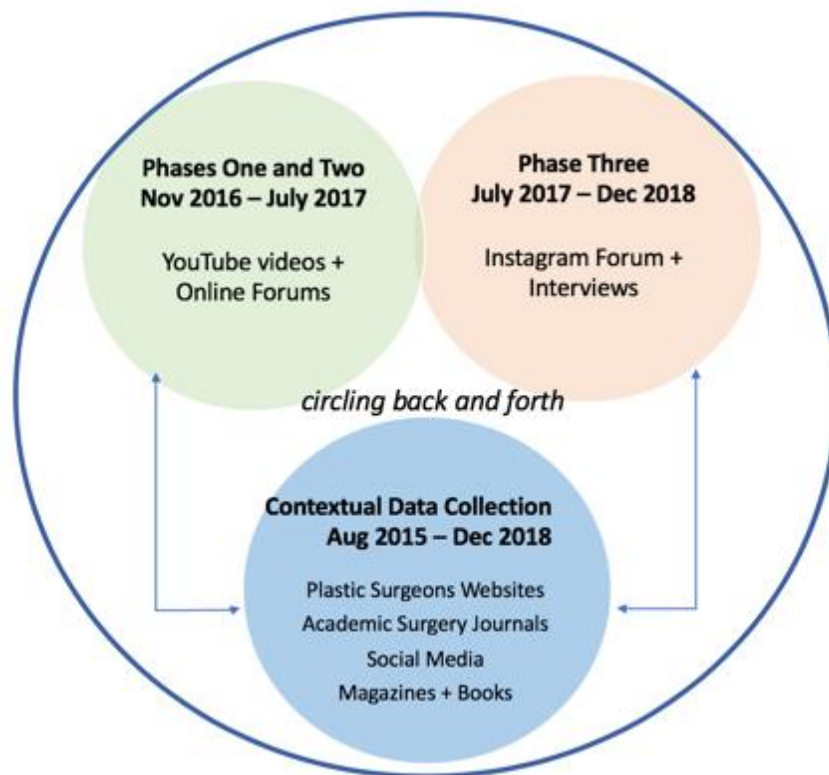
OVERVIEW OF THE DATA COLLECTION PROCESS

The research design of this thesis combines both secondary and primary data collection. The primary research occurred over three phrases and is summarised in Figure 2. In phase one, beginning in August 2015 and until the completion of the study, I collected secondary data from books, magazines, news clippings and plastic surgery publications. In this process, I discovered women were filming and publishing their recovery from surgery as

video series on YouTube (vlogs). My first phase of data collection involved analysing these vlogs as women recorded their experiences with breast augmentation. Insights from phase one included discovering that these women seek information in online forums on Instagram.

My second phase involved exploring these online forums to understand how women helped one another by sharing information, interacting and offering advice about how to manage their social relationships in the real world. During this time, I also gained access to a private Instagram community. After months of observing, tracing and participating in conversations online, I utilised my roughly 90 netnographic interactions with users as a way to recruit participants for formal interviews (Kozinets 2015). In the third phase, I conducted 20 formal interviews recruited mainly via the private Instagram page. These procedures are described in more detail below.

Figure 5 – Overview of the Data Collection Process



CONTEXTUAL DATA

I began collecting supplementary materials to contextualise my data (Askegaard and Linnet 2011). Beginning in mid-2015, I sourced relevant data from news articles, medical research, books and women’s magazines. The selection of these data were based on the most popular or most widely discussed in their respective fields. I began by collecting information from the institutional bodies that govern breast augmentation in the United States, the American Society of Aesthetic Plastic Surgeons (ASAPS). The ASAPS also has an international peer-reviewed journal which publishes research in plastic surgery techniques and aesthetic trends over time, such as a rise in more natural looking breast augmentations (Stagnone 2016). It was here that I learnt about the differences in breast implants and incision approaches. I chose other journals based on their popularity. I then began to sample plastic surgeons’ websites or their social media after reading about them in journals, or because they were discussed by informants. These surgeons are popular and well-known within the cosmetic surgery industry. These sources are outlined in more detail in Table 1, alongside a rationale for their collection. As data collection continued, the contextual materials captured evolved over time, such as the following of plastic surgeon profiles that were referred to in online forums or by informants.

Table 1 – *Supplementary Material Overview and Rationale*

Sources	Rationale
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Plastic Surgeon Websites ASPS.com ASAPS.com Plastic surgeons' personal websites	Data on surgical rates and current trends in breast augmentation Opinion pieces by doctors Doctors discussion of women's reasons for breast augmentation on their websites
Academic Surgical Journals Aesthetic Surgery Journal Plastic Reconstructive Surgery Journal of the Association of Plastic Surgeons	Provide data on current research in breast augmentation surgery Data on impact of social media on surgical rates
Books Pitts-Taylor: Surgery Junkies and In the Flesh Bordo: Unbearable weight	Offered background information about how plastic surgery was being contextualised and discussed by academics. Provided insights into how to proceed with this current study.
Social Media Doctor Instagram pages: Dr Ghavami – Beverly Hills, CA Dr Ourian – Beverly Hills, CA Dr Tavakoli – Double Bay, NSW Dr Krau – Bel Harbour, FL	Offered contextual background to understand the way that informants described their research process.
Magazines Vogue: 'Cosmetic and anti-ageing biannual' Harper's Bazaar: 'Future Beauty'	Popular magazines feature pull-out periodicals outlining latest trends in surgery, and featuring interviews or articles of surgeons, and advertising.

ONLINE DATA COLLECTION

I conducted a netnography to study women's experiences with breast augmentation.

Netnography is an online ethnography that seeks to observe social and cultural phenomena, and shared meaning systems through consumers' lived experiences (Kozinets 2015). I reasoned that netnography would allow me to understand how online systems help consumers make consumption decisions, and how this digital social support also helps consumers make sense of their experiences.

Importantly, I found that it was common for individuals pursuing an aesthetic transformation to immerse deeply into the context of surgery during their own decision-making process. The women sampled in this research were heavily involved in online spaces related to plastic surgery, including online forums, YouTube videos and social media pages. I found that the majority of women who participated in online communities were either researching, awaiting, or recovering from surgery, at which point they were likely to stop

using these tools once they have recovered. It was rare that a user participated online more than 6 months after her surgery. This was significant because this online data captured the experiences of women in this transitional space of becoming. Online forums therefore allowed me to gain a deeper understanding of how some women who had completed their own surgeries were helping new members before they transitioned out of the community

My own approach to netnography followed Dolbec and Fischer (2013) who immersed themselves deeply in a forum related to their context before transitioning to interview with users from the forum. Data collection spanned multiple sources, including YouTube recovery video blogs (vlogs), online forums, and a private Instagram page dedicated to breast augmentation. These sources, and an overview of the data collected, are presented in Table 2 below. They are then discussed in more depth in the proceeding sections.

Table 2 – Overview of Netnographic Data Sources

Source	Description	Advantage	Disadvantage
YouTube	-Women film and publish their recovery journey in a series of videos	-Follow one woman’s narrative -Real-time data -Positive and negative comments	-Unknown audience -Unknown motivation to publish videos
Online Forums	- Dedicated websites for discussion of all-matters related to breast augmentation - Doctors are usually members of forums	- Breadth of topics - Women can search for topics of interest	- Heavily regulated by administrator - Communication not exclusively peer-to-peer
Private Instagram Page	- Private, female-only community of 14,000 followers - Series of questions and photos are posted each day	- Highly interactive - Choice of anonymity in question threads - Women likely to share - User exposed to broad topics - Peer-to-peer communication	- Somewhat regulated by administrator - Cannot easily search for topics of interest because of the amount of posts

YouTube Videos

Data collection began in November 2016 by analysing breast augmentation recovery vlogs (video blogs) on YouTube. Vlogging refers to the practice of creating, editing and sharing of videos to a network of viewers. I selected YouTube as a site of enquiry because vloggers were documenting the process of surgery by filming their experiences. These video diaries often spanned preoperative appointments, through to the hospital service encounter and both before and after surgery. Many women also created a video diary of the days after surgery on topics such as bra shopping, their before and after results, question and answer videos to respond to viewers questions, and follow-up videos (6 and 12 months after surgery). These videos offer insights into some aspects of surgery that are often kept private (e.g., a woman who hid at home to heal) or may be forgotten as the women move further away from their surgery (e.g., the inability to pull open the refrigerator door after surgery). The rationale to include these videos was to document the liminal state before and after surgery – and all of the details that may be missed or forgotten in retrospective accounts during interview. Importantly, from a practice theory perspective, video diaries offer insight into the embodied practices consumers engage in before, during and after surgical enhancement.

Consumer researchers have typically argued that online self-presentation is usually related to a ‘best possible self’ (Schau and Gilly 2003, Belk 2013, Dolbec and Fischer 2015, McQuarrie et al. 2015, Parmentier 2016). In the context of cosmetic surgery vlogs, I found that the ‘best self’ being portrayed was a vlogger being supported by friends, family and others. Vloggers reported ongoing emotional and physical support from those around them and used this as a defence against any negative feedback from viewers who disagreed with their choice.

When vloggers did show themselves in unfavourable states, it was to reveal their recovery and provide realistic information for their viewers. Vloggers actively showed themselves when they were at their most vulnerable, such as immediately after surgery. This

gave insights into what the women were able to do and not do following surgery – providing some preliminary data into the practices that consumers had to be altered, become formulated, or dropped altogether during this period of recovery and change.

Data collection began with a keyword search into YouTube ‘breast augmentation recovery vlog’ (i.e. Dolbec and Fischer 2015). Videos were selected based on their explicit connection to breast augmentation, which was typically signified by the title of the video and the number of videos in the recovery series (i.e. Boob Job Recovery Vlog No.3). The first video I selected was based on the number of viewers; I viewed and transcribed the series in its entirety. Following this, I gathered additional video series by following recommended channels in the sidebar. I sought variation based on the length of videos, followership and viewership. I questioned whether the narratives would differ across lesser known versus more popular vloggers. For instance, one vlogger had very few subscribers (~600) but her breast augmentation vlog, lasting only 7 minutes, had totalled over 340,000 views (correct as of November 10, 2016). I also explored the boundaries of breast augmentation by sampling two negative cases. I included one transsexual vlogger documenting her breast augmentation surgery as part of Sex Reassignment Surgery (SRS), and one vlogger who was documenting her breast reduction surgery. These allowed me to look for similarities and differences among vloggers experiences.

Videos were transcribed and screenshots were taken of all relevant visual images; I also took detailed notes related to the content. Because the audience of these videos was ambiguous and possibly contradictory, comments on vlogger videos were also captured and analysed alongside the videos and text. The video series selected are listed in Table 3.

Table 3: *List of Vloggers Sampled*

Vlogger, country	Date of procedure	Age (during surgery), race, occupation	Number of videos on procedure / total video time	Subscribership, orienting notes
Britanny Lesser USA	January, 2015	22 Caucasian student	7 videos; 96 mins total	Fitness vlogger; student (nutrition/health science), 76,000 subscribers
Shaanxo Vlogs Australia	March, 2013	25? Caucasian vlogger	11 videos; 80 minutes total	3,000,000 subscribers Australian makeup vlogger; micro-celebrity,
Allie Sevdalis Canada	April, 2015; April 2016 (revision)	20 Caucasian vlogger and entrepreneur	13 videos; 188 minutes total	115,000 subscribers Micro-celebrity -lifestyle/makeup vlogging on YouTube Mother had surgery when she was 10
Melissa Pereira Canada	May, 2015	32 mixed-race Blogger/stay at home mom	6 videos; 81 minutes total	2,500 subscribers Hoping to gain celebrity on YouTube – posts series of lifestyle (fashion/beauty) and parenting vlogs
SB Loves Makeup USA	April, 2016	19 mixed-race (Hispanic) student	7 videos; 98 minutes total	64,000 subscribers Makeup vlogger Her initial surgery video had 3.3m views
Itsbambii Playhouse USA	Feb, 2017	18 African-American student	3 videos; 34 minutes total	630,000 subscribers Trans vlogger; student – films personal diary videos, makeup application and pranks
Tiffany Darlyn USA	July 2016	34 African-American Stay at home mom/blogger	4 videos; 57 minutes total	150,000 subscribers Recovery series promoted Instagram Makeup, hair, health and fitness vlogger Step-mother had surgery when she was younger
Brittney Lee Saunders Australia	May 2017	20 Caucasian blogger	2 videos; 31 minutes total	1,000,000 subscribers Beauty blogger mini celebrity – Australian
Hailey Paige USA	Feb, 2016	26 Caucasian blogger/stay at home mom	6 videos; 110 minutes total	20,000 subscribers Life-style vlogger Became pregnant 2 weeks after surgery

DailyPolina USA	July 2015	23 Caucasian blogger/student	11 videos; 138 minutes total	132,000 subscribers Mini-celebrity; student one of her videos reached 1,00,000 views
Cecilia Iafrate USA	Sep, 2014	21? Caucasian student	1 video; 7 minutes total	600 subscribers Recovery vlog received 350,000 views (correct as at January 2017).
Becca Rose UK	breast reduction; July 2017	28 Caucasian blogger	2 videos; 50 minutes total	285,000 subscribers Fashion, beauty and lifestyle blogger posts 4 times per week
Total: 12 vloggers 73 videos; 970 minutes total 218 pages of single spaced size 12 text 82 screen captures				

Online Forums

After analysing and forming interpretations of the breast augmentation experience from YouTube vloggers, I studied online forums. Forums are online spaces where consumers engage in discussion with others (i.e. other consumers, doctors, nurses) across a range of various topics. In this study, these digital interactions included discussions around selecting a doctor or choosing an implant size, but forum threads also included women who were having surgery in December and a wide range of topics. Much of the information that is disseminated in these forums is similar to the YouTube videos and closed groups (such as Instagram). From a practice theory perspective, interaction between users may provide insights into the shared meanings of breast-augmentation, as well as point to the sociality of practices, by inviting others to offer their advice or experience.

Moreover, forums are unique because the information that a consumer sees in this context is self-selected. Given the sheer depth of these online forums, users need to locate and join various threads in order to engage in conversation or to find information related to their needs. For instance, if the user was only interested in discussions about choosing an implant size, these forums allow the user to find threads specifically related to this discussion. Here, the user is only exposed to information they actively search for in forums, unlike YouTube recovery videos, which expose a viewer to multiple topics of interest (i.e. breast implant size, choice of doctor, preparation for surgery, recovery, before and after etc.).

Two unique characteristics of online forums should be noted. The first is that forums are highly regulated. The information that flows between *users* in this space is much more moderated and controlled, given it posts are subject to public scrutiny and view. Online forums typically include certain kinds of users – those considering or awaiting surgery, to those who have had surgery, and medical professionals including surgeons or plastic surgery centre staff. Administrators delete harmful or negative conversations and may block users

from participating. Doctors will intervene to answer questions that users have, usually occurring in a dedicated Q&A section within the forum. Second, women participating in forums are assumed to have a common interest of researching or discussing breast augmentation surgery. Therefore, the conversations do not consider a diverse or contradictory audience. Information is likely to be informative and supportive.

Data collection began by first exploring the most popular forum conversation threads (see Table 4). I did so because I wanted to get an understanding of what women were discussing in forums. These threads were usually related to sizing decisions or before and after photos put up by users. In my casual conversations with users, I found that these threads were important as they helped women effectively window shop for forum users who looked like them in terms of physical appearance. This was relevant so that women could get an understanding of what they might look like with breast implants. However, as is described in Textbox 2, these casual conversations did not lead to interviews. A list of the forums and the data that I sampled is included in Table 4 below.

Textbox 2: Forums Aren't Always Welcoming

After 4 months of observing online, I began active participation in forums (Kozinets, 2015). I did this by replying to threads, asking questions and starting my own threads. Yet, this strategy proved to be more difficult than first thought. I soon realised that there are thousands of threads which were never seen or attended to – my posts and direct messages were often ignored, and it seemed as though simply joining a thread without my own plastic surgery story to tell was not an appropriate strategy.

Moreover, as a new member in a plastic surgery forum, the first post made will need to be approved by a moderator for its appropriateness, and a rating system is kept of every user based on their level of participation and helpfulness to the network. My learning was

that I could not simply ‘enter’ and participate as has previously been prescribed (i.e. Kozinets 2015). I found it easier to spark conversation, by responding to published comments with a question, or sending active users a private message. This approach is discussed more in the section titled ‘Instagram.’

Table 4: *List of Forums Joined*

Forum	Details	Observation	Data captured
RealSelf (www.realself.com)	Largest online community for plastic surgery	Began November 2016	Conversation between users; Q&A with doctors Before/after photos
JustBreastImplants (www.justbreastimplants.com)	Breast augmentation specific 115,000 members	Began May 2017	
Comsetic Journey (www.comseticjourney.com)	Australia’s largest cosmetic surgery community	Began May 2017	
Threads selected:			
Real Self (breast augmentation)	Before/After ‘What I wish I knew before surgery’ RealFriend AMA (‘Ask Me Anything’) Have a great bra to recommend?		
Just Breast Implants	Massaging implants General Breast Augmentation Discussion CC Amount / Size Breast augmentation complications Breast Augmentation Surgery Post-Op and Recovery forum		
Cosmetic Journey (breast augmentation)	Hindsight: bigger, small or same size Before D&F (Drop and Fluff) and after D&F pics please Was it worth it? Pre-op and post-op what are your must do’s and what were your must haves		

Instagram

Given the moderation and watchful eye of medical professionals on websites, I also sought other online spaces where women could share more freely. As such, I selected Instagram as another data source. In February 2017, I gained access to a private, female only Instagram community. I found this forum because a number of the YouTube vloggers actively promoted the page and credited it for much of the support that they had received in

the lead up to their surgeries. This is a very active online community. However, to ask a question to the community, a user must write to the administrator who anonymously posts on their behalf on average 4 - 7 times per day.

Typical questions may range from asking for advice on how to talk to family members about surgery, to where are the best places for bra shopping, as well as photo sharing of 'before and after's' from users of the group. Unlike other spaces, the communication is exclusively peer-to-peer; specifically, only women contemplating, planning, awaiting, or recovering from breast augmentation are allowed to use the group. Other actors, such as men or doctors are unable to access the site. Because of this, I found that the discussion that occur in this group were candid and personal. For instance, one woman asked whether it was appropriate to receive breast implants as a gift from a man she had been dating for 2 months. Within minutes, comments began appearing both for and against. This type of disclosure was not seen in other forums, where personal matters related to financing or partner approval were neither featured nor discussed. These homosocial spaces therefore provide greater freedom of expression, which may transcend social norms in other contexts.

One notable outcome of the Instagram community is the generation of an additional support network beyond the Instagram page itself. Each month, the administrator of the page asks women to comment with an upcoming surgery date and she creates small direct message groups for women who are all having their surgery within a similar time frame. While I was unable to gain access to these private pages, I was able to gain insight into the topics discussed in these private groups during interviews with women who were part of them.

My participation in the Instagram community began in February 2017 after gaining approval from the moderator of the page. My approach to data collection started by capturing a number of user submissions from their progress in recovery and following user comments. I

used this to gain an understanding of the kinds of topics and themes that were being discussed through asking questions on threads and sending messages to women asking them further questions. This approach resulted in over 120 informal interactions and was the approach I used to recruit informants for more formal interviews.

FORMAL INTERVIEW PROCEDURES

I observed and collected data across the online forums and Instagram community for an average of 1-2 days per week for four months. I then began using the closed Instagram community to recruit participants for interview. Although guidelines for netnography suggest that a researcher should begin participating actively in threads and then create a dedicated thread on the forum related to informant recruiting (Kozinets 2015), the Instagram forum I joined was configured differently for interaction. I chose instead to recruit participants within the boundaries of the closed Instagram community. The rationale for selecting Instagram, rather than forums as the platform to recruit participants, was because it was easier to keep track of ‘active’ users. Due to the frequency of posts, I noticed that many of the same women would engage with posts by commenting regularly.

Given that I was using the boundaries of the netnography to recruit informants, I was not bound by cities or countries—I spoke with women from around the world, including the United States, Australia, West Indies, the UAE, and South America. As such, the format of the interview had to be changed according to the location of my participants. Some interviews were conducted face-to-face, others via FaceTime or Skype, and others via text (email or direct message). Text interviews have previously been used within consumer research due to time-zone restrictions or personal preferences (Kozinets 2010, McAlexander et al. 2014, Scaraboto 2015). Text interviews were sometimes chosen due to voice-over-internet restrictions in some countries, or to suit the personal preferences by my informants.

Though text interviews may lack the visual aspect of a face-to-face conversation, they do have some benefits in studying sensitive topics. For instance, when my informants requested to speak using text, I reasoned that it gave them the opportunity to share at their convenience. It also gave participants privacy and a sense of control in how they shared their experience and tell their story. Text interviews were often conducted back and forth, almost daily over a period of weeks or sometimes months. Moreover, this daily interaction developed an ongoing rapport with my informants, which allowed them to share more – both in their stories, and by offering visual data in the form of images. Conducting interviews over a period of time also had the added benefit in allowing me to capture change in informant’s narratives, which is tied directly to Chapter 7 where I explore how women actively re-practice their bodies after surgery.

I made my own Instagram profile public so that my informants were able to see photos of me and my interests. This likely had the advantage of allowing us to approach one another as two women having a conversation, as opposed to a more formal researcher-researched interaction. Such an approach is well documented within feminist interviewing techniques, which suggest incorporating the identity of the researcher into the interview; when the researcher shares personal information, it helps to flatten power differences and encourages the informant to share more personal data (Tang 2002). Feminist interviews often take into consideration differences in age, race, and status when thinking about the relationship between the informant and researcher. They therefore prescribe engaging in activities that will promote similarities between the two women in order to facilitate more personal conversations (Pitts-Taylor 2007). Sharing is one common way of increasing the motivation of informants to disclose (Hesse-Biber 2006). Under some conditions, I actively offered personal stories about myself, or about the body work (i.e. Gimlin 2007) that I engage in as a means of creating rapport between informant and researcher.

Moreover, in order to manage my own positionality (Arsel 2017), I kept a personal diary. This allowed me to document my own assumptions about plastic surgery and to keep a timeline for my participation in online forums. By writing about my own experiences, and some of the challenges I encountered during data collection, I was more reflexive as a researcher. For example, I kept track of how and when I disclosed information and the resulting information disclosed by my informant.

This approach to interviewing was fruitful and often yielded some very personal insights related to informants' bodies. For example, disclosing to an informant that I had received Botox resulted in her own disclosure of injectable procedures she was having done in order to maintain contact with her surgeon. Importantly, I found that I may not have received this information if I had not self-disclosed.

Informants

With the exception of male doctors in online networks, the gender composition in the fieldwork sites was all female. I conducted 20 interviews with 19 informants. Women who are typically active in these breast augmentation communities were often of similar ages (22-39), yet differed on cultural background, education and geographic location.

To recruit participants for interview, I often used the direct message function on Instagram. Direct message is a function that allows a user to respond to a comment, or to send photos or messages, directly to another user's inbox rather than making the comment publicly visible online. For instance, one user wrote on a thread regarding what bras to wear postoperatively, and I asked her in a direct message whether she was still wearing her surgical bras. Once the informant responded, I would disclose that I am a student researcher and asked them if they would be willing to share their story with me.

I took direction from previous studies that used a single-gender sample and aimed to recruit diverse women within the site for analytical depth (Belk and Costa 1998, Moisio et al. 2013, Maciel and Wallendorf 2016). I therefore recruited women based on how far pre- or post-operative they were, as well as the time spent on the forum. Because I am interested in understanding how informants re-learn their bodies and practices, I could challenge my emerging interpretation by recruiting women based on the time elapsed since surgery. I also spoke with two informants who had not had surgery, but who had either considered it or knew a number of women who had the surgery. I used these interviews to understand how beauty perspectives differed between women who had had surgery versus those who had not. Interviews conducted via text generated between 8 and 16 pages of single-spaced text and covered much the same topics as face-to-face interviews. This was approximately the equivalent transcript length of a 1.5 hour face-to-face interview. The recorded portion of face-to-face interviews lasted between 1 to 3 hours on average. All interviews were video- or audio-recorded, and then transcribed to text. Table 5 provides an overview of informant profiles below.

Table 5 – Informant Profiles

Name + Location	Age	Size ³	Post-op	Interview details and duration	Occupation	Ethnicity
Bianca (USA)	32	450cc (34D) + liposuction to abdomen	3 months	1 week daily talk via text	Grad student	African-American
Carla (USA)	25	435cc (32DDD)	6 months	2 weeks daily talk via text	Server	Caucasian
Poppy (USA - CA)	24	350cc (32D)	11 months	3 months daily talk via email	Marketing coordinator	Caucasian
Stella (JMA)	37	400cc (32C/D) + rhinoplasty	3 months	1 week daily talk via text FaceTime interview (1.5 hours)	Sales	West-Indies
Anna (USA)	22	435cc(R) 325cc(L)	2 months/ 4 months (2 nd interview)	2 text interviews: 2 weeks daily talk/1 week daily talk (2 months later)	Student	Asian/ Caucasian
Danika (USA - CA)	27	415cc (32DD)	2 months	Facetime Interview (1.5hours)	University photographer	Asian/ Caucasian
Denise (USA - IO)	27	400cc (32DDD)	13 months	Facetime Interview (1.5 hours)	Hair/Makeup artist	African American
Nadine (USA - MS)	29	300cc expected, received 230cc(R) 290cc(L) (32C)	3 weeks pre-op / 1.5 months (2 nd interview)	2 FaceTime Interviews: (1.5 hours pre-op + 1.5 hours post-op)	Network-marketer; health and wellness blogger	Caucasian

³ Breast implants are measured in millilitres (referred to as cc's). Breast implants typically increase in size in 25cc increments – this is the equivalent of two teaspoons (one ounce) of added volume. The same metric is used for both silicone and saline implant types.

(R) and (L) indicate different sizes across right and left breasts. Breast asymmetry is common and normal – some surgeons try to correct for asymmetry by inserting different implant sizes in across each breast.

Kourtney (USA - CA)	31	375cc (1 st surgery); 450cc (2 nd surgery) (32DDD)	11 months/ 5 weeks (2 nd surgery)	FaceTime Interview (1.5 hours)	Brand development	Hispanic
Lucy (AUS - QLD)	27	360cc (36DD)	1.5 years	FaceTime interview (1 hour)	Self-employed (fitness industry)	Caucasian
Sarah (AUS - NSW)	26	350cc (32D)	3 years	FaceTime interview (1 hour)	Makeup artist	Caucasian
Demi (USA – WA)	22	450cc (34DD)	6 months	FaceTime Interview (1.5 hours)	Grad student	Hispanic
Olivia (AUS – QLD)	26	380cc (34E) / considering (500cc+)	5 years	FaceTime Interview (1.5 hours)	Marketing	Caucasian
Monica (USA - CAL)	31	345cc (R) 330cc (L) (not sized yet)	3 weeks	FaceTime Interview (2 hours)	Property Management	African-American
Charlotte (USA - TX)	29	325cc (32D)	6 months	FaceTime Interview (2 hours)	Loan Officer	Hispanic
Jordan (AUS – MEL)	27	360cc (32E) / considering removing implants	7 years / 1 year (2 nd surgery)	Formal Interview (1 hour)	Sales / Marketing	Caucasian
Ella (AUS – MEL)	29	375cc (32DD)	2 years / 3 years (3 surgeries)	Formal Interview (2 hours)	Primary school teaching/ Marketing	Middle-Eastern

Phoebe (AUS-MEL)	25	Considered surgery	-	Formal interview (2 hours)	Grad student	Indian/Middle-Eastern
Alessandra (AUS-MEL)	28	No surgery	-	Formal interview (2 hours)	Grad student	South American

Interview Protocol

The interview protocol was developed using the emergent themes from YouTube videos and online communities. I developed a number of open-ended and projective questions to ask informants and used this as a loose interview guide (McCracken 1988). These included questions such as: “Was your family supportive of your decision for surgery?” or “How did you do research into the procedure?” Women were also asked about their experience of receiving surgery; their interaction with others online; beauty ideals and cultural standards; and conversations around consumption practices surrounding the body or body maintenance. Moreover, photo-elicitation techniques were sometimes used in interviews, to anchor participants’ experiences, and encourage further conversation (Heisley and Levy 1991). This was participant-led, as some women chose to share photos of themselves or of others as we spoke to provide further insight into their narrative and contextualise the discussion (Dion, Sabri and Guillard 2014). All interviews lasted on average between 1 to 3 hours. A copy of the interview protocol is provided in Appendix A.

DATA ANALYSIS AND MANAGEMENT

Data analysis began after each cycle of data collection, transcribing and coding. Beginning with the YouTube videos, I undertook a thematic analysis both within and across video series (Miles et al. 2014). I then used these emergent themes to orient my general understanding of women’s experiences with consuming and recovering from breast augmentation. I engaged in open and axial coding of the data I had collected to decipher some preliminary themes. With these in mind, I began a hermeneutic circling between my data and relevant literature within consumer culture theory, and more broadly in feminist studies, medical

research, and sociology. Consistent with Belk, Fischer and Kozinets (2013), I allowed my research focus to develop using the emergent findings. I used these bearings to iteratively assist me in collecting data in online forums and on Instagram that were suited to these changing interests. By the time I reached the stage of interviewing, I had a general idea of the main themes within my research context, such as important role of support networks, the influence of materials on women's views of their body and the changes women must go through following breast augmentation surgery. I used these general themes to guide the interview and collect additional supplementary materials, such as forum threads related to clothing and social support, as well as wider reading on these topics outside of consumer research.

I analysed the data both within and across cases, as well as analysing across formats for similarities and differences in the way that women spoke about their experiences. Particularly in the case of online data such as the YouTube vlogs, I was aware that the video bloggers, much like other kinds of bloggers, were creating an edited version of their experience that they deemed 'fit' for public consumption (i.e. Schau and Gilly 2003). With this in mind, I wanted to treat much of the online data as a text that could be analysed for meaning, as well as for the account that these women provided. The goal was to understand how women constructed their story in a format that could be consumed by others, and how this in turn, helped others considering cosmetic surgery.

To supplement and challenge my emerging findings, I also engaged in a hermeneutic process, circling back and forth between the data collection sites I was following (Thompson et al. 1990). I used what I had gathered so far to help me collect new data, or data that might challenge some of my early assumptions. For instance, after beginning to conduct interviews

with women from the Instagram forum, I went back to the YouTube clips to find some online diaries of women who had undergone breast reduction.

Throughout this process. I also made use of my mixed-gender supervisory team who challenged my own reading of the data and made suggestions for new avenues to consider throughout data collection and analysis of the data. Mixed gender research teams are used in consumer research to heighten analytical sensitivity toward gendered assumptions, which may be taken for granted (i.e. Maciel and Wallendorf 2017). The configuration of the team (2 females and 2 males) also helped create a balance between distance and intimacy from the context (Arnould et al. 2006). Through this, I conceptualised how femininity is used as a resource to shape embodied practices.

As a final point, because I engaged in a blended netnography (Kozinets 2010), my field work occurred in an online context. Alongside my memos, I kept field notes in the form of a diary (Hartmann et al. 2015), which allowed me to outline my observations of the structure of online networks and keep note of themes that were emerging in the online space. Here, I also documented any challenges I was having in collecting data or in its analysis. This allowed me to keep an audit log of which approaches to recruitment were effective or ineffective, and the steps that I took to manage these.

All data was stored and coded in NVivo. To capture online data, I used an NVivo plug-in, which allows a user to store website data, blog-threads and photos directly into NVivo. This process ensured that I was securely storing the data collected.

Ethical Considerations

When conducting ethnographic fieldwork, four key issues on ethics are relevant to address: informed consent, confidentiality, right to privacy or anonymity, and protection from harm (Fontana and Frey 2003, Bailey 2007).

The first consideration is obtaining consent. In obtaining consent from informants, I explained my study to the interviewees, and I made sure they were comfortable with being recorded at the beginning of each interview, following instructions set by The University Human Research Ethics Committee. I then received verbal consent from all informants who participated in this study before turning on the recorder. A transcript of the verbal consent form is attached in Appendix B. In obtaining consent from the moderator of the Instagram site, I introduced myself and explained my research, outlining my ethical responsibility to gain consent from each person I spoke with, and protect their identity. The Instagram moderator was also offered a copy of the consent form.

In protecting the confidentiality of informants, each participant was assigned a pseudonym, which was explained to informants during the consent process. In many cases, informants chose their own pseudonym. All data was handled using this pseudonym inside and outside of the research context, to protect informant's identities.

Finally, my study did not present any physical, financial, or emotional harm to the informants. In order to protect and manage any psychological distress that may arise, and in accordance with The University Human Research Ethics Committee rules, I became an accredited Mental Health First Aid Responder, and developed a distress protocol in line with my training. A copy of this protocol is available in Appendix B. Although I did not need to utilise

this protocol or my training during any interview, I find it important to note that there were protective mechanisms put in place to avoid the possibility of harm.

Conclusion

This chapter has outlined my approach to studying the body project. I described moving my methods to online spaces to understand how consumers were speaking about their bodies and framing cosmetic surgery. I then went on to interview women recruited from online networks to gain a deeper understanding of their stories both before and after body modification. In the next chapter, I outline my first empirical findings related to understanding the process of the body project by women seeking breast augmentation surgery.

CHAPTER FOUR

PATHWAYS TOWARD CHANGE - AN INTRODUCTION TO BODY PROJECTS

BODY PROJECTS

As discussed in Chapter 2, the idea of a body project assumes that bodies are malleable and can be shaped to fit to an individual's identity (Shilling 2003). This is meaningful because when consumers come to view their bodies as a project, certain aspects of the body will, at times, not match a desired appearance, and change will be sought. Individuals may modify their bodies to embody their ideal self or match an internal self-concept to an external appearance.

This first empirical chapter considers the embodied factors that influence consumers' evaluations of their bodies. I explore how consumers come to view their bodies as a body project where parts can be modified or changed. This chapter, along with chapter 7, answers Research Question 1: What are the embodied factors that influence the evaluation and (re-)practicing of the body?

Pathways to Body Projects

In women's narratives of their reasons for breast augmentation surgery, I find no single motivating factor or reason for the decision to modify their bodies. My findings point to two possible pathways resulting from a practice-based analysis of the findings—the unstable and the stable body project. These paths are characterised by different views of the body and meanings that emerge from practices. The unstable body project is one pathway to change whereby the body or body parts block routines and social practices. A stable body project reflects a pathway

whereby practices are smooth, and body modification emerges as a possibility alongside other practices, such as goal striving or life changes.

These two paths capture the complexity of informants reflections of their bodies as they move through their daily routines and practices. They are not intended to represent an exhaustive list of how body projects come to be actualised. Finally, an informant table, summarising the core findings of these two pathways to transformation is offered toward the end of this chapter in Table 6.

UNSTABLE BODY PROJECTS

This section outlines the unstable body project. I use the term unstable body project to characterise the difficulty of having a body part that consumers feel is misaligned with the rest of their body. As described in Chapter 2, a practice is considered misaligned when the doing, material and meaning do not align to create a smooth practice (Schatzki 1996). An unstable body project therefore describes how the meaning of the body or body part emerges as nonconforming with a desired appearance via practices.

Resoundingly, I find that informants with an unstable body project evaluated their breasts separately to the rest of their bodies. For example, Phoebe outlines her ongoing struggle to align her breasts to her body:

It's like, I put on weight and I'm not happy with how my body looks, but I'm happy with how my boobs look. And then I lose weight and I'm like, 'OK, I'm not happy with how my boobs look but the rest of my body I'm happy with.' But then there's one feature that's just (clicks fingers and says 'damn'). But yeah, on and off, I do think about (breast augmentation surgery). Like I dropped down a few kg's over the course of maybe 4 months and the thought came back again—you know, 'cause now the bras don't fit, everything just doesn't, make me feel nice, I guess.

Phoebe expresses that her chest does not conform with the rest of her body. Informants often explained that their breasts are misaligned with the rest of their body parts and they want to find a solution to this problem because it causes them frustration, anxiety and embarrassment.

Phoebe's own struggle with her chest highlights how practices may not work because "bras don't fit, everything just doesn't, make me feel nice," as she struggles to dress a body that gains and loses weight. In this example, the materials (bra), practices (dressing, losing and gaining weight) and meaning (doesn't, make me feel nice) are not working together because the meaning that emerges is not what Phoebe wants to feel when she dresses. For this group of informants, breasts are central to the shaping of the body toward a desired appearance. To highlight this, Phoebe, Monica and others, often have drawers full of bras and bra inserts in different sizes and for different kinds of outfits (Monica: "[in] my bra drawer, I had [tons], you know, there's bras and then there's like my chicken cutlets in all different sizes. So it was like 'this one's gonna go with this dress, and this with this'"). In this chapter, I explore how women with small or 'flat' breasts may view their breasts as negatively impacting their body projects, evidenced via their practices, such as dressing, socialising or shopping.

In online forums, discussions routinely arose over what exactly pushed women to have surgery. The way that women talked about their breasts was revealing: "I got tired of looking like a child," (Sarah) "I didn't want to be part of the itty bitty titty committee anymore," (vlogger Allie) or "I was over being flat as fuck" (Vlogger Britney). These women treated their breasts as different to the rest of the body—small breasts were defying their desires. Importantly, these comments stem from a shared understanding that small breasts may not be considered desirable, particularly in media (Schouten 1991, Gagné and McGaughey 2002). This is evidenced by Beetles and Harris' (2005) study of consumer responses to nudity in advertising found that small

breasts do not have the same impact as large ones. Their informant Georgina complained that featuring a female model with small breasts in advertising was ‘half-hearted’ and ‘pointless.’ Georgina finds that small breasts diminish the ‘sexiness’ of the image and the intended effect of the advertisement. Drawing on this shared meaning therefore, small breasts do not align with social values, nor to women’s expectations of what their bodies should be like, as evidenced in their practices,

What happens when breasts do not seem to ‘fit’ with the rest of the body? My findings suggest that women hide their chests, reshape their chests, and as a final resort, seek surgical modification of their chests. By theorising these realisations and subsequent modifications as a body project, we are better able to understand practices as shaping the body around a desired appearance, by singling out one body part which does not work with the rest. I therefore use the term unstable body project to highlight how one body area, such as breasts, may disrupt the alignment of the body and its parts within routines, materials (such as clothing) and consumers desired appearance. Consumers seek to change when they experience these misalignments, in seeking to smooth out their practices (Phipps and Ozanne 2017, Epp and Chalmers 2019). Breast augmentation is imagined as a means of smoothing out practices that do not seem to work. Therefore, in underpinning how consumers seek changes to their body, I will consider these misalignments through blocked and misaligned practices.

Blocked practices

The unstable body project clearly emerges when consumers have difficulty in routine practices, such as dressing or getting ready for social outings or work. I refer to these as blocked practices, because a consumer may not be able to carry them out. As I describe in Chapter 2,

when practices are *smooth* it means an alignment exists among the doing, the materials that are used to carry out the practice, and the teleoaffective-state (meaning) (Schatzki 2001). Smooth practices are performed effortlessly or without conscious thought (Phipps and Ozanne 2017). Contrastingly, when elements within the practice are not smooth, they are considered misaligned (Phipps and Ozanne 2017, Epp and Chalmers 2019). This misalignment leads to conscious attention of previously habitual practices, leading to reflection and an opportunity to change the practice so that it can return to its *nonconscious smoothness*. I introduce blocked practices to signify those which cannot be carried out.

Practices that were once unconscious, and therefore routine, such as dressing in a fashionable or socially expected way, can become blocked when consumers encounter difficulty dressing their bodies in line with their desired teleoaffective state. In the context of the body, clothing is a significant, market-mediated material because it conveys personality through styling (Thompson and Haytko 1995, Venkatesh et al 2010, Woodward and Greasley 2015), and expresses adherence to cultural norms or traditions (Ingold 2007). Even the sizing of clothing is an important evaluative element because it conveys how well the body ‘fits in’ to societal standards for example, fitting into standard size clothing is a signifier of a body that conforms (Scaraboto and Fischer 2013). For this reason, many informants described their motivation for getting breast augmentation as arising from the difficulty of aligning their bodies to clothing.

The importance of aligning the body to clothing is best described via a teleoaffective state, which refers to a linking of ends, means and moods that govern a practice (Schatzki 2012). When practices are smooth and performed easily, they are likely to result in a positive teleoaffective state, as the body is doing what a consumer intended. When the practice is misaligned, the teleoaffective state is negative because the practice does not hold together. This

act of shaping the body to reach a desired teleoaffective state forms the basis of the body project and highlights how the body project can become destabilised through practices.

I find that the unstable body project is somewhat *untied* to the market, as informants reflected on their inability to select clothing that fit their bodies. This was evidenced when women concluded that their breasts were not large enough for standard sized clothing when they could not “fill out” the bodice of their clothes. Vlogger Allie says: “there (are) three inches of space between the top of my bra and my chest because I don’t fill it out at all and I’m wearing the right size.” Clothes that fit across the rest of the body but not the chest convey that a woman does not have breasts deemed large enough by clothing manufacturers. This led to thinking of the body as not being ‘standard sized’ or ‘normal,’ and feelings of embarrassment and anxiety. It is here that the body is viewed as a blockage to this otherwise simple practice of buying clothing.

To highlight this, informants described their dissatisfaction with their chest following a memorable experience shopping, such as buying clothes for a party, bathing suits, or even wedding dresses that they could not fill out. Poppy described buying a dress which hung off her chest:

I remember buying this green dress for New Year’s Eve. It was a really cute high neck dress, but the back was completely open. I tried on the dress when it arrived in the mail and I felt completely defeated and sad. I needed to wear a bra with it, and I couldn’t...Not even the sticky bras helped me out. I had this happen to me all the time, where I couldn’t wear specific clothing - dresses especially - because I needed a bra.

Special occasions are dramatic and memorable reminders that the women’s bodies do not align with clothing. Importantly, consumers are emotionally affected by these moments, as these negative experiences have a significant impact on their daily lives. In Poppy’s case, feeling defeated and sad could translate into the complete avoidance of social practices. In Poppy’s case,

she chose to stay home, rather than go through the trouble of dressing what she considers to be a nonconforming body. This represents the blocked aspect of practices - despite her intentions to wear an outfit for an important social event, the body, the meaning and the desired-end state (filling out a dress) are not interacting.

What do consumers do when they feel misaligned to market offerings such as clothes? I find that the women in my study view their bodies as problematic because they do not fit into standard size clothing. One example of this came from vlogger Hayley, who decided to have breast augmentation after shopping for a wedding dress. She says, “I noticed that I was looking really flat chested, I had no definition in my chest area, it just didn’t really look as feminine as I wanted it to look in my wedding dress.” Importantly, rather than viewing the wedding dress as failing to shape to her body, Hayley reflects on how her body is not meeting her desired teleoaffective state (appearing feminine).

This finding contrasts with past research, which has shown that consumers learn to make do, and some may even become activists for change when they are excluded from the marketplace (Scaraboto and Fischer 2013, Harju and Huovinen 2015). In particular, research on plus-size consumers found that consumers blame manufacturers for blocked practices, due to material goods that don’t fit their bodies, and excluding them from the market (Scaraboto and Fischer 2013). Other research finds consumers use coping strategies to navigate through the marketplace, such as low-literacy consumers who learn to develop their own system of signs – using scribbles in place of words, or rounding up to the dollar to make addition easier (Adkins and Ozanne 2005). In my context, informants appear to consider self-change as a solution, rather than attempts to cope or activism.

Similarly, attempts to smooth the alignment of the practice were typically done by formulating rules related to the material aspect of practices. Rules, such as avoiding practices, are important if they are easy to follow and do not require deliberation, which in theory should allow this *nonconscious smoothness* to return if it becomes habitual (Schatzki 2010). Examples of these rules were based on ‘what not to wear’ and included no halterneck tops, no strapless dresses, no backless tops, and no unpadded bikini tops. Vlogger Allie says “I’m just sick and tired of not being able to wear (counting on fingers) bathing suits, backless dresses if I wanted, not being able to wear strapless dresses if I wanted, not being able to wear so many things that I want to wear just because I can’t fill them out.” Moreover, consumers also developed concealment practices, such as only wearing clothes which could hide a padded bra underneath them (for an overview see Table 6). When these practices worked well, women had a repertoire of dressing which covered and concealed non-conforming body parts.

However, in developing these rules, consumers felt a lack of choice in dressing the body in their desired way. They could not follow fashion trends, which revealed a conflict between the body, fashion discourses and clothing. For instance, I interviewed Nadine three weeks before her surgery, and she discussed her desires for new clothes:

Nadine: I mean, I don’t wear a lot of low-cut stuff ‘cause I have nothing to show. But I just like to be comfortable more than anything. I’m not like a fashionista. Right now, I’m in a black t-shirt that’s really comfortable. I don’t have a bra on. I’ve gotten more so into the boho style rather than the preppy style. I just feel more comfortable in that.

Interviewer: How do you think you’re going to be when you get them (new breasts)?

Nadine: I think I will get some new things. Maybe like some side-boob like racer back tanks, and definitely show that I have boobs, for sure. Nothing like Pamela Anderson, but I get tattoos in places where I can see them... It’s the same for my boobs, I want to see them! Like I probably will wear tank tops with no bra, I’ll wear dresses, I will probably be a little more

feminine because I'll *feel* more feminine (emphasis in original).

As Nadine anticipates her surgery, she reflects on the rules she had followed to dress a body with “nothing to show” and the new body that “I want to see.” The meaning Nadine extracts from her current dress (boho) and how she would like to dress herself (feminine) reveals that the meaning she places on her current appearance conflicts with how she would like to look. Returning to the idea of the body project, the rules developed to shape and conceal the body in line with a desired appearance become limiting and unfeasible when considered from the perspective of everything that the body *cannot* do or wear

These ‘looks’ bear similarities to a taste regime, which refers to a discursively constructed set of ideals that govern practice (Arsel and Bean 2013). These regimes offer guidance and meaning for which practices are suitable and ‘fit’ and which are not. Importantly, Nadine reveals how some aesthetic ‘looks’ are more easily embodied by some bodies and not others. For example, because the meaning of boho rests in relaxed tailoring and flowing tops and dresses, Nadine can feasibly carry out this ‘look’ pre-operatively, to cover and conceal her small breasts. Her pre-operative body therefore enables her to embody these and fit with a boho taste regime. However, in considering her desired end-state (larger breasts), this aligns more with a desired feminine ‘look’ of revealing and drawing attention to the body. Because Nadine describes herself as ‘nothing to show,’ her pre-operative body does not align with a feminine regime, which is motivating her to seek change.

Misaligned practices

A second finding was that practices could become unstuck. A misaligned practice illuminates how practices can come apart and refers to the conscious awareness of previously

habitual tasks (Schatzki 1996). Misalignment occurs when the doing, material and meaning break down, requiring conscious effort to recalibrate the practice. This was most clearly evidenced by informants who described spending time and effort dressing or covering their bodies.

Practices which require time and effort are laborious, leading to increased reflection on simple day to day tasks that may otherwise go unnoticed. Monica explains how taxing it was to feel comfortable enough to leave their house:

I never felt like, if I put on a dress that it looked good. I was always having to primp and pull, like 'OK, maybe if I put a safety pin here it's going to sit together better'...I could change maybe 3 or 4 times, or if it didn't look good and I got so frustrated I would take it all off, start over again brand new.

What Monica describes is a habitual practice that falls apart because it is difficult to manage or sustain. Similarly, other informants also described having to adjust clothing to make it fit or sit right against their bodies. Whereas loose fitting clothing could conceal a body, tighter fitting clothes require greater attention so as not to come undone and expose the body. Crucially, Schatzki (2010) discusses that individuals rely on materials to carry out their practices. Here I find that because clothing (materials) are used to dress and show off the body, they may also be the cause of consumers' negative evaluations of their body, when they do not fit with their expectations.

Another example of a misaligned practice are covering practices, which relate to those practices which cover the body beneath. Charlotte, like others, confided that she would not be intimate with her partner of four years: "I never wanted to take my shirt off because I felt so shy about not having boobs." In this sense, intimacy becomes a misaligned practice because it

requires undress that Charlotte is unwilling to participate in. Intimacy is not a blocked practice, because it occurs, but it must be carefully and consciously managed act of maintaining a concealed body using bedsheets or t-shirts. This is an emotionally taxing and conscious practice, not only in relation to Charlotte's relationship with her partner, but in her own sense of comfort in her body.

These misaligned practices provide insight into the negative experience when simple practices that usually require little conscious thought become conscious tasks. The women in this study view these difficulties in performing what should be mindless practices as a cause of a non-conforming body part (their breasts) with their desired practices or experiences.

Masking Practices

Women incorporated new materials into their dressing practices to feel more comfortable and confident when dressing for public appearances. I refer to these as masking practices, in that they cover a body part that women are uncomfortable about, but in term, the act of masking must also be concealed. For Canniford and Shankar (2013, 1065) masking refers to practices that conceal, or hide unacceptable materials from view. In my context, women turned to garments, such as stuffed bras or shapewear, to cover their nonconforming body parts, and to achieve a more pleasing aesthetic appearance. Importantly, because these materials and the practices surrounding them are considered as socially undesirable for public view, because they violate shred understandings of appearing real or authentic (Zanette and Scaraboto 2019).

These materials, although useful in carrying out the practice of shaping the body, are therefore secretive. For instance, Monica discussed jokingly using what she referred to as 'chicken cutlets', a rubber-bra insert shaped like a chicken breast. She also discussed using a

‘duct-tape bra,’ a DIY corset for the chest, in which duct-tape is strapped around the body to press the breasts together and lift them. Both these materials are used under clothing to create the illusion of a fuller chest:

When I was younger and I was high school age, and all my peers are growing up and they’re developing, I turned to, like, chicken cutlets, and I inserted those, and I was proud! I was like ‘OK fine, I have something!’ um, but it was still not the same, because I was like ‘I want to look good in my dresses’ and you know, you have prom and all those other things and you want to look good. So it’s like ‘ok how do I wear this?’ and my mom, for my prom, my senior prom, we created like... (a) backless, ducktape bra. She helped me out, and it looked great. We kind of pushed them together, and what I did have, gave the illusion that I have breasts...

Informants all had a story to share about using materials, like hidden chicken cutlets or padded bras, to create a desired body shape. The Bombshell Bra by Victoria’s Secret is specifically marketed for this purpose, as being able to increase a chest size by 2 full cup sizes. This bra is heavily padded, lined and underwired to create the appearance of a larger chest. Padded bras are likely to go unnoticed during states of dress, so when these masking practices worked well, it allowed women to move through their dressing routines with greater confidence. In these instances, women were able to ‘fake’ their body shape and ‘get away with it’ - having created an ideal figure out of additional materials.

Through this, women incorporate ‘new’ materials into their practice bundles of getting dressed, adding another piece to their routine and used to create their desired end of having the ‘right’ body for clothes. Important to note is that consumers who felt their bodies blocked from some clothing were enabled via wearing shapewear. This may help to explain why many women don’t get surgery and learn to eventually accept their body as it is. Yet as will be discussed in the next section, this coping mechanism was not always a smooth practice.

Failed Practices

Failed practices refers to those which are being carried out, but come undone in situ. Exposure is an example of a failed practice, in that the materials which are carefully crafted to create an ideal shape come undone. Although the practice of bra stuffing has benefits for women in that they could cover their body and move closer to an ideal shape, for women with flat chests, these practices were also risky. Returning to Vlogger Allie, who described a distance of “three inches” between her chest and the bra, this lack of fit with market-mediated materials meant that even concealment could come apart. Bras would come away from the body, or inserts fall out, exposing women as frauds. Often, this literally revealed the problems that women had with their own bodies in the first place. In this sense, covering the body in shapewear is not an adequate substitute for real breasts. For Anna, who did not leave her home without wearing a padded bra, her exposure in resulted in public embarrassment:

My bombshell bra added two cup sizes to my chest, but it was basically empty and levelled off my chest⁴. And (because) I had no boobs to hold it down it would always go up and stick out my shirts. If I wasn't wearing a crew neck, anyone taller than me could look down my shirt and see my whole boob, nipple and everything. Even in some bikinis, if I didn't stand with my shoulders pulled back or reach for something with my arm over my bikini, it would [fall away and expose] my whole chest. At a wedding, I wore a low-cut dress and pulled my arm forward to take a selfie, while sitting at my table with 10 [people who] I didn't know. I looked at the picture only to see my entire chest, and I mean everything was out. I'm pretty sure they all saw and just looked away.

⁴ What Anna describes as ‘levelling off’ refers to the bra cup being larger than her breast. Because of this, the curvature of the bra cup does not sit flush with the top of her breast, and instead pulls away from the body.

Anna's experience of embarrassment, having unknowingly exposed her chest to all the wedding guests seated at her table is another example of this teleoaffective structure of shame. This time, shame occurs through the process of covering. As Anna pulls her arm out to take a selfie and socialise with others, her security of wearing a padded bra in public fails her, leading to a misaligned practice between her body and the materials. This provides some insight into why coping mechanisms are rejected, and a more permanent solution in breast implants is considered. In one movement, the meaning which surrounds her bra reformulates from positive to negative, becoming the cause of her shame and embarrassment in exposing her breasts and her hidden shapewear in public.

Worrying about these exposures often led to further blocked practices. For instance, occasions where the body would be on display, such as going to the beach, was particularly problematic because women like Nadine would need to forgo the padding in their bikinis, as the padding soaks water during swimming, which would then need to be wrung out on the shore in public. Other occasions like sleeping, bathing, or being intimate were also spaces where 'faking it' fell apart, revealing women's real or natural bodies underneath. These are further examples of blocked practices that stop women from embodying the transformed appearance that padded bras could provide. Here I find that when blocked practices emerge, consumers may try to cope, but this may lead to more blocks because of these coping mechanisms.

The Teleoaffective Structure of Shame

The findings throughout this section reveal how feelings of shame or embarrassment over the body can play a significant role in seeking change. Because women did not feel comfortable

in their bodies in a number of social situations, many of them already felt shame over their own bodies. Consider vlogger Brittany, a fitness blogger who had surgical implants at age 19:

I have literally wanted a breast augmentation since I was in 8th grade. And I know this sounds *ridiculous*, but I developed really late. I always had really small breasts. I was always made fun of for having small breasts, by boys, in middle school, by girls, by my friends, everyone would just make jokes and it was something that I was super, super self-conscious of my whole life. All through high school, I literally begged my parents to buy me them (breast implants). (emphasis in original)

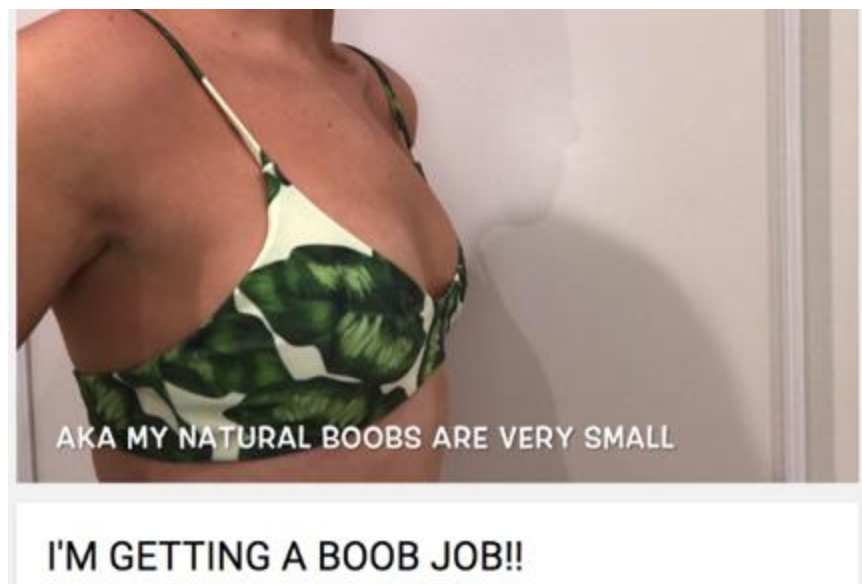
Others shared similar stories of being teased about having small breasts, or about feeling uncomfortable. This is an example of a teleoaffective structure - a set of outcomes and emotions that govern the practice and embed it into a context (Schatzki 2002). When Brittany describes being teased, and feeling “super, super self-conscious my whole life,” it provides additional detail into the embodied sense of discomfort she feels about her chest. These examples can provide some insight into why many women chose to ‘fake it’ with shape wear. However, I find that when women do nothing about their bodies, they are shamed; if they try to ‘pass’ with padded bras they can still be shamed, and when practices misalign or fail, they can again be shamed.

The role of shame in promoting change is well documented in ‘The Civilising Process.’ Norbert Elias (1994 [1939]) conceives of shame as a secret, internalised feeling. Shame is taboo and therefore something that is not openly discussed. In his study, Elias considers how manners become disseminated across society by tying behaviours deemed unfit for public consumption—like picking one’s teeth or nose—to shame. Engaging in these practices in public generates public disapproval, thus forcing these practices into the private spheres of society.

This was evidenced by many women, including Poppy and Lucy, who would rarely leave home without wearing a padded bra under their clothing because they did not feel as though their

flat chests were a true representation of themselves. Vloggers on YouTube, including Allie, Shaanxo and Brittney revealed they had never been in front of the camera without a padded bra, and took the opportunity to disclose how small their chests were for the first time only when disclosing their plans for surgery (Figure 6).

Figure 6: *YouTube vlogger Hayley Reveals Small Chest for First Time*



In much the same way, women are mocked for their small breasts which prompts shame over their bodies. Yet, as I have discussed, the use of padded bras or inserts are also intended to be hidden from public view. Therefore, the findings reveal that shame can be multi-faceted - it can be experienced via women's natural, flat-chested bodies; and via exposing the body which has been stuffed and shaped with additional materials. These social meanings, that women are expected to be naturally shapely become embodied through the breakdown of practices that attempt to 'fake' a natural appearance of breasts.

Together, the events I have outlined are of the growing evidence that the body needs to permanently change in order to avoid these incidents in the future. In this sense, these blocked and misaligned practices appear to compound, causing women's experiences of shame to build. This may therefore explain why change is sought to resolve both the instability of the practice and the negative outcome that ensues.

Summary

In this section I have described the unstable body project. I have explored how some women among my informants came to view their breasts as incongruent with the rest of their body through their blocked and misaligned practices. I first detailed how body projects could be viewed as unstable, as women focus on one element of the body (their breasts) as being incongruous with the rest. This was evidenced through blocked and misaligned practices that disrupted simple practices like dressing, intimacy or social outings. This was coupled by an embodied teleoaffective structure of shame surrounding the body, and the practices that informants could not carry out with their bodies. Together, this prompted informants to seek change as a means of resolving these practice breakdowns.

The remainder of this chapter focuses on the stable body project. This relates to women who view their bodies more holistically, and frame surgery as an opportunity, and acts as a point of contrast to the unstable body project.

STABLE BODY PROJECTS

In the previous section, I described the unstable body project – this was characterised by a group of informants who framed breast surgery as a need to resolve a nonconforming body part

to the rest of the body. These informants almost reject their breasts as not fitting with their desired body project, highlighting the problems that their breasts create in their practices.

In contrast, a second group of informants described and evaluated their bodies holistically, rather than focusing on their breasts alone. I refer to this as a stable body project, and reflects a different path towards making a decision for surgery. For these informants, breast augmentation was part of a larger ongoing project of different self-improvement practices. This group often cited other practices, such as exercise or weight-loss, as opportunities for bodily enhancement. This group focused on enhancement as a core goal of their body projects. They actively worked on themselves evidenced through their practices related to working out, dieting, or receiving other beauty treatments such as anti-wrinkle injections or facials. Women drew from the shared understanding that these practices are acceptable and extended this to breast augmentation as a means of justifying their decision.

The Body Project as a Disciplining Practice

The first key difference for this group was that an opportunity or a life-change made women realise that they could go through with the surgery. Danika only became serious about breast augmentation when she witnessed her body changing through her other practices. After she began training for a marathon, Danika becomes proud of her body. Through this, she realised that a breast augmentation could function as another goal to achieve:

What kind of got the ball rolling for me in pulling the trigger was last year about summer of 2016 I started running a lot... I was running about 4 or 5 times a week, having specific goals to do a half marathon... and a side effect of that was that I lost some weight, and a side effect of that was that I started feeling really great about myself. I felt strong, very powerful and I just felt like I had this kind of like, revitalised energy, I felt like putting in that effort was very rewarding to see that progress to have a goal in mind, and I was very pleased with my

results – not just from having a goal in mind but just feeling like this is, this is what my body feels like and looks like when I'm healthy and in an active shape...I was very happy with my transformation both inside and outside, but I just felt like there was one thing missing...I always admired women with fuller chests and in my mind, that is what has always been, to me, very feminine and very beautiful - I always admired that. And I felt for me that I was very pleased with how healthy and fit I was, and I thought for me, I would like myself even more if I had breasts.

Danika describes how the meaning surrounding the practice of training, changes how she views her own body. Danika's dedication to training the body reveals that she was already pursuing change within her body project. The resultant emotion of feeling good about herself for meeting her desired teleoaffective state – becoming a runner – motivates her to focus on other goals that surround the body. To be sure, Danika frames surgery as a 'bucket list to tick off,' and demonstrates how surgery can be considered something to attain. Her story reveals how consumers discipline the body, in both physically shaping the body, and striving to continuously self-improve. Past research suggests that consumers self-improve and discipline in line with social norms, which are tied to consumer culture (Featherstone 1991, Üstüner and Thompson 2012). When the body is anchored to social values, it can therefore be used as a means of justifying practices that may be deemed extreme (i.e. cosmetic surgery) by aligning it with other forms of self-improvement (i.e., exercise).

Moreover, informants describe how life changes may facilitate the opportunity for cosmetic surgery. Ella's weight loss, or Kourtney experiencing her post-pregnancy body act as new sources of meaning for the body – a realisation that the body can change and be shaped. This justifies further change in ways aligned to their desired appearance. In this sense, these practices allow consumers to view the body and self as malleable. Kourtney explains:

I got pregnant and I have 2 kids, I have an 8 year old and I have a 5 year old. My first one I could not breastfeed, I just couldn't. He was in the hospital; it was stressful it didn't work out. My second one I breast fed for 3 years (Interviewer: wow!) I know! And not by choice, she just wouldn't get off. So, I just chose my battles I was like whatever, when you're ready you'll be done. So, by then it was like, obviously they (her breasts) don't look the same. We made the decision that we're done having kids, we have 2, we're done. So I turned 30 and I was like you know this is a good time, so that was my 30th birthday gift to myself!

Quotes such as Kourtney's illuminate how elective surgery is one practice within a constellation of practices that can enhance the body. Women improve their body by seeing the progress of a body transformation, finishing having children, or deciding to do something for oneself. In comparison to informants with unstable body projects, the women in the stable body project group view their bodies as changing. Informants use these changes in turn, to evaluate their breasts through the revelation that the body can be developed across multiple iterations and change based on personal choice.

What separates this group of women from the preceding group is that in interviews and YouTube video diaries, women were likely to evaluate and explain their bodies more holistically and unashamedly. Women's reasoning for breast augmentation was underpinned by comments such as 'I could be better' (Lucy), 'I would feel more feminine with breasts' (Danika) or 'I could do it, it's not that big a deal' (Sarah).

The meaning of these statements is grounded in a shared understanding within consumer culture that consumers are responsible for the surfaces of their bodies and can therefore make choices over their appearance (Elias and Gill 2018). Examples of this could be seen in women's discussion of bettering themselves before they even contemplated surgery – Bianca commended herself for working through her depression and only went through her breast augmentation when she was completely content with herself. Danika noted that in America, women are celebrated for taking control and changing elements of themselves that they do not like. When framed in

this way, cosmetic surgery can be framed as a choice, made in line with other self-improvement practices such as dieting (Moisio and Beruschasvili 2010), religion (i.e. Sandikci and Ger 2010), or seeking alternative medicine (Thompson 2005) or psychological services.

Beauty Regimes as a Practice Bundle

A second and related theme is that women with stable body projects frame surgery as part of a constellation of self-care practices. Therefore, although women in the unstable group focus their reasons for change around fixing a body part, whereas the stable group frame surgery as holistic self-care. Schatzki describes some practices as a bundled, such that they are intertwined and mutually informing (Schatzki 2012, 2015). In this context, self-care practices relate to the adherence of moralistic codes of conduct that are embedded within a society (Foucault 1984). Foucault (1984, 43) argues that self-care is an individualised form of self-monitoring and self-development, whereby the self is charged with the task to transform, correct and purify oneself. Through this, the body project is being used to shape and improve the self in line with a desired identity which is linked to social values.

One form of this self-care was seen in the beauty regimes of women. As previously described, a taste regime refers to a discursively constructed set of ideals that govern practice (Arsel and Bean 2013). Unlike the life changes and goals described above, beauty regimes refer to an interlocking set of practices that dictate the body project. Informants described their beauty regimes as being comprised of trainers, dieticians, aestheticians, dentists, hair-stylists, makeup artists and eyelash technicians, all aimed at disciplining the physical body toward a desired appearance. Surgery and other cosmetic treatments were spoken about as being similar as these

other self-care practices. Kourtney explains:

I think it's just one of those things that becomes part of your girly maintenance...If I go get my hair done, that's 300 dollars. You have to wax your eyebrows. And my bottom lip was always a lot bigger than my top lip and it bothered me a little. So, I was like 'you know what, I'm gonna fix that.' So, I got a little bit of filler to my top lip to match the bottom one, and I was like 'hello!' It adds up to be a girl and take care of yourself!

The women in this group welcomed a range of practices that improved their appearance. They were deemed as something further that could be performed to improve the self. Kourtney expressed that, in her hometown of Los Angeles, it is normal for consumers to have these procedures. She evokes a shared understanding that in Los Angeles these self-care practices are expected to maintain a youthful appearance ('in LA it's like...you haven't gotten filler?'). This provides evidence of a localised regime that provides insight into the social expectations that consumers are subjected to, which can shape the meaning surrounding these practices.

Importantly, because these practices are viewed as normal and expected, self-care paves the way for breast augmentation to be framed as such too. Of course, these beauty regimes are also true of the women with an unstable body project, however, the extent to which they are elaborated, differs across groups.

Moreover, informants also draw from broader social values that go transcend their immediate surroundings. Demi, a graduate student in childhood education, expressed that she was into 'glam,' such as heavy makeup practices and making herself look good to go out in public. She says: "a lot of people (around here) don't really do plastic surgery I don't think, or if they do it's very subtle 'cause everyone here is very down to earth and I'm not, I'm very all about glam and all that stuff." Although Demi describes people in her hometown as taking less care in their appearance, she values her self-care practices. Demi draws from these markers of

self-care (heavy makeup, looking nice in public) to justify her own choice for larger breasts ('I just thought I would look better with them'). These findings help to highlight how consumers frame their bodies as a project, and use cosmetic modification to continue to transform their appearance.

The meaning that emerged from these self-care practices was that change can make you feel good and it's 'part of being a girly maintenance' (Kourtney). The practices described here can therefore be underpinned by self-gaze, which refers to self-monitoring and self-evaluation as part of self-care practices (Foucault 1984). Consumers who are already participate in a variety of beauty practices actively monitor their body and make tweaks to their appearance. In this sense, of all these disciplinary practices, breast augmentation is one of many in a bundle of common practices.

Smooth Practices

Finally, women with stable body projects view experience their routinised practices differently. For example, clothing was not described source of embarrassment or shame. Sarah, Demi and Kourtney happily stuffed their bras for years and were unfazed by this body shaping practice. As I described previously, when women were able to wear a push-up bra and 'get away with it' they were comfortable and experienced stability in their dressing practices. It was only when these practices came apart that the negative emotions of shame and embarrassment arose. Some of the women in this group even discussed the merits of a smaller chest. Demi says:

When I tell people (about my surgery), I think they think I'm insecure for whatever reason, which is why I'm hesitant to tell people, but it's not that I'm insecure, I think I look better and feel better about myself. Like honestly, when I had a small chest, I wasn't like 'oh my gosh I hate my life' I was like 'ok cool, I don't ever have to wear a bra.' But I had the

opportunity (to do it), and this was something that I always wanted, like if I didn't have the money I wouldn't care, I was never in a rush.

Although she felt as though she 'missed the opportunity' of larger breasts, Demi insisted that she was not ashamed of her pre-operative body.

Of course, many of these women still formulated similar rules surrounding clothing as the unstable body project group (see table 6). However, informants offer some insights into the smooth practices of women seeking surgery. Although they may be blocked from bustiers or unpadded bikinis, women did have access to loose t-shirts, frills that create the illusion of chest volume, and high-neck clothing that concealed their bodies. Like Demi, Sarah recounted confidently wearing clothing without a bra 'even if it was low-cut, because I had nothing there, so I wouldn't worry about it.'

I reason that for these women, events where clothing or shapewear failed were not as significant in their narratives. Women in the stable body project group were more positive about their bodies. Instead, they justified surgery by drawing from shared meanings surrounding self-care - that it is culturally acceptable to do something for yourself – surgical modification is justified.

Summary

This section has described the stable body project. Here, the body is evaluated and discussed more positively and holistically. The body is not reduced to breasts alone, rather it is evaluated as a whole. This meant that practices facilitated the opportunity for breast augmentation, as women watched their body transform through practices such as exercise, weightless, pregnancy or other cosmetic procedures. This often meant that informants would describe their bodies as a set of interwoven practices, regimes and goals that were mutually

informing and meaningful. Importantly, I outlined that women viewed surgery as an opportunity, which stemmed from progressing through goals and life-changes. This is significant because it highlights a lack of urgency that was present in the narratives of women with more unstable body projects. This chapter concludes with a brief discussion of the stable and unstable body project.

Table 6: *Body Project Data Table*

Name	Body project	Doings	Materials	Meaning	Teleoaffective structure	Quotes that teleoaffective structure is not being achieved
UNSTABLE BODY PROJECT						
Anna (USA)	Social/medicalised body - ideal body is naturally full, and feminine. Chest protrudes outwards not inwards.	<ul style="list-style-type: none"> Trying on clothes in stores Going to the beach - swimming Special occasion (Wedding) Selfies Scoliosis suit 	<ul style="list-style-type: none"> Padded bra Nothing without a bra No backless tops or dresses, no strapless tops Bikinis 	<ul style="list-style-type: none"> Blocked - physicality of body stops some dressing; rules Misaligned – effort in dressing Failed - exposure from faking it 	Shame over inability to embody ideal shape without padding	<p>‘I was so embarrassed, I think they all saw and just looked away’</p> <p>‘Small boobs was not fun for me...I thought I looked so ugly braless’</p> <p>Clothing gaped, sagged, pulled away from her body (field notes)</p>
Carla (USA)	Social body – ideal body is curvy, big-chest that emulates co-workers	<ul style="list-style-type: none"> Waitressing Trying on clothes in stores Social comparison at work Socialising with girlfriends Working for tips 	<ul style="list-style-type: none"> Tight, figure hugging clothing at work Padded bra Nothing without a bra No low cut tops 	<ul style="list-style-type: none"> Masking - getting away with padding; Having the right ‘look’ for tips Blocked – physicality of body stops some dressing; rules Misaligned – social comparison to colleagues who have augmented breasts Failed – exposure from faking it 	Envy over other women’s breasts <ul style="list-style-type: none"> Self-consciousness over natural appearance of breasts 	<p>‘[to me] breasts are the main sexual appeal for a female... I always felt like I lacked that aspect’</p>
Poppy (USA - CA)	Changed body - Ideal body is perky and naturally full.	<ul style="list-style-type: none"> Going clubbing Weight loss-sagging Special occasions (NYE) Going to the beach 	<ul style="list-style-type: none"> Padded bra Nothing without a bra No backless tops or halternecks No strapless tops or dresses 	<ul style="list-style-type: none"> Blocked - physicality of body stops some dressing, avoidance practices; rules Misaligned – effort in dressing 	Social anxiety, dissatisfaction with appearance of chest <ul style="list-style-type: none"> Shame over inability to embody ideal shape without padding 	<p>‘I wouldn’t leave the house sometimes because I couldn’t find anything that looked cute’</p>

		<ul style="list-style-type: none"> • Being intimate with partner 		<ul style="list-style-type: none"> • Masking - covering body from boyfriend • Failed – exposure from faking it, 		
Denise (USA - IO)	Model body type - 'never developed.' In the real world this body doesn't work.	<ul style="list-style-type: none"> • Modelling – exposes body • Pregnancy • Break-up • Fantasising 	<ul style="list-style-type: none"> • Padded bras • Low-cut tops • Revealing clothing 	<ul style="list-style-type: none"> • Smooth – natural 'small' chest works in modelling • Misaligned - moving out of modelling changes meaning around chest 	Discomfort over chest; not feeling feminine in the 'real world'	'I have always been tall and skinny...I never got the fulfilment of feeling like a woman when I wore my clothes'
Olivia (AUS – QLD)	Changed body - ideal body features slim frame with chest - weight loss prompted negative feelings about breasts	<ul style="list-style-type: none"> • Weight loss • Spending time with girlfriends • Divorce • Comparison 	<ul style="list-style-type: none"> • Thick padded bras • Bralettes • T-shirts • No revealing styles 	<ul style="list-style-type: none"> • Masking – getting away with padding • Blocked - physicality of body stops some dressing; rules • Misaligned – life-change (divorce) and social comparison change feelings over breasts 	Dissatisfaction with choices, self-consciousness <ul style="list-style-type: none"> • Wanting to take control through surgery 	'I always felt like I wanted to go a bit bigger... I wish I had just done it for myself in the first place'
Monica (USA - CAL)	Underdeveloped body - 'never developed' and ideal body is feminine and curvaceous	<ul style="list-style-type: none"> • Clubbing, Dancing • Prom • Beach • Dating 	<ul style="list-style-type: none"> • Padded bras • Nothing without a bra • Chicken fillets • Duct-tape • Safety pins • No strapless dresses or tops • No backless tops, no halternecks 	<ul style="list-style-type: none"> • Masking - getting away with padding • Blocked – physicality of body stops some dressing; rules • Misaligned – covering body, faking it, effort and creativity in dressing 	Embodied shame over natural chest <ul style="list-style-type: none"> • Needs bra to create ideal shape 	'I do not feel comfortable in the clothing that I wear... I feel very masculine (without a bra)'
Charlotte (USA)	Underdeveloped body - insecurity over small breasts not	<ul style="list-style-type: none"> • Being intimate with partner 	<ul style="list-style-type: none"> • Padded bra with all clothing • No revealing tops – all high-neck tops 	<ul style="list-style-type: none"> • Masking – getting away with padding 	Embodied shame over natural chest <ul style="list-style-type: none"> • Never revealed top-half 	'I was never comfortable with not having (breasts)' 'I felt so shy about not having boobs'

	matching the rest of her curvy body	<ul style="list-style-type: none"> • Social outings – clubbing, dancing • Swimming 	<ul style="list-style-type: none"> • Short dresses and skirts • Padded bikinis 	<ul style="list-style-type: none"> • Blocked – physicality of body stops some dressing; rules • Misaligned - effort in dressing • Masking - covering body from boyfriend • Failed – exposure from faking it, 	<ul style="list-style-type: none"> • Reliance on bras to create an ideal shape 	
Jordan (AUS – MEL)	Social body - anxious about her droopy chest in social settings	<ul style="list-style-type: none"> • Weight loss • Social outings (clubbing) • Dancing • Spending time with friends 	<ul style="list-style-type: none"> • Padded bra • Nothing without a bra • High-cut tops • No low-cut tops 	<ul style="list-style-type: none"> • Masking – getting away with padding • Blocked – physicality of body stops some dressing; rules • Misaligned – effort in dressing, social comparison • Failed – exposure from faking it (bikinis), 	Self-consciousness, discomfort over breast appearance	‘I thought I’m really not happy... [o]ther girls my age, I felt like their boobs were so much perkier and I felt like ‘mine aren’t’
Phoebe (UAE)	Changing body - Fluctuating breast size dictates how she feels about the rest of body	<ul style="list-style-type: none"> • Weight gain/weight loss - sagging • Intimacy with partner 	<ul style="list-style-type: none"> • Drawer of bras in multiple sizes 	<ul style="list-style-type: none"> • Blocked – physicality of body stops some dressing; rules • Misaligned – effort in dressing • Failed – exposure from faking it 	Discomfort and embarrassment over chest – <ul style="list-style-type: none"> • desire to control the body so that it works in unison 	‘I lose weight and I feel good about my body but then my breasts don’t make me feel good’
Nadine (USA - MS)	Underdeveloped body - ideal body is feminine and has breasts.	<ul style="list-style-type: none"> • Yoga • Veganism • Cleansing • Swimming • Ageing - sagging 	<ul style="list-style-type: none"> • Padded bras • Workout clothing • Padded bikini tops • Nothing low-cut 	<ul style="list-style-type: none"> • Masking – getting away with padding • Misaligned - lifestyle incongruent with surgery • Surgery as a means of feeling good about herself, within the 	Self-consciousness, attached to natural breasts <ul style="list-style-type: none"> • Bras work to shape body • No swimming with padded bra 	I was much more self-conscious about my body before I started my health journey ‘I always wanted breasts, even before I developed’

				bounds of acceptability		
STABLE BODY PROJECT						
Danika (USA - CA)	Controlled body - Ideal body is feminine, curvy and one that she feels control over	<ul style="list-style-type: none"> • Running • Training • Weight loss • Watersports • Comparison to others 	<ul style="list-style-type: none"> • No low-cut clothes ('modest') • Padded bra • Loose clothes • Bikinis 	<ul style="list-style-type: none"> • Goal striving - /running • Masking - getting away with padding; • Blocked - physicality of body stops some dressing, avoidance practices; rules • Misaligned – feelings about small chest come to surface through lifestyle change 	Confidence from change, meeting goals <ul style="list-style-type: none"> • Channel feelings into improving chest 	'I felt so good, and I thought there's one thing that would make me feel even better'
Demi (USA - WA)	Realised body - Feels good about her body and her body work; surgery becomes potential through social engagement	<ul style="list-style-type: none"> • Makeup • Nosejob • Family • Graduation 	<ul style="list-style-type: none"> • Padded bra • Bikinis • Tank tops 	<ul style="list-style-type: none"> • Masking – getting away with padding • Social comparison • Disciplining practices - beauty regimes 	Opportunity facilitates motivation: <ul style="list-style-type: none"> • Surgery as means of improvement • 'I could be better' 	when I had small boobs I wasn't like 'oh my god I hate my life' I was like 'ok great, I don't have to wear a bra'

Bianca (USA)	Actualised body - worked through body issues to feel good about self before surgery	<ul style="list-style-type: none"> • Tummy tuck • Liposuction • Graduation • Mother has surgery • Government loans 	<ul style="list-style-type: none"> • No tight clothes • No low-cut tops 	<ul style="list-style-type: none"> • Goal striving – financing • Misaligned: effort in dressing • Blocked - physicality of body stops some dressing, avoidance practices; rules • Disciplining practices - Surgery framed as set of beauty practices 	<p>Opportunity facilitates motivation</p> <ul style="list-style-type: none"> • Previously unconsidered as realistic option 	‘I got the surgery at a time when I was completely content with my body the way it was’
Stella (JMA)	Surprised body - Felt good about her body. Breasts were gift from partner	<ul style="list-style-type: none"> • Gift (partner) • Laser • Botox, fillers • cosmetics 	<ul style="list-style-type: none"> • Padded bras • Tight clothes • No low-cut tops and dresses • Work suits 	<ul style="list-style-type: none"> • Masking: getting away with padding • Blocked - physicality of body stops some dressing, avoidance practices; rules • Disciplining practices - Surgery framed as set of beauty practices 	<p>Opportunity facilitates motivation</p> <ul style="list-style-type: none"> • previously unconsidered before gift 	‘(when) I had smaller boobs, I made it work and I looked good like that too’
Ella (AUS)	Changed body – had her ideal body, weight loss destabilises body	<ul style="list-style-type: none"> • Bikini contests • Modelling • Diet 	<ul style="list-style-type: none"> • Bikini • Flowy clothes • Colourful clothes • High-neck tops • Tight clothes 	<ul style="list-style-type: none"> • Misaligned: weight loss shifts meaning around breasts • Masking – getting away with padding • Failed – exposure 	<p>Previously unconsidered</p> <ul style="list-style-type: none"> • Becomes solution to immediate problem 	‘even though I was gaining weight after comps they (my breasts) just went weird... and I was like ‘you know what, I’m just going to do it’
Kourtney (USA - CA)	Controlled body – ongoing body work provides opportunity for further change after pregnancy	<ul style="list-style-type: none"> • Pregnancy • Fillers, botox • Laser • Cosmetics • Birthday 	<ul style="list-style-type: none"> • Padded bra • No low-cut clothes • Dresses 	<ul style="list-style-type: none"> • Goal striving - through life-stage (children) • Blocked - physicality of body stops some dressing, 	<p>Surgery framed as milestone</p> <ul style="list-style-type: none"> • Something to do for yourself 	‘it’s expensive to be a girl’ ‘this was my 30 th birthday present to myself’

				avoidance practices; rules <ul style="list-style-type: none"> • Masking – getting away with padding • Disciplining practices - Surgery framed as set of beauty practices – culturally valued in LA 		
Lucy (AUS - QLD)	Realised body – positive about body, surgery can appear natural through social interaction	<ul style="list-style-type: none"> • Weight loss • Opened a gym • Talking with friend about her surgery 	<ul style="list-style-type: none"> • Padded bra • Bikinis • Tight tops and dresses 	<ul style="list-style-type: none"> • Social comparison • Masking – getting away with padding • Failed – exposure at the beach 	Previously unconsidered <ul style="list-style-type: none"> • Surgery becomes not ‘a big deal’ by viewing others 	‘I didn’t think I’d change them, it wasn’t something that I’d thought about before (my friend did)’ ‘I could do that, it’s not that big of a deal’
Sarah (AUS - NSW)	Realised body – positive about body, surgery can appear natural through social interaction	<ul style="list-style-type: none"> • Socialising with new friends • Going to the beach • Clubbing, dancing 	<ul style="list-style-type: none"> • Happily stuffed her bra • Padded bikini tops • Low cut tops 	<ul style="list-style-type: none"> • Social comparison • Masking – getting away with padding • Failed – ‘tragic’ padded bra 	Previously unconsidered <ul style="list-style-type: none"> • Surgery becomes acceptable through realisation that it can look natural/good 	‘in my opinion, I was fake the whole time anyway (in my push-up bras)’

DISCUSSION

The aim of this chapter was to outline two approaches to the body project. In doing so, I discuss how consumers reflection on their practices may come to impact their evaluation over their bodies. In my study, informants followed two distinct pathways towards change. In the first instance, the unstable body group experienced practice-material bundles that produced a variety of blockages to their desired end-states (teleoaffective structure). These included fitting the body into clothing, achieving certain looks related to taste regimes, and misalignments in their practices – such as being intimate, dressing or socialising. Women experienced outcomes related to shame, which further motivated them to seek change.

In the second case – the stable body project - the practices that women describe are bundled differently. The Women in this group draw from teleoaffective structures related to self-improvement, and taste regimes surrounding beauty and self-care. Although Table 6 shows that these informants also experience blockages and misalignments to their practices, the meaning of these misalignments are interpreted differently. This group focus on tying body modification to other socially acceptable forms of body management (exercise, makeup). A summary of the findings is presented in Table 7 below, which shows how the unstable and stable body project differ.

The data collected in this chapter shed light on two pathways towards change. I have focused on women who view body modification surgery as the only alternative to resolve a non-conforming body—the unstable body project, and women who view surgery as an opportunity to make their body better—the stable body project. The findings suggest that the decision to have surgery was greatly influenced by women’s practices.

Table 7: *Summary of Findings*

	Unstable Body Project	Stable Body Project
View of body	Body reduced to single part	Body discussed holistically
Meaning	<ul style="list-style-type: none"> • Body misaligned to market • Surgery framed as necessary 	<ul style="list-style-type: none"> • Discipline of the body for improvement • Surgery framed as an additional self-care practice
Materials	Problematic <ul style="list-style-type: none"> • Materials fail - exposure • Reduced choice 	Less problematic <ul style="list-style-type: none"> • Materials shape body • Some reduced choice
Competencies	<ul style="list-style-type: none"> • Rules • Covering • Avoidance 	<ul style="list-style-type: none"> • Care • Discipline • Regimes
Teleoaffective structure	Resoundingly negative – <ul style="list-style-type: none"> • Embodied shame • Frustration Embarrassment	Resoundingly positive <ul style="list-style-type: none"> • Body/lifestyle changes shift meaning around surgery Opportunities emerge

Unstable body projects are centred on revising an ‘unstable’ self. Women described modifying their breasts as necessary, based on embarrassment or shame stemming from routine practices. The meaning that emerges is that one body part (breasts) does not work in unison with the rest of the body, evidenced by struggles to dress, conceal or shape women’s breasts. This is underpinned by a teleoaffective structure of shame, which provides meaning to consumers exposure in public. Shame is a feeling that consumers want to alleviate in order to feel comfortable and secure. This gives legitimacy to surgery in this context.

In contrast, stable body projects are grounded in opportunity or self-care. Doing something for yourself has shared meaning within society, as consumers adopt a shared meaning that they are responsible for monitoring, evaluating, and taking care of themselves (Elias and Gill 2017). Framing plastic surgery with other socially acceptable elements of care practices (exercise, facials); or as an opportunity emerging from life (pregnancy, weight-loss) provides

surgery with legitimacy in women's daily lives. This is best underscored through women's self-gaze and the idea that if you want to change something yourself then you should do it.

Importantly, the aim for this chapter was to illuminate that there is not one single way to seek change. I argue that women are likely to have a myriad of reasons for seeking body modification, and this chapter has tried to single out two possible pathways toward transformation. I find that although the stable and unstable pathways appear distinct, there is considerable overlap and evidence across women's narratives for additional pathways, or a bricolage across pathways. One of the most distinct similarities across women's narratives was in the rules they held over their bodies (Table 6), whereby consumers will disregard clothing that does not flatter their chests, and only use those clothes that cover them. I considered the role of the market, via manufactured clothing, and society, via taste regimes that govern what 'looks' can be conceivably embodied. This finding signals the extent to which the body is tied to the market; and how market-mediated materials are used to benchmark the body. This may highlight how women's pathways are entirely unique to their own circumstances and what they choose to focus on versus ignore.

Moreover, by drawing on practice theory to explore women's motivations for surgery, I have shed light on how higher-order societal values or norms are placed onto the body and embodied through women's routine practices. This moves away from simply focusing on overarching societal values that cause consumers to seek change (i.e., Askegaard et al. 2002). Instead, I show how cultural values are manifest into consumers everyday lives. By focusing on women's own every-day practices, we are able to understand and comprehend the difficulties that some women may experience with their bodies and the reasons they seek change. For instance, clothing which does not fit, sag or gape may cause women view their bodies as not

‘normal’ because they cannot fit into market-mediated sizing. The result is that women literally embody their dissatisfaction with their bodies by developing rules around how to dress that covers or conceals these body parts. Through this, I show how societal norms manifest, or are reproduced through routine.

Finally, this chapter also yields insight into how body projects may be evidenced as a bundle of practices. By showing how consumers in everyday life draw meaning from the experience of their daily routines – dressing, socialising, losing weight– as reasons or opportunities to alter their bodies. Exploring consumer practices can offer insights into how and why consumers become motivated to seek aesthetic improvements. This moves beyond simply the idea of matching the outside appearance with an internalised desired appearance (i.e. Shilling 2003). My findings demonstrate the complicated nature of the body interacting with the social and material world. I show how routines impact women’s evaluation of their bodies when the practices are smooth versus when they fall apart; providing women with reasons as to why they have decided to change their bodies.

This chapter has shown how women come to evaluate their bodies in their decision for breast enhancement surgery. In the next two chapters, I will turn to consider how women managed their relationships with others in their own journey towards surgery. I have shown that women decided on surgery through reflection of their practices. Yet women also needed to factor in the opinions and thoughts of close others (chapter 5) as well as online networks (chapter 6) in their own decision making on their body project. Ultimately, the support that women received in the home lives, as well as the information they were exposed to online had an influence on their preferences for their own bodies.

CHAPTER FIVE

THE SOCIAL BODY - PERSONAL NETWORKS

In this chapter, I consider how women negotiated with their personal networks throughout their decision to have body modification surgery. In chapter 4, I outlined the micro-level practices contribute to the motivation for breast augmentation surgery. I argue that women view their bodies as *projects* - malleable entities that can be improved through their routine practices. Yet, the road to body modification is not independently sought. Informants must tell their social networks of family and friends. They also join online networks as part of their decision-making process (Chapter 6).

I will consider how body projects become social via interaction with others. Previously, Patterson and Schroeder (2010) suggested that body projects can become social pursuits when consumers rely on others to help actualise a desired appearance (e.g., a tattooist or a surgeon). Through this, the body becomes opened up to social interaction via a service-provider who can give the consumer the appearance they desire. Yet questions remain: if service-providers can make the body social, then what is the role of close social-others, such as parents, romantic partners and friends on the body project? How do different opinions, values and ways of thinking about the body come to impact consumers own decision making over their bodies?

In thinking about these questions, Chapters 5 and 6 will show that body passes through multiple social spheres of support and opposition that complicate the evaluation of the body and the decision-making process. The findings in these chapters will answer Research Question 2: What is the role of social others in shaping consumers' intimate practices? I seek to theorise how social others make the body social, and influence the planning, evaluation and embodiment of an

‘ideal’ body via surgery. Before presenting the findings, I will first explore current conceptualisations of social influence within CCT, and outline Swidler’s (2001) theory of constitutive rules.

The Sociality of Consumer Practices

Within CCT, sociality and relations among people has received much attention, covering communities of consumption (Schouten and McAlexander 1995, Kozinets 2001, Schau et al. 2009), families (Epp and Price 2008, Epp et al. 2014), consumer-brand relationships (Parmentier and Fischer 2015), ethnicity (Dion et al. 2011) and religion (McAlexander 2014). These studies show the impact that being a member of social groups can have on consumers’ preferences, tastes, identity and practices.

In these studies, consumer relationships are typically considered among groups where membership shape consumer choices. For example, brand communities embody shared values and norms that are developed and reproduced as part of group membership (Schau et al. 2009). Here, group membership shapes practices because consumers conform to identifiable shared practices (Barnes 2001, 32). Moreover, social influence also arises in taste regimes, which are discursively constructed normative system that orchestrates practice (Arsel and Bean 2013, 900). In their study on apartment decorating Arsel and Bean (2013) show how aesthetic tastes are communicated to consumers in a taste regime by influencers, such as magazines or blogs. The impact of social groups on taste and practices is well documented in social psychology where social influence arises through the role of authority, expert or status-symbols (Cialdini 2001, Latané 1981). That is, consumers’ decisions are influenced by people with whom they want to associate with, or who are experts.

For this reason, social influence is typically studied within groups or communities of like-minded consumers (Arnould and Thompson 2005). For example, despite the subjective nature of taste, beer aficionados are indoctrinated into a singular approach to beer - such as learning the right notes (i.e. hops) and wrong notes (i.e. licorice) (Maciel and Wallendorf 2017). When singular ways of acting as a group are considered, it leaves little room for dissent, which limits our understanding of why or how consumers may sometimes be faced with multiple, conflicting opinions. For example, research into deviant brand communities, such as clubbers (Goulding et al. 2009) are typically far removed from a consumers' personal life. A weekend raver may feel comfortable taking illegal drugs and dancing until sunrise in the safe company of likeminded others, but may also have a family, work colleagues or a network of friends who may not necessarily agree with these consumption choices. Therefore, we tend to ignore the social conflict that may be present in decision making (for a small discussion see Epp and Price 2008). I argue that such an approach to understanding social networks may miss an understanding of the multiple and possibly conflicting groups that a consumer interacts with; and how these are managed in individual practices.

In Chapter 2, I outlined that Schatzki (2010) considers practices as social because they bring people together to carry them out; and because shared understandings provide social meaning to individual practices. Practice thinkers usually acknowledge the structuring and coordinating import of agreements, negotiations, and other interactions, as well as the significance of skills and interpretations (Schatzki 2012, Swidler 2002). As a result, interactions, skills, and interpretations determine orders, and are themselves features of practice. Schatzki's (2012) approach renders the practice as social, which allows us to understand the cultural significance of why practices are carried out and how.

However, using Schatzki's line of thought, it is less clear why some practices are more valued than others. For instance, in Chapter 4, I find 'faking it' - faking the appearance of a larger chest, to be a more socially appropriate practice than exposing one's 'flat' breasts. Therefore, to what extent do we categorise some practices as acceptable and others unacceptable? In an attempt to answer this question, I draw from the Swidlerian (2002) approach to practice theory, which considers the concept of constitutive rules to explain why and how consumer practices at a micro-level become institutionalised at a social-level and adhered to. These next two chapters therefore move the level of analysis up from the micro (body) to the meso (social) and macro (institutional, cultural) to offer some insight into the role of social influence on the body.

CONSTITUTIVE RULES

Roy D'Andrade (1984) introduced the term 'constitutive rule' to describe a particular kind of cultural act that defines 'what counts as what.' Constitutive rules, such as volunteerism, mateship or faithfulness, help to define and anchor practices by providing a set of shared understandings to be followed. The performance of practice plays a role in confirming that something 'is what it is' (Swidler 2001, 101). For instance, Phipps and Ozanne (2017) show how being an Australian is tied to the constitutive rule of 'mateship,' which involves the forgoing of personal desires for a common good, perseverance and ignoring class-boundaries.

Swidler (2002) describes practices as anchoring constitutive rules in place, as well as helping to reproduce them. However, these practices are not mindlessly habitual, as Schatzki may argue (2012), but rather, they are strategic practices used by people who understand the rules and unquestionably take it for granted. Swidler (2001, 110) argues that practices

underscored by constitutive rules are more likely to be more important and influential. When these practices based on constitutive rules are disrupted, consumers feel more urgency to fix them. During times of uncertainty, such as a drought, this constitutive rule of mateship becomes available and is used strategically by consumers to create new practices based on this mateship. For Australians managing a drought, new practices such as letting the garden die or not topping up a swimming pool with water are markers of ‘mateship’ whereby individual sacrifices are endured for the common good (Phipps and Ozanne 2017).

Although Swidler (2001) does not discuss the interaction of multiple or competing constitutive rules, she does describe that new constitutive rules can become developed when existing ones no longer hold. For example, Swidler documents how identity became a constitutive rule surrounding the gay community in San Francisco, as the community had to incorporate more groups of people with differing means of expressing their sexuality (Armstrong 2002). Therefore, identifying as GLBT became more important than the way that sexuality was expressed on an individual level. Swidler argues that constitutive rules can change as social life evolves and new practices emerge around these values (Swidler 2001)⁵.

Although not discussed in Swidler’s theory, within consumer research, there is evidence to suggest that constitutive rules can compete and conflict with one another. The decision to introduce casino gambling into Atlantic City, for example, is a contentious topic because competing constitutive rules surrounding morality versus capitalism can strike chords with different members of a city (Humphreys 2010). Under a morality constitutive rule, building a

⁵ At this stage, a reader may be interested in understanding how constitutive rules compare to institutional logics. Within institutional theory, a logic is a set of material practices and symbolic systems including assumptions, values, and beliefs by which individuals and organisations provide meaning to their daily activity, to time and space, and their lived experiences (Thornton and Ocasio 1999). Though not discussed in either field, constitutive rules do share similarities with institutional logics, in that constitutive rules anchor practices and provide meaning to them.

casino is attributed to social decay. Conversely, under a capitalism constitutive rule, consumers may view the casino as contributing to the economic prosperity of the city. Here, different consumer groups may draw from these constitutive rules to justify their practices of support or opposition of building a casino.

Moreover, these competing constitutive rules can play out on the body, evidenced by the contentious practice of adopting a religious veil. This practice competes between constitutive rules of being modern versus being faithful (Sandikci and Ger 2010). Social tensions can arise between these rules, seen in the practices of non-covered Muslims towards covered ones – questioning choices, forcibly pulling veils over women’s heads, or banning veils in cities around the world align with a constitutive rule of being a modern Muslim woman who does not view a veil as necessary. From this constitutive rule, the practice of adopting a veil is considered backwards and unnecessary. In both these examples – casino gambling and religious veiling - consumers are drawing from two different sets of constitutive rules leading to tension, negotiation and fights for legitimacy.

Conflicting Constitutive Rules: Self-Acceptance and Self-Improvement

I find evidence of similar tensions across two constitutive rules surrounding the body and the decision to modify its appearance: self-acceptance versus self-improvement. Self-improvement relates to viewing the body as a project to be refined. This constitutive rule has already been discussed in this dissertation thus far, although not directly, as it is a rule that many women drew upon to justify their breast augmentation surgery. Many women argue that breast augmentation is a way to self-improve.

Within western society, self-improvement arises in consumer culture, particularly via advertising and consumer goods demand that consumers ‘take a long hard look at our

appearance' to critically evaluate what could be better (Featherstone 1991, 197). Working on one's external appearance is normalised as an accepted cultural practice. Featherstone (1991) argues that status and social acceptability depend on how a person looks, such that the body and the face are markers of identity and a means of expression (Belk 1988, McCabe et al. 2017). This rule of self-improvement is evident within consumer culture when consumers continuously strive to better themselves, whether through dieting (Moisio and Beruschashvili 2010, James et al. 2011), exercise (Thomas et al. 2013, Scott et al. 2017), makeup application (McCabe et al. 2017), and plastic surgery (Askegaard et al. 2002, Schouten 1991). This constitutive rule of self-improvement underpins the body project (Shilling 1993); such that consumers work on their bodies to better themselves, to fit in, and to embody their ideal identities (see Chapter 4). Cosmetic surgery, dieting, exercise and other forms of body management are important and, in some cases, strategic practices to develop one's own identity in line with their appearance.

A second constitutive rule is self-acceptance of one's body. Self-acceptance is a constitutive rule that is growing in significance, particularly, in relation to the consumption of beauty and fashion products (Scaraboto and Fischer 2013, Afful and Ricciardelli 2015). Under this rule, body is viewed positively, and one accepts flaws and differences, rather than working to change them. This rule is evident in calls for greater marketplace inclusivity and representation of age, gender, body shape and ethnicity, particularly within the beauty and fashion industries (Scaraboto and Fischer 2013). Campaigns, like Dove's *Campaign for Real Beauty*, stress greater acceptance and celebration of different forms of beauty. This view of the body is evident in studies on the coercive power of mainstream media in shaping unrealistic standards for bodies (i.e., Gurrieri et al. 2012, Afful and Ricciardelli 2015).

Within popular culture, some self-help authors like Anthony Robbins even espouse that self-acceptance is a necessary step to self-improvement, given that the individual is no longer looking for problems inherent in the self (Robbins 2013). Self-acceptance is theorised as self-love (Harju and Huovinen 2015), self-growth, and optimism (Price et al. 2017). When evoking this constitutive rule, consumers may view body modification practices as unnecessary or something that only shallow people do (see Chapter 2, Bordo 1997). Consumers adopting this constitutive rule may therefore adopt practices of resistance, self-acceptance or activism against the marketplace that encourages body modification.

Conflict between these rules was evident in informants' accounts of the social reactions they received when announcing their decision for breast surgery. Danika explains how self-acceptance and self-improvement compete as opposing values:

[...]in the US, it's like 'tell your young girls they're perfect the way they are, that they don't need to change a darn thing about themselves.' And as much as I can support that, I also support that you should do what makes you happy, even if it comes from changing something about yourself. If that's what makes you happy, then go for it.

Like many informants, Danika, feels the twin pulls of self-acceptance and self-improvement. These constitutive rules underlie two disparate ways of viewing the body. But questions remain: how do these competing views play out on the body, and how are they negotiated? How do these two competing constitutive rules impact consumers' decision making over their own appearance? In the next section, I consider how consumers manage, negotiate and coordinate competing constitutive rules. I contribute to contemporary accounts of practice theory by showing how multiple meanings circulate around practice and the body.

UNSUPPORTIVE NETWORKS

Women undergoing breast augmentation belong to networks who may view the decision to have surgery very differently based on these underlying constitutive rules. The term unsupportive network is used to capture the close social others who did not agree with women's desire to change their body. An unsupportive network may be comprised of family members (parents, siblings), romantic partners, extended family members, friends, work colleagues or close acquaintances. Informants reported that these groups were likely to uphold a view of the body as a space which should not be modified, but rather accepted for its appearance, thus evoking a self-acceptance constitutive rule.

Given these are groups of close others, group membership is often tied to one's own identity – such as familial identity - which dictates correct or appropriate behaviour (Epp and Price 2008). When consumers act in ways that violate what is considered appropriate behaviour within a family or friendship group, conflict is likely to ensue (Turner 1980). This may prompt groups to manage the tensions which arise when these norms are violated. In particular, the constitutive rules surrounding self-acceptance which structure reactions by unsupportive others may not be reflective of women's own values surrounding surgery as a means of self-improvement. This section will focus on how tensions over the body are managed and negotiated by women undergoing elective breast augmentation.

Destabilising the Body Project: Negotiating the Body in Unsupportive Networks

With the exception of one informant, every informant noted at least one person in their social network who was unsupportive of their decision to undergo breast surgery (for an overview, see Table 8). As described above, constitutive rules may not be easily reflected on, but

are strategically enacted via practices. Many informants complained that they had been unfairly interrogated and judged by close others, including romantic partners, friends and parents. People close to women called them “idiots” (Ella), told them that their surgeries are “not necessary” (Danika), and that that they should “be natural” (Denise) or to “love themselves as they are.” (Poppy). Others still told women that breast augmentation is something that “shallow” people do (Demi). These practices are reflective of a self-acceptance constitutive rule whereby the body should not be changed.

Moreover, people in unsupportive networks resisted informants’ body projects by questioning their choices, expressing disapproval verbally and physically, disagreeing, or threatening to leave (Table 5). One interesting example came from Denise, who experienced many of these acts of resistance. Denise was rejected by her social networks, when her best friend and boyfriend broke ties with her. Denise reported that they disagreed with her decision for surgery:

[...]my best friend for years disappeared on me, created an issue with us that was non-existent. She told me ‘hey, you might not want to tell every person that you’re getting a surgery, they might look at you a certain type of way’...I haven’t talked to her since. So, I broke up with my boyfriend ... and my best friend, she didn’t come and see me after my surgery when I was in recovery. She sent me a prayer when I was going into my surgery, but she didn’t come to see me, she wasn’t at my side when I got my boobs done, and she has not been around since.

Denise’s quote yields insight into the tensions surrounding body modification. The comment that she receives from her friend, that people “might look at you a certain type of way,” resonates with a stereotype that surgery is undertaken by shallow people seeking attention. These examples from unsupportive others mirror the ‘unnecessary’ element of elective surgery that is discussed by many feminist researchers concerned with the body (Angier 1999, Bordo 2007).

Even within the same social circle, tensions arose, highlighting the prevalence of competing constitutive rules. Monica provides an interesting example, as her friendship group was divided over her decision for surgery. As described in Chapter 4, Monica had a mother who understood that she was not comfortable with her small chest. Yet announcing to her friends her decision for surgery was poorly received:

A group of us - it's 4 of us...I announced to the group that I was getting my boobs done first, and one of my girlfriends was like 'why do you want to do that? Why do you want to change your body? You're gorgeous' and before I could even say anything, my other friend [...] jumped in and was like 'woah woah woah, if she wants to change her body to feel better about herself, let her, I'm all for that' and I was like 'thank you!.' I didn't ever expect her to say that.

Monica's quote highlights the tensions surrounding elective surgery, demonstrating how one friend stressed self-acceptance (i.e., "you're gorgeous") and another supported self-improvement (i.e., changing "to feel better about herself"). These practices of social disapproval may therefore work to destabilise the body project, by attempting to change women's evaluation of their bodies, alter their plans (i.e. "not tell every person"), or more extremely, to cause them to call their surgery off.

Destabilising the Body Project: Questioning Motivations

Another form of this destabilisation attempt was evident when informants recount being at the centre of wrongful assumptions to explain why body modification was being sought. One interesting example came via the questioning informants reported from romantic partners'. Partners held two main concerns over informants decision for breast augmentation surgery: appearing fake and showing the body off for attention.

First, male partners cited fear that breast augmentation would change women in some important way. Women reported that unsupportive others began to make assumptions that their new-found confidence would lead them to dress provocatively and to show off for male attention. Charlotte, who has been with her partner for 3 years, explains this further:

[My boyfriend is] so jealous. He's *sooo* jealous. He was like, 'you don't need it, you're getting it so people can look at you,' but I really don't dress like that. I don't show them (my breasts) off, it was for me, it had nothing to do with like bathing suits or whatever, 'cause I don't post pictures like that, it's not me. (Emphasis in original)

Here Charlotte describes her partner's misunderstanding of the reasons for her surgery. In this instance, by arguing that Charlotte is seeking to alter her body for attention from others, her partner tries to destabilise her plans over her body. This adds important insight into the conflicting meanings that breast implants when different constitutive rules are evoked. Just like in many other instances, Charlotte felt that larger breasts would help her to feel more feminine and make her clothing look better on her body (self-improvement); yet her partner frames fake breasts as a means to show off, sexual and obtrusive (self-acceptance). In trying to convince Charlotte out of her surgery, her partner draws from well-documented tropes surrounding fake breasts, sexuality and quest for male attention (Langton 2009). This yields insight into the kinds of social judgement that women received: beyond simply resisting, women's body projects are becoming re-interpreted as shared projects within social networks.

Second, women also reported that partners feared that they would appear artificial. Kourtney's reported that her husband expressed concern over her breast implants saying "I don't like fake boobs, I don't like how they feel." This is one way that body modification was framed as having adverse consequences, and is used as a means of encouraging women to reconsider

surgery, by considering the values of those around them. Here the body project becomes social via the concerns of others, which attempt to dilute women's own thoughts over their bodies. Interestingly, many feminist authors have written that plastic surgery is typically chosen by women to appeal to the opposite sex (Gimlin 2013). Instead, my findings show that some male partners are unsympathetic to their partners own feelings towards their bodies and instead use their own views over the body to deter or derail women's plans.

Destabilising the Body Project: Casting Doubt

A third means of the destabilisation process came from the doubt that social others placed on informants' decision-making abilities. Women expressed being routinely questioned about their choices, their research and their knowledge of the risks. This became another practice by which the self-accepting body became highlighted. Demi explained:

When I was first going to get it done and I told a couple of my friends, they were like 'well did you do research?' like 'what if, what if' (you receive an adverse outcome). And I was like 'no that's not the case, I'm not going to a random (doctor)' (visibly frustrated). (They asked) 'did you do research?' - of course I did! I think that's what frustrated me, why would you think that I would put myself in a situation of running the risk just to do it?

This act of questioning is significant in that it calls to question not only the actual practice of breast augmentation, but the choices which surround it. When social others cast doubt on the women, they are framing them as incompetent decision makers. Here, parents and friends not only disagree with the act of surgery, but they work to problematise women's research and plans. Problematism refers to the process by which common knowledge is questioned to open new ways of thinking or acting (Foucault 1978a). When surgery is framed as dangerous and risky, social others are problematising it and suggesting the better option is to avoid modifications.

This is best illustrated in comments throughout this chapter related to being ‘botched’ or ‘fake.’ Women expressed that questioning made them feel misinformed or naïve about the severity of surgery. This is a personal approach to destabilising the body project, by suggesting that it is ill-conceived in the first place. Through this, the safest option becomes not modifying the body.

Across these instances of negative support, it appears as though the meaning that women hold over their own bodies, and breast augmentation more generally is being made more complicated by social others. Unsupportive networks claim the women's body project as their own, seeking to complicate the decision to change. From a practice theory perspective, practices become unstable when there is a misalignment between doings, materials and meanings (Shove et al. 2012). Here, the meaning of breast augmentation as feminine which is used by informants (Chapter 4) is contested as ‘breast augmentation is dangerous’ by unsupportive social others. This act of shaping the meaning around body modification works to bring other views forward and destabilise women’s thoughts surrounding their bodies.

Prior consumer research has described the body project as relational when consumers are reliant on others to carry out their body management (i.e., tattooist, personal trainer, and surgeon) (Patterson and Schroeder 2010). The findings presented in this section yield some insight into other forms of relationality where the personal body project becomes a collective body project. Many women must then invest time and energy managing the negative opinions of others, which is discussed next.

ATTEMPTS TO (RE-)STABILISE THE BODY PROJECT

So far, I have outlined the kinds of conflict that women experienced when discussing their decision for breast augmentation with others. This section considers the impact that

negative support networks had on women's social practices. I outline these to highlight the efforts that women make with their social networks to negotiate or reformulate their body projects using the opinions of others.

Negotiating the Body Project: Self-Disclosures and Reasoning

When social networks were unsupportive, members were likely to question the choice or motivations for surgical enhancement. For this reason, women opened their bodies up to discussion – spending time and effort to reason with their family members, friends and romantic partners. I explore how they harmonise the conflicting meanings that are brought to bear on the social body.

First, informants disclosed their private insecurities over their bodies to make their case (Table 8). For example, on the drive home from her doctor's consultation, Poppy's explained that her mother tried to have her reconsider or postpone the surgery until she was older Poppy explained that only after she had shared how uncomfortable she felt in her own body, did her mother support her decision. I find that many women had not shared their private thoughts about their bodies to friends or family members before this time, which may explain in part why these networks were unsupportive. Nevertheless, some women shared these feelings to stabilise their body projects, by encouraging social others to empathise with their reasoning for surgery.

The women also reasoned with unsupportive members using their extensive research about breast augmentation. This was evidenced during interview, when many women taught me about various techniques, incision points and the pros and cons of different surgical approaches (for an overview, see textbox 5, Chapter 6). Monica's competence was displayed in a detailed account of why the 'no touch' technique she opted for would heal better and minimise adverse

outcomes than a traditional approach⁶. This finding resonates with prior research which shows how consumers work to defend their vulnerability through parallel displays of competence (Adkins and Ozanne 2005). Monica is working to distinguish attempts to highlight the negative consequences of surgery by communicating her research and plans to have what she considers safe surgery. In doing so, Monica attempts to derail some negative practices used by those adopting a self-acceptance constitutive rule.

When their own actions didn't work, informants open their social networks further, by leveraging the expertise of their physician. Here I find that informants invited family members to doctor's appointments so that they could hear from an expert. In doing so, women expand the sociality of the body-project, bringing family-members into another form of social interaction. For example, Sarah's mother was particularly opposed to the surgery:

I had done another consult with (the doctor) because my mum was very - (pause) - not happy about it. I think 'cause my mum's mum died of breast cancer, she thought 'oh why would you put something in that could put you in danger.' So they (the doctors) just kind of explained to her that when you do a scan or anything it will show up a lump more because you'll see it on top of, or through the implants...[S]he's just *sooo* (visibly frustrated), like any kind of surgery, she's like 'why would you go to hospital if you don't need to.'

By providing her mother with the opportunity to go along to the doctor and to ask questions, Sarah is strategically creating a counter-argument to help resolve familial opposition and anxiety over body modification. In doing so, these relieved some social tensions in families. However, these visits were also costly and took time. Importantly, this offers some insight into the costs

⁶ The no-touch technique is a trademarked approach by a well-known surgeon in Beverly Hills, California. This approach utilises cauterisation of open wounds to prevent infection, and the use of a funnel coated in antibiotics to place the implant into the breast. The surgeon has travelled around the world promoting this technique as being the safest form of breast-augmentation because it minimises trauma to the body. Many informants were aware of, and advocates for, this technique.

associated with consumption, as it represents the toll that familial drama can take on consumers own practices, their plans and their bodies (Epp and Price 2008).

This section has highlighted the management of conflicting meanings on the body. When confronted with views that the plans women have made are unnecessary or deviant by social others, women attempted to re-stabilise their body projects. However, the women could not always resolve the dissent by close others, which I explore next.

Reformulating the Body Project

Attempts to restabilise the body project also manifested in the formulation of a new body project. Rather than resisting, pushing-back or attempting to resolve social drama, another pathway to resolution could entail the revision of women's aesthetic preferences over their own bodies, based on negative reactions from others. When the women and a significant other negotiate over the social body one outcome is compromise--the body project is compromised. As I have described previously, many romantic partners feared that women would look artificial following surgery (Gimlin 2013).

To resolve this tension within social relationships, women like Lucy, Olivia and Charlotte yielded to social pressure by choosing smaller implants than they had originally anticipated. This describes a different form of social practice whereby the body project becomes negotiated across constitutive rules. This practice acts as a strategic means of reinterpreting a self-improvement rule in a slightly different manner, in attempting to negate some of the negative or stereotypical views of surgery that may come from a self-acceptance perspective.

Although negotiation within families is well documented (i.e. in family budgeting Commuri and Gentry 2005), it bears relevance to consider this negotiation in the context of the

body. Family budgeting involves the whole family and therefore subject to debate; yet the body is a personal entity. Thus, the body project is rendered social as two or more people work to overlay their own meaning of how a body should appear onto it, and help to shape the way it is presented, used or transformed.

Interestingly, some consumers negotiated their body projects based on the *perceived* resistance of others, who could hold ambiguous or unknown views about surgery. Nadine makes an interesting example, as she is a fitness blogger and wellness consultant. When she decided on breast surgery, she conceded that she would need to balance her own desires with what her audience would expect of her. Nadine feared that she would receive negative feedback from her followers because she is a wellness blogger and nutritionist. Her followers embrace an all-natural, vegetarian lifestyle that Nadine encourages and advocates for on her online platforms. This lifestyle typically evokes a ‘self-acceptance’ constitutive rule evidenced by her comment: “I’m really into yoga, health and wellness everything natural. Why would I put a foreign object in my body? And that’s actually a reaction I’ve gotten from a lot of random people that I’ve told.” Therefore, her plans over her body are being shaped by the constitutive rules that govern her working persona and the anticipated reaction of her consumers. Nadine and her husband tried to resolve the potential conflict by researching ‘natural-looking breast implants’ together by scrolling through websites and online forums. She says, “we both decided that I would look crazy with a huge chest.”

Nadine’s story reveals a complicated entanglement of social networks around the body. This is evident at a broader social level, whereby Nadine is unsure how her audience may react to her breast augmentation; and in the micro-level construction of what an ‘ideal body’ looks like, between a husband and wife. Importantly, this reveals how breasts, or the body more

specifically are subject to the opinions of multiple social actors, which must be carefully managed, negotiated and integrated into the body project.

Another means by which women reformulated their body projects was found in women's concealing practices. In some instances, women went to lengths to hide themselves or their bodies from the opinions of others. This was evident when women moved away from some social others who held a self-acceptance rule: that the opinion that the body should not be altered. Monica, for example hid from her father and still had not told him about his surgery at the time of interviewing (2 months postoperative). This resembles a purging practice, whereby consumers may remove or ignore features from view which betray their own needs or ideals (Canniford and Shankar 2013). Importantly, as this relates to personal relationships, purging these people from their life was neither easy nor possible in all circumstances. Avoidance in personal relationships is not a long-term strategy, evidenced by Monica acknowledgement that she would need to tell her father during our interview. However, it does highlight the decisions that some consumers make to retain a sense of personal control over a decision that they know others may object to.

Finally, in some extreme circumstances, women gave in to the will of others. Alessandra and Phoebe did not have their desired surgeries because their family members were against it. Phoebe was raised Hindu, and she explained that her religion views the body as something that "should not be tampered with." Female breasts within Hindu culture are synonymous with maternity and fertility; much like the sacred cow that feeds its calf from its teat, the milk that comes from breasts is sacred (Bohidar 2015). Not only does this highlight that some cultures may evoke a self-acceptance rule based on religious views surrounding the body, but for Phoebe

this constitutive rule based in her religion is stronger than her personal wishes. She says, “I can’t even bring this up with my parents or I will be seen as someone who is not very faithful.”

These findings provide further evidence to the complicated social nature of body projects. Body management, although personal, is considered an important feature of consumer culture (Featherstone 1991). Yet consumers are likely to face aversion from others who hold conflicting views of the body and body-management. The intersection of these views is where social conflict plays out, causing the body project to become a subject of scrutiny, negotiation and reformulation. Therefore, although social norms dictate the appearance of the body (Crossley 1995), I find that different values, underpinned by conflicting constitutive rules may make the process of body management difficult.

Summary

This section has outlined how women choosing cosmetic surgery must manage and negotiate conflict in social relationships. I have shown that the meanings surrounding breast augmentation may stem from competing constitutive rules related to self-acceptance or self-improvement. Tensions arise when consumers are confronted with opposing meanings, which can derail plans or cause them to become re-formulated as consumers must determine how to manage these views. I have considered the way that these rules play out on the body, and how they are managed. Given this misalignment, I find that conflicting constitutive rules may work to destabilise the body project. Oftentimes, women would turn to more supportive people where they could express themselves, and plan for surgery without judgement.

SUPPORTIVE NETWORKS

Alongside their unsupportive social networks, informants also reported being supported in their surgeries by other members of their social circles. This included friends, family members (mothers, sisters, aunts) and romantic partners; all informants had at least one person who supported them in their decision. This interaction between support and discouragement often made for very complicated social interactions. For example, Charlotte has an unsupportive partner; but her mother and sister are supportive of her decision and stepped in to help her when her partner refused to take part. This included arranging appointments with doctors and offering to drive her to the hospital on the day of her surgery.

I find that the role of supportive networks differs from unsupportive networks because there is a complementary constitutive rule that surrounds the body project. In the safe-haven of supportive others, women could receive information, advice and experiences that could help them along their own surgical journey. In this sense, these supportive networks also play an important role in shaping the body project.

Social Approval of the Body Project

The first core finding of supportive networks is that they helped to reassure the women and stabilise their body project. Supportive social others were encouraging and understanding of women's reasons for surgery and were available to lend support or to listen. These people therefore helped women to feel confident in the decisions they were making over their bodies because they held a complementary rule that the body can be altered if "that's what makes you happy" (Danika).

Of these supportive social others, some played more influential roles than others. For instance, some women had a role model in their life, that represented a successful breast augmentation journey. Informants saw cosmetic surgery as attainable when others around them had these procedures, helping to shape women's body projects to include breast augmentation. As Lucy says, "before my friend got her boobs done, I thought that a boob job was a massive deal...but then, seeing my friend get it done (breast augmentation) and back at work, I [said] 'oh, I could do that.'" Here, the experiences of a role model help to create opportunities for women's own bodies.

Prior research has shown how role models function as symbols of hope, helping to keep consumers on track, and offering support when necessary (Moisio and Beruschashvili 2009). Having a close other with their own surgery represented a success story to women - a success story to motivate themselves. Importantly, the role of supportive others in listening, empathising, planning and helping is another way that the body project is rendered social. When women discuss their plans to modify, they are likely to use the experiences of others as a guide or touchstone during the planning and decision-making process. These practices, which evoke a shared rule of self-improvement, help to stabilise and legitimise consumers body projects, particularly when others around them may not agree.

This role becomes particularly important when viewed from the vantage that these women may experience tensions surrounding the body in their other relationships. For instance, Kourtney's mother did not disclose that she had breast augmentation surgery to her children, only revealing it later in life when she tried to deter Kourtney and her sister in their own surgeries. This was a source of frustration for Kourtney, who never understood why she had not developed to appear like her mother. Kourtney's mother was not a role-model to her because she

was not aware of her surgery, nor was her mother supportive of her own decision for surgery. Kourtney reported that her mother asked whether she was going through a mid-life crisis when she announced her plans for surgery. This provides some evidence to suggest that simply growing up being exposed to plastic surgery does not automatically translate into shared understandings around self-improvement. It also highlights how consumers may come to hold one constitutive rule for themselves and a conflicting one for others. Instead, it is the role model specifically which can facilitate comfort and understanding around the decision for surgery.

Shaping the Body Project: Aesthetic Benchmarking

When consumers interact with likeminded others, they are able to make plans over their bodies, rather than mitigate tension. One way that consumers made plans was through aesthetic benchmarking of the body. In consumer research, benchmarking refers to the practice of comparing the self to a reference point. This is typically based on institutional materials -- such as beer tasting notes (Maciel and Wallendorf 2017), mathematical calculations (i.e., the ‘golden triangle’⁷ Elias and Gill 2017), and gender (i.e., men act as a benchmark of physicality, Brace-Govan 2010). These are considered institutionalised benchmarks in that they are based on expert opinion or societal norms. My findings suggest that other human bodies can also act as benchmarks, in that physical appearance is used as a reference point to help consumers shape their ideal body.

⁷ The golden triangle is a mathematical calculation of attractiveness. It is based on the assumption in facial aesthetics that the proportions of all faces can be compared to a benchmark of optimal facial proportions. For example, the most attractive face is 1.618 times longer than it is wide; the most pleasing lips feature a bottom lip which is 2/3 larger than the top lip (Singh et al. 2019). The actress Amber Heard is said to be the closest celebrity to embody the proportions of the ‘golden triangle.’

In my study, informants reported using the bodies of friends, family members and acquaintances with breast augmentation as benchmarks. Women used the surgical results of these benchmarks to form their ideal aesthetic appearance and use this to make their own surgical choices. Importantly, these are not necessarily agreed upon industry standards, they are bodies which naturally vary. As I will discuss, when consumers compare their bodies to the bodies of others, the natural variation in results, aesthetic preferences and desires, it can be problematic. For example, Ella explains how her friends helped her benchmark an ideal implant size through body comparison:

At the time, three or four of my girlfriends had theirs done at (that clinic), and they would say ‘I’m 275(cc’s)⁸’ and hers would look huge; and another one said ‘I did 385’ and hers looked smaller than mine (before surgery). So, I had a rough number, I knew I needed to be between 300 and 370. But it’s so different on each person, I based [my choice] on my friends but it ended up being too big. My girlfriend who just had hers done recently based hers on mine but wanted them [bigger]. Now hers are so big that they’ve started to sag so she’s had to do a lift now; she’s literally recovering right now.

Ella discusses her friends results as something that she could use to assist in her own decision-making for her body. Previously, research has suggested that consumers interact with one another to refine their problem solving (Jayanti and Singh 2009). This allows consumers to use others in reconfirming their initial thoughts, but also suggests that social influence follows an ongoing process whereby comparison is undertaken over time and via multiple iterations. By interacting with others, Ella evaluates her own preferences, by mentally overlaying them onto others bodies evidenced by her quote “hers would look huge” and “hers looked smaller than mine.” Through this, Ella’s decision making is made easier by drawing from the choices of

⁸ As a reminder, breast implants are measured in millilitres (referred to as cc’s). Breast implants typically increase in size in 25cc increments – this is the equivalent of two teaspoons (one ounce) of added volume. The same metric is used for both silicone and saline implant types.

others, as well as helping to reduce some choice evaluations. Importantly, this provides another view of social bodies – by opening the body up to social comparison, evaluation and trialing different ‘looks’ by viewing them on others.

However, this also leaves women vulnerable to mistakes, as evidenced in the latter part of Ella’s quote. Comparison is not an exact science and demonstrates that other bodies may act as a yardstick for projected change; but cannot necessarily be mirrored. The difficulty of this process lies in the differences between bodies – as discussed in Ella’s example, every *body* is different. Rib cages, chest measurements and body proportions will alter the impact of breast implants (Costa et al. 2017). Therefore, because bodies are not institutional or standard materials, social comparison can sometimes lead to negative feelings and regret if the desired result does not translate onto the body in the way it was intended.

Moreover, I find that women use friends as good and bad benchmarks. Aesthetic benchmarking can work to help women determine what they did not want to look like. Constitutive rules surrounding self-improvement do not necessarily mean that the same plans are enacted on the body. Instead, looking at other women’s aesthetic results after surgery can help to shape women’s tastes and preferences towards or away from certain styles or results. For instance, when Monica moved to a new city on the West Coast of America, she would hear about a popular local doctor from friends and acquaintances. She describes how she was able to inspect his work on her friend:

Monica - Whenever I saw her I was like ‘I do not want to look like that!’ they look so fake and big, and she’s this little girl, I don’t want to look like that, I don’t want to look like the rest of your people. Cos all he was doing was inserting these big implants just to fill the space and I didn’t want that.

Interviewer - did you consult with him?

Monica - I didn't. I didn't have to. I consulted with all the girls that he did! And they would be saying 'oh I went to him, bla bla bla' and I would be saying (sarcastically) 'oh that's great – so how was it?' and they're like 'oh he's great, he's fabulous.' But it was always the exact same story. They would say 'he gave me exactly what I wanted!' but I thought 'what you want is *not* what you should have' (emphasis in original)

Here lies an interesting phenomenon: Monica is forming her own opinion in spite of her own friend's poor choices. This was a common theme in Monica's pathway to surgery, having spoken to many different women as she moved cities and jobs over a decade. Though she always wanted breast surgery, she recounted supportive women deterring her from going through with breast augmentation, out of fear that she would turn out looking 'fake' or 'botched.'

Finally, I find that breasts and their cultural meaning are dynamic and change in various locales. Geography appears to have a significant impact on Monica's choices, as she recalled living in a small town on the West Coast that favoured large overt breast implants. This particular town was made popular for breast augmentation because a local surgeon had operated on reality star Tila Tequila (Figure 7). She said that many consumers had begun looking to emulate these results by visiting with that doctor; however, this deterred Monica from surgery. Although the women in this locale admired these results, they were not matched to her own desired appearance, revealing a more complex process of body comparison and social proximity on aesthetic preferences. Body comparison does not simply act as a mirroring mechanism; and can instead also be used to deter consumers away from certain aesthetic styles (large, overt) or the surgeons who perform them. Here, what Wilk (1995) calls "global structures of common difference" is an important consideration, as the aesthetics of plastic surgery differ across cultures and geographic space. Through this, the aesthetic benchmark must be contextualised based on the locale.

Figure 7: *Tila Tequila as Negatively Influencing Aesthetic Benchmarking*



One example comes from the social environment that a consumer surrounds herself in. Olivia noted that she constantly looks at her friends breasts because they are larger than hers; and in doing so she regrets choosing smaller implants at the behest of her former husband. The friends she surrounds herself with are working to benchmark Olivia's own appearance and have her reformulate new plans over her body. Olivia lives on the Gold Coast in Queensland, Australia, a beach-front city which bears resemblance to South Beach in Miami in that its residents are fit, toned and tanned. The Gold Coast is known as the plastic surgery capital of Australia, with many women having breast augmentations for their 18th birthdays, as soon as they enter adulthood (Lennox 2020). Living in this environment, cosmetic surgery may not be subject to the same scrutiny it may receive elsewhere. Advertising for plastic surgery and medical tourism is very common, as is the desired aesthetic appearance or 'look' for breast implants; namely, large and overt surgical results (Figure 7).

Olivia complained that she has the smallest breasts of all her friends. When she had her surgery 5 years ago, Olivia only knew of one other person with breast implants; today, she only knows a handful of women without them. Now that it is a more acceptable practice, Olivia feels as though her choice no longer reflects the aesthetic values of her surroundings, and those who received breast augmentations after her. Social comparison is therefore influencing Olivia's body project and she is currently consulting with surgeons to have her breasts enlarged.

Figure 8: *Advertising for Medical Tourism on the Gold Coast on a Major TV Network*



Facilitating Research via Scaffolding

When interacting with likeminded consumers, women could use others as scaffolding. Research in support and learning has drawn from the concept of scaffolding to help underscore how consumers develop knowledge through interaction with others. In developmental psychology, social scaffolding refers to a learning technique which suggests that infants learn

faster when in proximity of adult caregivers. This was termed the zone of proximal development by Vygotsky (1978). Learning exists within the scaffolding of others, whereby the activities provided by the educator, or more competent peer, support the learner (Wood, Bruner and Russ 1976). For example, Maciel and Wallendorf (2017) demonstrated how middle-class men learn to taste beer notes under the supervision and direction of more competent peers. Through this, consumers are able to excel faster than they would alone. In my context, I find that consumers use social scaffolding for two reasons. First, consumers can better understand a consumption practice by interacting with a person who has experienced it. Second, consumers are thought to learn more under the guidance of others than they would alone (Vygotsky 1978).

Many of the supportive people in informant's lives had their own experience with breast augmentation. This meant that they were able to speak about their own experiences, through knowledge accumulated via practice. Consumers are looking to the advice of others with first-hand experience of the procedure, thereby accumulating their knowledge through the actual practice of receiving surgery. However, they also acknowledged that they could not provide expert advice. In the context of cosmetic surgery, when consumers have a social scaffold, they have access to knowledge, experience, advice and feedback. For example, when it came time for informants to consider surgery, social scaffolding can help consumers to make plans, such as in choosing a surgeon, or in knowing what to discuss in a surgical consultation. This was evidenced by Danika and vlogger Allie visiting with their mother's cosmetic surgeons; Sarah and Lucy discussing with friends about what to expect; and Charlotte and Demi using their sisters' recent surgeries to determine what they would need to buy for their recoveries from surgery. Using social scaffolding to guide the process of body modification helps streamline some choices and

determine what was important and unimportant. This is best highlighted by Poppy, who became a social scaffold for a friend considering her own surgery:

My friend also asked for tips and random things that I wish I would have known before surgery - such as: bendy straws help a *ton*, sleeping on a comfy recliner chair is way easier to get in and out of than a bed, make sure to have someone with you the first night at least, set alarms for pills so you don't wake up in pain, also make sure that the doctor prescribes pain medicine *and* muscle relaxers - I learned this the hard way.

Novice consumers may envision a desired outcome but may not understand exactly what the process will entail or how to get there (Epp and Chalmers 2019). Here I find that social scaffolds play an important role in helping consumers develop realistic expectations and plan.

As a word of caution it must also be noted that in some instances, the advice or experiences provided to informants were outdated and could not be used. For example, mothers or friends who were acting as role models received their own surgeries years prior, receiving implants that are no longer considered best-practices (i.e., silicone) or safe (i.e. textured) by current standards. For this reason, I find that social scaffolding is usually helpful, but at times can be detrimental, such as when receiving wrong or outdated advice. This was a reason why many women turned to online networks for additional support, which the next chapter will discuss.

Summary

This section has explained the impact of supportive personal networks on women's decision making over their own body. Often, supportive networks came in the form of friends or family members who were able to offer advice and a helping hand. Importantly, much of women's support network was comprised of other women who had their own experiences with the procedure. In this sense, women not only lean on others for help during recovery but look to

them for advice in shaping their preferences or directing research. This meant that when doing independent research, women joined online networks, which is explored in the next chapter.

CONCLUSION

This chapter has explored how conflicting constitutive rules surrounding the body can impact social tensions and relationships across social groups. I find that through their interaction with the social world, women are exposed to both supportive and unsupportive social others who impart their opinions and advice onto women's bodies. Importantly, consumers do not only interact with like-minded others, but instead work to manage, negotiate and sometimes incorporate the opinions and advice of others into the personal plans they make on their body.

In the next chapter I explore consumers extended social networks and their role in decision-making over breast augmentation. In particular, I describe how a community of women, bound with a self-improvement constitutive rule come together online to share information advice. I then consider how women managed these different groups when making personal decisions over their body project. I conclude with a discussion of how these findings help extend our understanding of social support in consumer research and managing competing norms and values across social networks.

Table 8: *Support Practices and Impact on the Body Project*

Name	Practices of Support	Practices of Disapproval	Impact on the Body Project
Anna (USA)	<ul style="list-style-type: none"> • Partner – understanding/listening • Friends (no surgery) – understanding/listening 	<ul style="list-style-type: none"> • Parents: - questioning, creating doubt 	<ul style="list-style-type: none"> • Parents as potential block (approval) • Took mother to doctor appointment
Carla (USA)	<ul style="list-style-type: none"> • Friends (with surgeries) – advice, referrals, understanding • Partner – understanding/listening 		<ul style="list-style-type: none"> • Used friends as aesthetic benchmarks • Friends as scaffolds – preparation / doctor referrals • Friends helped preparation/doctor
Poppy (USA - CA)	<ul style="list-style-type: none"> • Friends (with/out surgery) – advice, listening, role model • Aunt (surgery) – understanding/listening • Partner - understanding/listening 	<ul style="list-style-type: none"> • Mother (surgery): questioning, creating doubt, caregiving • Father - questioning, opportunity to reconsider • Friend - questioning, creating doubt, distancing 	<ul style="list-style-type: none"> • Distancing from friend • Took mother to doctor appointment • Friends offered advice and help • Hid surgery from father • Broke up with partner
Denise (USA - IO)	<ul style="list-style-type: none"> • Current partner – support/listening • Mother (no surgery) - support/listening, caregiving • Siblings – support/listening, caregiving • Friends (no/some surgery) – role model, advice, referrals 	<ul style="list-style-type: none"> • Ex-boyfriend - questioning, creating doubt, reinterpreting motivation • Best friend - questioning, creating doubt, reinterpreting motivation 	<ul style="list-style-type: none"> • Delay surgery for years because of partner • Moved in with mother to recover • Boob greed
Olivia (AUS – QLD)	<ul style="list-style-type: none"> • Friends (had surgery) – role model, advice, referrals • Mother (no surgery) – listening, understanding, caregiving 	<ul style="list-style-type: none"> • Husband - questioning, creating doubt, reinterpreting motivation, threats to leave 	<ul style="list-style-type: none"> • Partner influenced size (smaller) • Divorce from partner • Boob greed: revision surgery to go larger
Monica (USA - CAL)	<ul style="list-style-type: none"> • Mother (had surgery) – role model, empathising, caregiving • Friends (no / with surgery) – listening, empathising 	<ul style="list-style-type: none"> • Friend (no surgery) - questioning, reinterpreting motivation • Father - perceived resistance 	<ul style="list-style-type: none"> • Consulted with mother’s doctor • Hid surgery from father • Influence on sizing – social comparison

	<ul style="list-style-type: none"> Acquaintances (no / with surgeries) – aesthetic benchmarking 		
Charlotte (USA)	<ul style="list-style-type: none"> Mother (tummy tuck) – role model, understanding, supporting, caregiving Sister (had surgery) – aesthetic benchmark, caregiving Friends (no surgery) – listening, empathising 	<ul style="list-style-type: none"> Boyfriend - reinterpreting motivation, threats to leave, rejection 	<ul style="list-style-type: none"> Used sister’s doctor Sister helped her prepare for surgery Influence on sizing: sister Spent a lot of time fighting with her partner Regrets not doing more research
Jordan (AUS – MEL)	<ul style="list-style-type: none"> Mother (had breast lift) – role model, caregiver Partner – empathising, caregiver Friends (with/out surgery) – listening, supporting 	None discussed	<ul style="list-style-type: none"> Recommendations from mother and friends Took mother to doctor appointment Regrets not doing more research
Phoebe (UAE)	<ul style="list-style-type: none"> Partner – supporting, encouraging 	<ul style="list-style-type: none"> Family – perceived resistance due to cultural/religious meaning 	<ul style="list-style-type: none"> Did not go through with surgery
Nadine (USA - MS)	<ul style="list-style-type: none"> Husband – encouraging, caregiving Friends (some had surgeries) – empathising, encouraging Landlord – encouraging, empathising In-laws - encouraging, empathising 	<ul style="list-style-type: none"> Mother – questioning, threats to leave, rejection Siblings - questioning Instagram followers – perceived resistance, perceived rejection 	<ul style="list-style-type: none"> Research with partner (natural looking) Took partner to doctor appointment Distancing from mother/family
Danika (USA - CA)	<ul style="list-style-type: none"> Mother (had surgery) – role model, encouraging, supporting, caregiving Husband – supporting, encouraging Friends (some had surgery) - supporting, encouraging 	<ul style="list-style-type: none"> Co-workers – perceived resistance, perceived re-interpretation of motivation 	<ul style="list-style-type: none"> Consulted with mother’s doctor Took mother to doctor appointment Wanted to avoid ‘boob greed’
Demi (USA – WA)	<ul style="list-style-type: none"> Mother (had surgery) – role model, caregiver Sister (had surgery) – role model, caregiver 	<ul style="list-style-type: none"> Friends – creating doubt 	<ul style="list-style-type: none"> Family influences sizing: go bigger Family helped her prepare for surgery Wanted to avoid ‘boob greed’

Bianca (USA)	<ul style="list-style-type: none"> • Mother (had surgery) – role model, caregiver 		<ul style="list-style-type: none"> • Surgery concurrently with mother (dual caregiving)
Stella (JMA)	<ul style="list-style-type: none"> • Partner – supporting, encouraging • Friend – role model 	<ul style="list-style-type: none"> • Mother – questioning, creating doubt, caregiving 	<ul style="list-style-type: none"> • Hid surgery from mother – only when she needed help
Ella (AUS)	<ul style="list-style-type: none"> • Aunt (no surgery) – encouraging, supporting, family spokesperson • Friends (some with surgeries) – benchmarking, supporting 	<ul style="list-style-type: none"> • Mother - casting doubt, questioning • Friends – casting doubt, questioning 	<ul style="list-style-type: none"> • Benchmarking – modelled size on friends implants • Aunt had to convince mother • Took mother to doctor appointment
Kourtney (USA - CA)	<ul style="list-style-type: none"> • Sister (had surgery after Kourtney) – role model, benchmarking, • Friends (with/out surgery) - 	<ul style="list-style-type: none"> • Husband – casting doubt, reinterpreting motivation, caregiving • Mother (had surgery) – casting doubt, questioning • Friend – questioning, creating doubt 	<ul style="list-style-type: none"> • Hid second surgery from family members • Second surgery revised appearance of first surgery (implant size and profile)
Lucy (AUS - QLD)	<ul style="list-style-type: none"> • Friend (had surgery) 	<ul style="list-style-type: none"> • Husband – reinterpreting motivation, questioning, creating doubt • Parents – questioning, creating doubt, perceived resistance from father 	<ul style="list-style-type: none"> • Opted for more natural (smaller) size • Hid surgery from father • Used friend for comparison
Sarah (AUS - NSW)	<ul style="list-style-type: none"> • Boyfriend – encouraging, supporting • Grandmother – understanding, listening, family spokesperson • Friends (with/out surgery) – understanding, supporting, role models 	<ul style="list-style-type: none"> • Mother – questioning, creating doubt, resisting, caregiving 	<ul style="list-style-type: none"> • Decision for surgery and size influenced by friends • Took mother to doctor appointment • Forced to tell grandmother about surgery by mother

CHAPTER SIX

THE SOCIAL BODY ONLINE - EXTENDED SOCIAL NETWORKS

Following Chapter 5, where I discussed the conflicting rules that surround the body in women's personal networks, this chapter considers the role of extended networks that influence consumers' aesthetic and medical decisions over their bodies. These are primarily online networks to which a consumer may belong for a short time, such as private groups or online forums. These online communities are significant because the women in this study often turned to these networks after receiving negative reactions about breast augmentation from their friends and family. The online communities were often a refuge where they could discuss their plans over their bodies without judgment. Second, these communities gave the women access to women who could share their experiences. Consistent with past research, in this online community, the women learned about breast augmentation by sharing personal experiences and advice with likeminded others (Schau et al. 2009, Maciel and Wallendorf 2017).

Although these extended networks were often very important, their role in the women's life was transient. In consumer research, most consumption communities are ongoing, such as physical communities like Harley riders (Schouten and McAlexander 1995), beer aficionados (Maciel and Wallendorf 2017), and support groups (Moisio and Beruschashvili 2010); as well as online communities like fashion bloggers (Dolbec and Fischer 2015), food bloggers (Kozinets et al. 2018), and YouTubers (Gannon and Prothero 2018). Contrastingly, I found that online forums for cosmetic surgery are typically comprised of a revolving door of women who are planning, preparing to undergo, or recovering from breast augmentation surgery. It was rare to find a consumer who was still active in forums six months after her surgery. Therefore, unlike established communities of experts and novices

(i.e., Dolbec and Fischer 2015, Maciel and Wallendorf 2017), the majority of information being shared in these forums is based on nascent experiences. This allows for a very different type of social influence on the body project – one which features experiential knowledge sharing through novices, without claims of expertise (Maslen and Lupton 2019).

Across informant’s narratives, three main themes emerged that explain how online networks shaped preferences over the body project: offering reassurance, facilitating an aesthetic style, and learning from one another. After unpacking these themes in detail, I conclude this chapter by considering the role of another social group the body interacts with – the cosmetic surgeon. It may seem surprising that the role of the cosmetic surgeon has not been discussed as having an impact on women’s preferences over their bodies. Although the surgeon provides women with their desired outcome, I find that consumers entered into the service having developed much of their knowledge. They had therefore developed much of their aesthetic (and sometimes medical) preferences through their social networks instead. I find instead that the surgeon’s role in the body project is to advocate for the body, in communicating what can and cannot be achieved aesthetically on a case-by-case basis.

ONLINE NETWORKS

This section describes the influence of online networks on consumers body projects. Many women in this study turned to online networks, such as private Instagram groups or forums, during their research. This was typically done after receiving negative reactions to their surgery by their family and friends. Specifically, this chapter draws theoretical insights from a women-only, private Instagram group to which I was granted access (for an overview of the group, see Chapter 3).

Supporting the Body Project

Online communities offered an additional network that women could join for information and support in their surgical journey. I find that members of these networks held similar constitutive rules surrounding self-improvement and therefore encouraged, assisted and supported women. Moisió and Beruschashvili (2010, 872), suggest that consumers join support groups to ‘locate a complimentary system of social relationships.’ I find that many women join online networks to ameliorate the lack of social support they received at home. As described in the previous chapter, Denise lost her partner in the process of deciding to go through breast augmentation because he did not agree with her choices and accused her of getting breast implants to please other men. She explains the significance of finding other women going through the same experience:

I found the forum by watching a YouTube video [...] I saw ‘my breast augmentation update.’ So, I start watching and she’s like, ‘yeah I follow this forum on Instagram, it’s a lot of girls just like you’ [...] so I got on there and I started asking questions. And I noticed that, you know, I liked it and it wasn’t like me posting a question on my open Instagram and people judging me or having something to say about my decision. It was for women who all have the same common interest in getting our boobs done. And we all just wanted to ask questions, or get doctors, or just ask for advice, or just really be there for one another, and I really love that.

For many women like Denise, coming across the Instagram forum was like finding a safe haven to explore elective breast surgery without having to explain or justify her reasons for doing so. Within a community of likeminded others, the reasons for seeking surgical enhancement are known and do not need to be discussed. The women felt accepted and that they could make choices over their bodies in an environment without judgement or imposition. This finding mirrors those from a dieting support group, wherein consumers made therapeutic confessions and did autotherapy to others within the safe confines of the group (Moisió and Beruschashvili 2010). In this sense, this online community outside of the

norms which may dictate their physical social relationships (Chapter 5). Therefore, just like other subcultures of consumption, women develop a system of reassurance and shared understandings (Boero and Pascoe 2012), and their own aesthetic norms in this space (i.e., McAlexander and Schouten 1995). However, I will also show that consumers must consider how to incorporate the knowledge generated in online forums into their broader social lives.

FACILITATING AESTHETIC PREFERENCES

In the privacy of online communities, women evaluated and compared thousands of photos of breast augmentation results online, rather than only their friends or acquaintances. The website realself.com features over 22,687 images of breast augmentation from followers (<https://www.realself.com/photos/breast-implants>). Women drew on these online resources, such as images of ‘before and after’ results from surgery, to guide their body projects. Importantly, I find that online networks shape norms around certain kinds of aesthetic appearance while dismissing others. This aesthetic is constructed via interaction with others online, and is reflective of a unique ‘look’ that transcends geography. These are discussed separately below.

The Feminine Gaze: “Wish Pics”

One of the most striking reasons that women joined online communities was to find similar others and compile a dossier of “wish pics.” Wish pics is an emic term, used to denote pictures of surgically-enhanced breasts that informants admired—their ideal appearance and how they would like to look after their own augmentation surgery. Image sharing is a very common practice in blogging and online communities (Scaraboto and Fischer 2013, Dolbec and Fischer 2015, Gannon and Prothero 2018). Typically, consumers share images of themselves as a means of self-expression (Dolbec and Fischer 2015, Tiidenberg and Cruz

2015), group membership or authenticity (Boero and Pascoe 2012), or to gain celebrity (McQuarrie et al. 2013, Gannon and Prothero 2018). In the context of breast augmentation forums, interactions are more closed off from the outside world. Wish pics are therefore a tool used to help other women.

Wish pics are comprised of real women who share their breast augmentation results with the community. In some cases, women share images of celebrities or models with breasts that they consider desirable. The goal of these images is not necessarily self-expression or celebrity, but rather to assist others in shaping their own aesthetic preferences. For instance, Sarah drew from pictures of models from advertising for a well-known lingerie brand. In our interview, Sarah did not expose her breasts, of course, but she was able to show me the pictures she used to choose her implants during her doctor's consultation. She said "I (used) a lot of the gooseberry bra ads, like if I had no push up (bra), no nothing this is the shape I like." The images therefore are a resource for others in understanding how personal aesthetic choices surrounding the body are developed and informed preference.

The women explained that they could not visualise their transformed appearance simply by comparing themselves to others or by trying on different implants in their bras at the doctor's office. Pictures therefore offer women a concrete way of mentally experimenting with different kinds of breasts they would like to have. This is unlike the benchmarking, where women compare their bodies to a handful of friends. Instead, women *window shop* from thousands of images for a desired look they could make their own.

This also meant that wish pics are a visual representation of women's evolving preferences over time. Danika seemed to change her mind about her implants as she continued looking at pictures online. She describes her evolving wish pic selection:

I thought I was considering around 300cc. I thought I just want something moderate size. I don't want it to look overboard [...] but then I had collected up all these wish pictures either of models or other people who had gone through (surgery). On Real Self (a plastic

surgery website/forum), for example, there's other women that save wish pics and so their wish pics would become my wish pics, Or I would find other people on their journeys that had great results that I admired. And so I collected a bunch of these and I kind of noticed the size and profile that I was after was a little bit larger than [what I originally thought] and that's where it really hit me [...] that I was not scared to go a large size! (laughs)

Danika describes how collecting pictures that others shared and collected, shaped her own preferences over time. In doing so, her research moves from an individual practice to socially mediated, in that what others are collecting is also shaping her own actions. This may help to explain the normative influence of wish-pics, and their role in influencing the individual body project.

This flow of pictures between users in forums has a normative influence, given that pictures featured and saved by other women serve as an example of which looks are valued and which are not. Consumers who spent time in the private Instagram forums, such as Demi, Danika, Denise and Stella, described changing their minds on what they wanted after spending more time on research in forums. Demi joined the Instagram group a few weeks prior to her surgery. After collecting images of others, she changed her mind on her modest implants and told her surgeon that she had decided to "go as big as I can." Because women in these groups are reliant on the pictures that other women post, I conjecture that those women's pictures are motivated by what they find. Schatzki (2010) refers to chains of action as a linking together of people through practice. Here, the practices of sharing, re-posting and saving images links consumers together such that the practice of breast augmentation becomes opened up, or social, in these communities, and preferences are influenced by the choices of others. Women may therefore have converged around certain styles of breast augmentation through these chains of action.

Pictures are therefore not only used as a visual reference to fantasise about changing one's appearance; but they can also shape women's decision making by offering a relatively

narrow range of valued choices online. Nadine for example recounted that she had spent a long time looking for pictures of women online with smaller breast implants. Nadine selected implants in the 230cc range, which are not as popular as other images of larger breasts. As I explained previously, Nadine was seeking modest breast implants that she hoped would go unnoticed by her holistic wellness networks. Yet the majority of images circulating within forums featured similar sizes and shapes of breasts.

This means that the pictures offered online may work as a source of normative influence, whereby novices are acquiring similar kinds of tastes through their coordinated research practices. In this context, pre-operative consumers are learning from post-operative women who share images of their successful surgeries online. This bears resemblance to a community of practice (CoP) whereby consumers are acquiring social norms from more established members in groups (i.e., Schau et al. 2009, Maciel and Wallendorf 2017). When consumers learn from one another, tastes become more singularised. Though prior research has highlighted how this helps to build community and shared meanings, it may also create problems for consumers like Nadine who exist outside of normative bounds.

For this reason, the sociality of wish pics can also be problematic. In particular, this act of sharing becomes an issue when consumers are unclear about how to project their desired images onto their own bodies. I find that some women describe feeling uneasy about this practice of collecting images of other women's bodies. They did not know how to incorporate the pictures into their own body transformation. In the Instagram community, anonymous users would ask whether women's results replicated their wish pics. Most users responded that they had achieved a very similar look, but they also warned against thinking that a consumer could emerge from surgery as a direct copy of their wish pic. It seemed as though women realised that their own physical bodies could limit achieving their fantasised look.

To this end, some women were also hesitant to make decisions over their bodies using photos of a body that was not theirs. Consumers were unsure how to reconcile the paradox that each body is unique, yet they were collecting images that they would like to emulate. Kourtney decided to stay away from collecting wish pics, but conceded that she should have spent more time looking around:

Interviewer: Did you get any wish pics from online?

Kourtney: I didn't, and that was something that I thought about later. Should I have gotten some? I just wanted to know what size is gonna' work on me. I wanted to be realistic and focus on me. I'm not doing this because I want to look like this person or that person, or that person is going to be happy if I do it. But I just wanted to care about me [...] 'Cause I don't care about how *hers* look, I care about how *mine* are going to look. But later on, I should have looked around a little more 'cause after you get yours done - especially on Instagram and plastic surgery blogs - you're going through them and you're like, 'Okay, glad I didn't turn out like this!' But then you see some, and it's like, 'oh hers look really good!' You know? (emphasis in original quote).

When consumers look at pictures online, it is sometimes difficult to separate the fantasy of another person's results with the reality that each body responds differently to implants and surgery. Kourtney's narrative highlights that it is not always about looking at others but doing what is best for her own body. Though she realised that looking at other women's photos might have helped her to work out what she wanted, it also points to the individualistic nature of bodies in surgery. In this sense, wish pics offer an interesting insight into the body project, in that they can confuse the boundary between what is desirable versus what is attainable.

This bears relevance in underscoring some limitations of the social body project in online spaces. Although consumers may feel as though they are interacting with likeminded others, they must also ensure that they are balancing their own desires and the physicality of their own bodies. Women appear to actively manage their consumption decisions, by striking a balance between their own desires with the decisions of others.

The Social Construction of Breasts

In the previous section, I described that wish pics gave women the opportunity to compare their bodies with others as a means of settling on a desired aesthetic appearance. But in forums, I find consumers also seek out other's evaluations of their bodies after surgery. Here I find that the problem with breasts being made social is that the context impacts the evaluation, and the context can easily change. One example of this came from 'boob greed,' an emic term that women use to describe the feeling of insatiability experienced after surgery because women regretted not opting for larger implants.

The fear of regretting their size and potentially having to endure another surgery was enough to have many women change their mind about sizing. In forums, common stories circulated around some users feeling 'too small' or that the surgery did not make enough difference. This comment from one anonymous user posted in a breast augmentation forum thread reveals how boob greed manifests as regret:

I'm 2 years post-op and I'm having a SERIOUS case of major BOOBIE GREED right now :(Not only do they feel much smaller to me, but they look uneven as well... There was never really a time when I felt like these things (my implants) were "huge". Even when I first got them I was still so flat because my muscles were so tight and squeezing them back. I feel like I've just been waiting and waiting for them to get to the size I want but at 2 years out I know they're as settled as they're gonna' get. (text reproduced verbatim)

For women who were entering forums for research and reading comments such as these, boob greed sometimes scared them into thinking that it could happen to them. The women sought out breast that would complement the body but be large enough to be a noticeable difference.

Here, simply knowing about boob greed sometimes gave women a feeling of greed or desire over having larger breasts than they had initially anticipated. Stella initially thought that her doctor was wrong for suggesting she opt for implants 50cc (equivalent of 50ml or

1.7oz) larger than she originally requested. After speaking with other women in online networks who selected implants in her initial size range (350ccs) who regretted it, she opted for 400cc's. In this sense, online bodies were not simply inert models that women could use to fantasise over their own body; they also acted as points of reference where users could learn from the mistakes of others, ultimately changing the preferences that they had over their own bodies.

This aspect of sociality – that consumers rely on others to carry out practices (Schatzki 2012, 2015) - highlights a complicated process of social comparison in that women are incorporating relative stranger's evaluations of their bodies into their own body project. Stella describes her reliance on other women's appraisals of their bodies in making decisions over her own body. The regret experienced by some women in the Instagram group is being incorporated into new plans, further homogenising the choices and linking women together socially. Importantly, women are making plans over their bodies which are permanent, and not easily reversed if a wrong decision is made.

So far, I have shown that the fear that women will not reach an outcome they had hoped for. Nonetheless, online forums also influence boob greed after surgery. Denise explains:

I wanted to start off natural – but I did experience boob greed, or I am experiencing boob greed. I love how natural I went, um, but social media might be influencing my boob greed. So the fact that I do want to go bigger, the fact that I feel like I should be more voluptuous [...] if I'm being honest that's being influenced by social media [...] I tell myself I'll do it by the time I'm 30, I'm 27 now. If I haven't gotten over the boob greed in a few years then I'm definitely going to go bigger, but I'm thinking I'm going to go not even a full 100 cc's bigger - - OK, I'm lying, maybe a full 100cc's bigger.

Denise's story is complicated in that she chose smaller implants than she had initially wanted because of negative attention she received from her social groups. As previously discussed, Denise broke up with her partner, and experienced backlash from friends. However, having

made her decision for ‘natural’ looking breast implants by balancing her own desires with the opinion of others has complicated her body project. In particular, the breakdown of these relationships, and interaction in new social networks (i.e. social media) means that her breasts are evaluated based on new relationships. After surgery, women appear to evaluate, and re-evaluate, their breasts in comparison to others.

It therefore appears as though women are exposed to a number of different influences in their decision making. Previously, I discussed that family members mostly expressed their concern over women looking too fake. Online forums, however, exposed women to the regret of failing to select a large enough size. This is just one of many complicated stories related to how choice and preferences become shaped by the groups that the body interacts with, as Denise is now looking to different women than before she got her implants: curvy women, versus naturally augmented women. Denise now experiences a feeling of regret for her current choice, and a new desire for a ‘look’ she tried to avoid in the first place.

LEARNING FROM EACH OTHER

In this section I explain how online forums and private groups helped women to manage their own body projects through interaction with others. I consider how social networks help women navigate their physical social worlds, as well as reassure them about their practices over their body projects.

Navigating Social Networks

As previously discussed, consumers are exposed to multiple social groups that can both support and discourage the body project. Online networks offered a sounding board to air the oftentimes conflicting opinions that others brought to bear on their bodies. This finding bears similarity to the therapeutic servicescapes described by Higgins and Hamilton

(2018) as places of social support devoid of judgement. In these spaces, consumers are able to ‘break down’ and express emotion (Higgins and Hamilton 2018, 1243). Similarly, in the safe space of online forums of strangers, women with unsupportive personal networks could disclose the difficulties they were facing in their personal lives, and ask advice from others. For example, one user asked how to discuss the issue of surgery with a family member; one user replied explaining that gaining support was a gradual and iterative process.

Honestly, it took me multiple conversations to get my parents to accept it. Up to this day they aren’t happy about it, but they accept my decision. I personally asked my mother to come with me to my consultation so she can ask all the questions that were on her mind. It also allowed her to meet my surgeon and to have him reassure her. Over months of talking they eventually somewhat warmed up to the idea. I think it was more to realise that we aren’t doing this to impress people or start walking half naked in the streets we’re all doing this for ourselves and ourselves only (quote reproduced verbatim)

These requests for help were common and received many replies (sometimes 70-80 comments). Through this, it became clear that many women experienced similar kinds of resistance and pushback from their personal networks that I outlined Chapter 5.

Representative responses included “be upfront and honest,” “I’m going to write a letter telling them that I’ve done research and other personal points I’ve thought about,” and “it’s your body, not theirs.” The online community both offered concrete suggestions and normalised the problems faced. Women in these networks were not given express instructions on how to manage opinions on their bodies; they were instead reminded to do what was right for them, and not for others. Therefore, online networks functioned as a means of support for some women who were unsure of how to proceed with their own body projects.

Practice Reassurance and Comparison

Moreover, because of the lack of expert opinion or advice in these forums, I find that women were likely to bring their experiences online to understand whether they were normal

or their recovery practices *correct*. As I explained in my methods chapter, it was rare to find women actively participating who were more than 6 to 7 months post-operative. Rather, women are interacting with others who share a similar level of knowledge on the matter, to help one another make plans over their bodies. I find that this online community is comprised predominately of novices wherein the vast majority women participating in these forums were all experiencing breast augmentation within a similar timeframe. The women participated in these online forum just during the months before and after their surgery. Therefore, novices were being guided by women with just a little more experience and little longterm perspective.

One way that consumers built their knowledge was through asking questions from each other. Particularly during recovery from surgery, it was common to see ‘how-to’ questions asking other women about their experiences. Some questions included: “What was the sleep location/body positioning for sleep for everyone immediately after their surgery?” “How long did you keep that setup before returning to your normal position?” or “What can I put on my breasts to stop chaffing?” When women see that the problems they face are common, it reduces they uncertainty. These findings bear resemblance to what Jayanti and Singh (2009) observe, in that consumers are likely to generate knowledge by asking questions and receiving feedback from others. However, the authors also found that consumers were likely to workshop their problems in forums, such as by asking others to weigh in on the interpretation of lab results or doctor’s orders.

The interaction that I observed operates in a slightly different configuration, in that women appeared to draw from the experiential knowledge which was shared online to reassure themselves that whatever they were experiencing or doing was normal. Recent research in sociology has shown that experiential knowledge is typically based on lay knowledge claims from others based on their own experience, without claiming expertise

(Maslen and Lupton 2019). I find that women are actively drawing from the experiences of others as a means of evaluating or understanding what was happening to themselves. The private online communities that women were members of operated therefore as an additional mode of a very specialised form of social comparison. By taking these individual practices and making them social, women become reassured that how they are feeling and the steps they are taking to help themselves are normal.

This act of social comparison was not always comforting however, as some women began to question their own progress. One concrete example of this was in the discussion of ‘dropping and fluffing.’ This is an emic process which describes the muscles that surround the implant beginning to relax, allowing the implant more room in the muscle cavity to ‘fluff up.’ It was clear that women experience anxiety over what they call ‘frankenboobs’ - the appearance of high and tight implants under the skin that appear almost square due to the pressure that the chest muscles place on the implant (Figure 10). A common concern during this time was that the breast augmentation had failed. Danika explains her own experience with ‘frankenboobs’ in a private group chat, where co-novices appear to be guiding one another:

...[M]aybe about a couple weeks after (surgery), a lot of the women started describing that their breasts were starting to fall cos they’re really high up, like all the way up to here (points to collarbones) and frankenboobs style - very square and high - and a lot of the women were describing that their boobs were dropping a lot and were becoming very round. They shared some pictures in their surgical bras of results that looked like they were almost complete (meaning completely healed). And then I, on the other hand - - my breasts are still very high and very square - - and I guess it just surprised me [...] I took maybe about 3 weeks or so for them to start rounding out, like going from square to round and I thought ‘OK phew, they’re going to be normal!’

Danika here explains how she compared herself to others during recovery and worried that she was not healing at the same pace as others. Women compare themselves to others and ask

questions to track their own progress against social others, which can sometimes lead to anxiety over their body's progress.

Women compare themselves to others and construct expectations. In this particular example, the expectation that women construct is around when breasts should 'drop and fluff.' This is significant, in that during extreme experiences, consumers will look to others to normalise an event (Jayanti and Singh 2009), even when they are recovering alone at home. Women look to others to benchmark their progress and be reassured by the online community. This may provide insight as to why the majority of informants I spoke with watched recovery vlogs on YouTube and participated actively in online forums during their surgeries. These findings point to the sociality of the body, consumers draw in others to stabilise their own experience and to construct normative bounds around their own recovery relative to others.

Figure 10: *An Example of 'Frankenboobs' and 'Drop and Fluff' Process*



THE SURGEON

In this final section, I consider the role of the plastic surgeon in the body project. So far, this chapter has considered the role of online social networks in shaping women's preferences over their bodies. I find that the surgeon did not play a direct role in shaping aesthetic preferences but simply translated aesthetic preferences into reality. The women needed to discuss their ideal shape with the doctors who would be performing the procedure. But they entered the encounter with expectations and the surgeon mostly helped women actualise their desired appearance.

Importantly, women discussed going into the cosmetic surgeon's office and telling them exactly what they wanted, rather than listening to the doctor's advice. The women primarily ignored expert opinion in favour of their own logic and reasoning (Thompson 2005). Women described that one of their core criteria for a surgeon - beyond a high rating and results that matched their own aesthetic goals - was a cosmetic surgeon that they could trust and who would listen. Many women consulted with multiple surgeons in the search for these criteria. For instance, Monica consulted with seven different cosmetic surgeons along the West Coast of America, and Kourtney consulted with four prominent Beverly Hills surgeons before making her decision. Though each surgeon had similar accreditations, Kourtney explains why she chose her surgeon:

I met with three other doctors and then I picked my doctor that I ultimately went with. I felt very comfortable with him from the very beginning. Everyone at the office was amazing, (and) I just felt like this is a place where I want to do this [...] He's not the type of person that, you walk in and he's like 'oh you need this done, and you need that done.' It's more like 'what is it that you want to change about yourself?' Which I think is so important with plastic surgeons. You need to talk to your patients, especially women because we're already so self-conscious about so many things that I don't want to walk in there and be like 'oh I don't like my breasts,' and you're (the doctor) like 'oh yeah they're horrible! You should change them!'

Kourtney describes her desire for an interaction with a surgeon who actively asks what she *wants* rather than what she *needs*. This is significant because, as this chapter has discussed, consumers had already formulated an idea of how they would like to look, with the help of social others prior to arriving to their consultations. For this reason, consumers wanted to be heard rather than taught.

I find that the role of the cosmetic surgeon for consumers body projects is to act as an advocate for the body. . Cosmetic surgeons must carry the dual responsibility of offering support and medical advice, acknowledging that each individual body differs, and the approach needed to arrive at a similar aesthetic result may differ case-by-case (Ormrod 1995). Earlier in this chapter, I described that many women collected images from online forums of how they would like to appear (“wish pics”) and brought them to their consultations. The role of the surgeon is not only to listen, but to determine what would physically work for each person (Leem 2016). Cosmetic surgeons make suggestions, based on anatomy, measurements and aesthetic preferences of the surgeon and the patient. For example, Lucy’s doctor offered her a size range based on her measurements and her desires for full breasts. In this sense, medical expertise is utilised to read and advocate for what would work for the body, in a way that assists women in reaching their ideal figure.

Important to note is that even when consumers are describing their ideal appearance, and the surgeon is guiding them to what is possible, miscommunications occur. Charlotte, Jordan and Olivia blamed themselves for not explaining their desires, which resulted in dissatisfaction after their surgeries. Charlotte awoke from surgery with breasts that were unnaturally high on her chest, and views herself as much at fault as her surgeon, because she did not provide specific enough instructions:

Interviewer: I remember you telling me that you told your doctor you wanted to be around a C (cup)...

Charlotte: (shakes head) yeah, and I feel like I messed up, cos I told him I don't want them too big, I want them between a 300(cc) to a 350 max - *max 350*. And he said 'OK I know the perfect thing, we'll do 325 on each side' so we did 325 on each side, but I never told him that I wanted them natural, I didn't want them perky. I feel like he should have asked me like 'OK do you want them natural, do you want them high, or do you want them medium' he didn't ask me, but then I feel like it's my fault too 'cause I didn't tell him. (Emphasis in original)

Through this quote, Charlotte explains how the role of the cosmetic surgeon takes a backseat in shaping women's preferences over their bodies. Charlotte is relying on her cosmetic surgeon to provide what she wanted. Here, her own idea of how she would like to look has been left in the hands of a professional; yet she blames herself for not providing enough instruction. When considering the sociality of the body, prior research has noted that consumers rely on others (such as doctors, tattooists) to actualise their body projects (Patterson and Schroeder, 2010). This is one instance where the reliance has not worked to women's advantage. Charlotte considered herself as having failed to communicate her preferences to her surgeon. When left in charge of her body, her surgeon gave Charlotte an appearance that was not in line with her expectations. I conclude that communicating aesthetics is difficult, and can lead to miscommunication.

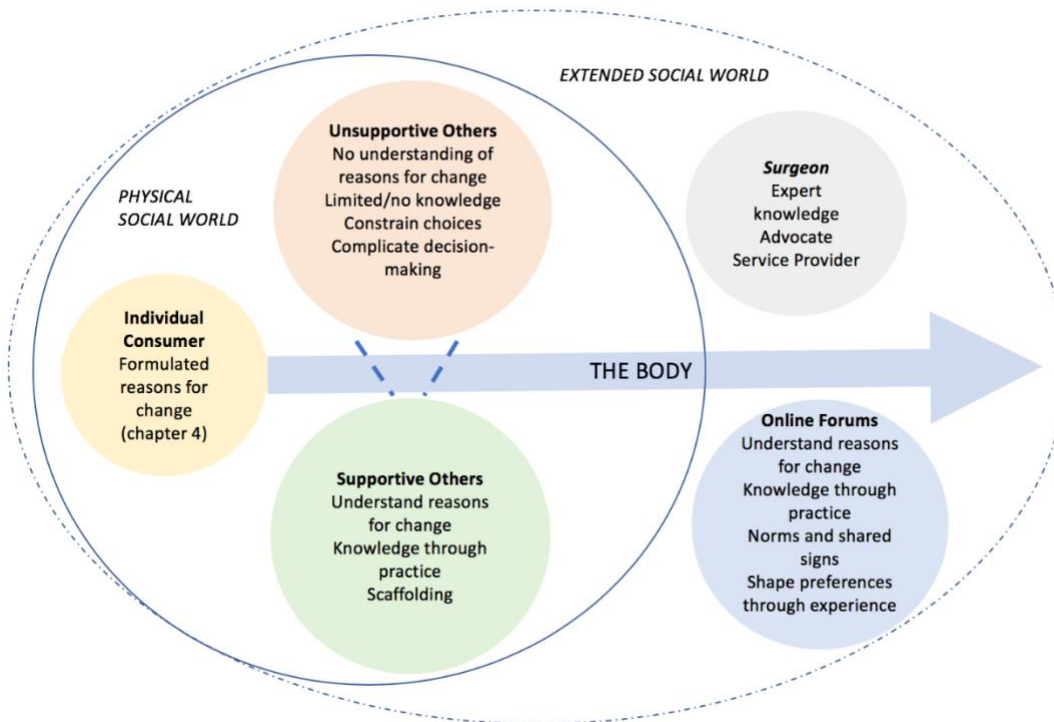
To summarise this section, many women felt they knew their bodies and what they wanted, better than their cosmetic surgeons. For this reason, many women viewed their surgeon as a service-provider who could actualise their desired appearance (i.e. Patterson and Schroeder 2010), rather than as an expert with a stake on their bodies. In the next section, I outline the contributions of these two chapters to our understanding of body projects, sociality and consumer influence in consumer research.

DISCUSSION

Together, the aim of chapters 5 and 6 was to explore the role of social others in shaping consumers intimate preferences and choices. Utilising theories in constitutive rules and social influence, I show how consumers belong to multiple groups of related and unrelated actors, which exert opposing forces on their body projects. In chapter 5, I considered how personal networks had both positive and negative reactions to women's choices for breast surgery. I find that both supportive and unsupportive groups shape consumers' intimate preferences. In Chapter 6, I then explored the influence of online networks. Online communities are ways for consumers to find likeminded others, develop a common language and set of symbols, and provide and receive support (Boero and Pascoe 2012). These networks are homosocial in that consumers hold positive views of cosmetic surgery and a shared belief that altering the body is an acceptable choice.

When consumers encounter these groups simultaneously, they receive conflicting advice about what to do with their bodies, which are likely to have an impact on their social practices, and in some cases, on the choices that they make. In doing so, I have shown the complexity of making individual choices via social practices. The consumer body, though experienced and planned for at an individual level (Chapter 4), must also interact with a number of groups in its physical and wider social world. The body is a site of considerable negotiation and debate which complicates the evaluation of the body and the decisions undertaken. Importantly, the findings of the past two chapters also extend our understanding of social practices, by underscoring how constitutive rules compete, and must be configured by individual actors in order to manage the tensions that arise. A summary of the core findings is presented in Figure 11.

Figure 11: *Body-Project Influence via Social Networks (Physical and Extended)*



The Social Body and Constitutive Rules

Over the past two chapters, I have shown how intimate preferences over the body and appearance are influenced by others when the social body interacts with different groups. In Chapter 2, I described that practice theorists view bodies as social through practices – for instance, by learning ways of doing, the body is inscribed with social values (Schatzki 2012). My findings lend weight to the sociality of the body, by showing how the body is disciplined by the opinions that others may place onto it. This occurs in a number of ways, such as the solicited and unsolicited advice received, through the gaze of other women’s bodies, and through the stigma attached to cosmetic surgery by consumers who uphold values of self-acceptance ascribe to the body. This has significance for the idea that the body is a social entity that is observed, critiqued, motivated and suggested to by others (Turner 2012). In this sense, the body is not simply for oneself, but for others as well.

Importantly, Bearden and Etzel (1982) note that social influence requires the opportunity for social interaction or a public scrutiny of behaviours. Across my findings, I demonstrate that choices around breast augmentation surround both public scrutiny by those who oppose cosmetic surgery and social interaction with those who have previously had surgery and offer their own advice. Rather than adopting experts' opinions when making decisions (Cialdini and Goldstein 2002), consumers appear more likely to negotiate a variety of opinions from different groups of people.

Practice theory acknowledges that practices are social and are based on shared understandings (Swidler 2001). Some of these shared understandings are deeper and unquestioned—they form constitutive rules of what counts as performing the practice. I contribute to our understanding of these social practices by showing how consumers balance competing constitutive rules. I have shown that body modification is a site where multiple and conflicting deep meanings anchor practices—self-acceptance and self-improvement. When the body is framed as a site for self-acceptance (i.e., Scaraboto and Fischer 2013), this constitutive rule anchors practices such as questioning, resistance, casting doubt and withdrawal. These practices support the meaning that body modification is stigmatised and unnecessary. My findings suggest that the tension can be exacerbated through argument and social drama; or attempts to reduce the tension through additional practices, such as utilising an expert or concealing.

Conversely, when a self-improvement constitutive rule is evoked, cosmetic surgery is viewed as a means of improving self-esteem and doing something for oneself. In these interactions, I show that consumers experience supportive practices such as empathising, listening, understanding as well as receiving advice and experiential knowledge from others. These practices of support help to streamline some decision making and shows the impact of social support on consumer practices. Of course, social support does not always positively

influence consumers. I show how social others have an evaluative effect on the body both before and after surgery – such as in using others experiences to shape decisions over the body; and evaluating the body using others aesthetic appearance (Chapter 6).

What do consumers do when they are confronted with competing constitutive rules? Past research has suggested that consumers who are at the centre of tensions may resist, such as by wearing a veil that some consider to be oppressive (Sandikci and Ger 2010). Or they may conflict – by arguing, protesting and petitioning (Humphreys 2010). My findings suggest that consumers at the centre of tensions engage in a complicated process of negotiation and management. When different or competing constitutive rules circulate within society, the decisions made over the body are not interpreted in one way. For example, what may appear attractive within a community of likeminded consumers may be considered distasteful to a group of more conservative consumers. This requires careful management within consumption decisions, as can be seen through the instances of consumers who revise their plans over their bodies because of negative pushback from others.

Social Support and Consumer Decision-Making

The findings from the past two chapters also provide nuance into understanding social support and consumer decision-making. In particular, they offer some insight into the architecture of social support through scaffolding. As discussed in Chapter 5, scaffolding relates the theory of proximal development, which suggests that people are able to develop more skills under the supervision of a more competent peer (Vygotsky 1978). Previously, Maciel and Wallendorf (2017) have shown that scaffolding works to shape learning, by helping consumers to develop institutionalised knowledge and tastes. My findings contribute to this discussion by providing some insight into the architecture of scaffolding. I find that

some social relationships can help to build this scaffolding and support knowledge sharing and learning, whereas others tear it down.

Supportive networks build scaffolding through offering advice, stories and images to consumers, which provide necessary information for women to learn about how they would like to appear. Similar to Maciel and Wallendorf (2017) who show social support as beneficial in transmitting institutionalised knowledge, these social practices are helpful in streamlining information and reducing the effort of undertaking research and evaluation independently. Sometimes women seek these opinions out, and other times they reveal themselves in practice, by viewing others go through the same experience or learning from the mistakes of others. These practices also indoctrinate consumers into the norms of the community.

In terms of learning from peers, I find that the scaffolding does not necessarily need to be comprised of more competent peers. Chapter 6 demonstrated how women join new networks of support when existing support structures prove inadequate. Communities of Practice (CoP) are formed when consumers engage in a process of collective learning in a shared domain (Wenger 1991). These communities can sometimes operate as scaffolds by offering their own experiential knowledge as insights for others to build on. I showed how consumers learn from others by benchmarking themselves, evaluating the decisions of others and learning from the mistakes of others. Although I find that this does not always result in the right choice, it shows how consumers learn through others.

Conversely, I also show that unsupportive social relationships may break down social scaffolding by questioning, creating doubt or distancing themselves. My findings suggest that women who experience opposition or tension can become stalled in their research, and find difficulty in making an decision over their own body. This is significant because it shows the negative effects of social others onto the body, which may sometimes have just as much

impact as more supportive social others. This offers a different take on social scaffolding, in highlighting how families and close others can also work against one another to deter or derail plans.

According to Turner (1980), social dramas unfold following violation of social norms or norms that govern a relationship. This is one example where social drama may lead to the destruction of an existing scaffold because the decision for body modification is considered a norm violation of a self-accepting constitutive rules. For instance, the relationship between parent and child even in adulthood may be considered a form of scaffolding, whereby the parent may provide support to their children through tasks like securing credit or home ownership. Conversely, a child may offer scaffolding to a parent in learning a new technology (Epp et al. 2013). I contribute to understanding family support by showing the impact of family drama or tension on scaffolding practices. When a consumption practice that disrupts norms is sought, the scaffolding may break down and disrupt these supportive practices.

Moreover, the findings from the past two chapters suggests that tension from social relationships is one reason why consumers join support groups (such as online communities). This contributes to our understanding of social support, in that it shows a path through which consumers attempt to support themselves when others will not. In my research, consumers join online networks, not to join parallel networks of support, but to ameliorate some of the negative support they may receive from their close, personal networks. This is not to say however, that these consumers are living out their desires in these deviant communities (i.e., Schouten and McAlexander 1995), but rather are treating it as a source of information. What consumers do when they bring these opinions back into their personal lives is telling of the complicated process of negotiation, comparison, and learning from others around them.

Body and Identity

Finally, the findings lend insights into understanding the relationship between identity and the body. In Chapter 2, I described that identity is sometimes conceptualised as formed or negotiated with others (i.e. family identity – Epp and Price 2008). Prior literature has also shown that social others can destabilise identity projects, as in the case of Hipsters losing their identity to the mainstream (Arsel and Thompson 2011). This is important in the context of identity or body projects, in demonstrating that the idea of ‘how I would like to be/appear’ is not simply independently formed, nor is it exclusively based on higher order social values of what is considered attractive (Chapter 4), but it can also emerge in coordination with others. My findings reveal plans surrounding aesthetic preferences shift in line with social identity and group membership. In this sense, the evaluation of the body may be conceptualised as fluid, in that the meaning appears to shift in line with identity changes via social interaction.

My findings help to bridge studies that consider consumers as engaging in individualistic identity work (Belk 1988) or in viewing the body as inscribed with value by market systems or society (Bordo 1997, Heyes 2012). My middle ground approach to identity and the body sheds light on negotiation for consumption practices that may be considered deeply personal. The findings in this section lend themselves to our understanding of the fluid or becoming self; that is, I consider how self and body are continuously developed in coordination with others.

I argue that this has implications for understanding how boundaries are constructed around some social practices. For example, what makes sense for a raver to do in the dark confines of a nightclub may need careful management in the rest of their wider social network, such as making sure to not expose aspects of their lives to parents or colleagues (Goulding et al. 2002, 270). Goulding et al. (2002) argue for a version of identity akin to the

fragmented self, whereby the ‘self’ is different across different aspects of life. Perhaps given the conspicuousness or visibility of the body, consumers must carefully manage their choices, and therefore open up the body to social gaze and opinion. Goffman (1968) refers to this as ‘impression management’ whereby any performance must be adapted to the conditions the performance is staged. This foreshadows the role of social influence that circulates even among the most intimate aspects of consumption.

Conclusion

This chapter has outlined the meaning of breast augmentation in online communities, comprised of women who are planning, awaiting or recovering from surgery. Women used the experiences of others to help them facilitate some of the choices that they made over their bodies. I outlined that there was a normative influence, particularly in terms of sizing, that exists in these networks in the photos that are circulated and shared. I also explained that using other women’s experiences could be problematic because women were not always sure how to incorporate the advice that circulated into their own body projects. Women had to manage their own desires for their body alongside the expectations and opinions of others, in their personal and extended (online) social worlds. I now turn to a discussion of how the past two chapters inform our understanding of social influence in consumer research.

More broadly, the past two chapters have explored the role of close and distant social others on consumers intimate preferences over their bodies. I have shown how positive and negative support can change women’s ideas for how they would like their bodies and their breasts to look. I also described how women balance these views when actualising their desired appearance, and the role of influence that these groups had on women’s preferences over their own bodies.

In the final empirical chapter, I turn to explore the process by which the social body becomes grounded again in women's practices. Importantly consumers incorporate advice into their own bodies, but the body is still unique and is experienced individually. I explore how women re-practice their new bodies following breast augmentation surgery, as they work to integrate their new body into their existing life. I show that women struggle to acclimatise to their new bodies, as they can disrupt old practices and align new practices.

CHAPTER SEVEN

RE-PRACTICING THE BODY PROJECT – A STUDY OF ANTICIPATED AND UNANTICIPATED CHANGE

This final empirical chapter considers how the newly-modified body becomes re-practiced in consumers everyday lives. In chapter 4, I outlined how women come to view their bodies as malleable. My practice-theoretical approach to the body shed light on how the decision to have surgery can manifest through routine practices, such as dressing or social occasions; or during transitions, such as weight-loss or pregnancy. I then explored how the opinions and advice given by both personal (Chapter 5) and extended networks (Chapter 6), can influence the meaning the meaning of the women's bodies. I showed that consumers work to manage the influence of social others when making deeply intimate choices made over their bodies.

This final empirical chapter explores how women align their new bodies with their body project. I do so by considering how the new body is integrated into consumers' existing routines and interactions. More specifically, I explore how consumers re-practiced their bodies. I consider the extent to which bodies, which are vital to practices, can *smooth* or *disrupt* consumers prior and future practices. Returning to a micro-view of practices (Schatzki 1996), this empirical chapter pays close attention to the ongoing nature of the body project.

Specifically, after surgery, women must now integrate their new bodies into their existing routines. They do this by creating new routines, reformulating their routines and dropping old ones that are now obsolete. Practices like dressing, shopping and sleeping which revealed a complicated process of blockage and misalignment require conscious re-working, which is not always interpreted positively. Before outlining the findings, I first pause to outline the importance of practice misalignments.

Practice Misalignments

As discussed in Chapter 2, practice misalignments refer to an instability between a doing, materials and meaning (Schatzki 1996, Magaudda 2011). Practices fall apart routinely, requiring conscious thought to put them back together (Schatzki 2002). To be sure, much consumer research has focused on these unanticipated practice misalignments (Canniford and Shankar 2013, Epp et al. 2014, Phipps and Ozanne 2017, Seregina and Weijo 2017). For example, Phipps and Ozanne (2017) show how easily practices can become disrupted when water scarcity causes consumers to rethink simple household tasks like using the toilet. In these studies, established practices become misaligned due to an unanticipated change. Moreover, recent research explores how anticipated practices, such as breastfeeding a child, become misaligned as consumers try to carry them out (Thomas and Epp 2019). These studies share the view that practice misalignment is negative, in that it causes unwelcome disruptions to established or envisioned routines.

Body modification offers a slightly different lens to consider practice misalignments, in that consumers are seeking change to their appearance to resolve problems to their existing practices. Because the body is changing, the practices that surrounded the old body will by definition, become misaligned. For example, rules formulated to denote which clothing is appropriate versus inappropriate are likely to become misaligned once the body changes, as these rules will no longer hold. I consider these misalignments to be anticipated, in that consumers are expecting some of these practices to fall apart, in line with their desired state of what a new body will be like. However, consumers cannot anticipate all changes following body modification, and will likely experience unanticipated practice misalignments that leave them scrambling to adjust.

This chapter will pay close attention to anticipated and unanticipated misalignments in order to better understand the evolution and embodiment of an ideal body project. This

chapter, alongside chapter 4, this chapter answers Research Question 1, which asks ‘what are the embodied factors that influence the practicing of the body?’ I conclude by discussing how the findings in this chapter can contribute to studies of the body, identity and practice-theory in consumer research.

THE ENVISIONED BODY PROJECT

This section begins by outlining how consumers are motivated toward a desired end point, a teleoaffective state (Schatzki 2002), through planning and envisioning. Before surgery, consumers are likely to anticipate what their new bodies will be like, and work to prepare themselves for a future with breasts.

Thomas and Epp (2019) introduce the term envisioned practices to explain this anticipated state – referring to plans for enacting a practice. Envisioned practices act as a bridge between social meaning and enacted practices. For example, the social meaning surrounding parenting, particularly in a North American context, is to adopt an intensive-mothering ideology (Thomas and Epp 2019). For expectant parents therefore, envisioned practices, to prepare for the arrival of a baby may include reading pregnancy books, buying glass-bottles for feeding, and researching swaddling techniques (Thomas and Epp 2019).

In my study, I find that consumers engage in envisioned practices by conducting research and speaking with others; as well as envisioning the future via their own body projects. Some of these envisioned research practices were described in Chapters 5 and 6, and included talking to others about the procedure (“I called my sister for help” – Charlotte), and conducting research online - (“I watched tons of YouTube to help prepare” – Demi). The significance of these practices is evidenced in consumers anticipation of what to expect from surgery and body modification.

Many of these envisioned practices were evident in consumers purchasing practices before surgery to support the post-surgical body immediately following surgery, including buying surgical bras and icepacks. Danika created a list of things she would need to buy for her surgery:

When it came (time) for me to get all my supplies before surgery, I went through (the Instagram group) and I saved specifically all the questions and all the answers related to what kind of supplies I needed. So, I bought everything - - honestly, I got *everything*, including things that I didn't end up using just in case! Some people had described their back really hurting so I bought that back warmer that you can heat up in the microwave and put on your back, just in case my back started hurting. (emphasis in original)

What Danika describes is the anticipation of pain following surgery. Her account of buying “*everything*” listed in forums is reflective of the importance of the surgery to her, and to own preparedness in ensuring she can make it through recovery.

Whereas some envisioned practices are performed through interaction with others, a second form of envisioned practices emanated from informant's body-projects. Consumers desire for ‘how I would like to appear’ acts as an envisioned practice, whereby plans can be formulated based on these desires. In Chapter 4, I discussed that clothing was a significant point of contention for many women, as some clothes (i.e. low-cut tops or clothing that could not conceal a bra) exacerbated what they did not like about their bodies. Therefore, after committing to surgery, women bought clothes for their new bodies that violated these rules. For example, Monica, who I described as putting off surgery for over 10 years, collected some clothes with the intention that one day she would go through with the surgery:

I've never been able to wear (a certain black dress). I bought it two years ago and it's been hanging in a closet, never worn it, never been photographed in it. As a matter of fact, it wasn't even in my closet, it was in my parents closet at their house. My mom's like ‘you know you have a dress here’ and I'm like ‘I'll wear it one day don't worry!’

and she's like 'do you want me to give it away?' I'm like 'noooooo! Don't you give that dress away! I love that dress!'

This practice of buying new clothing relates to an envisioned practice, as it is being carried out in anticipation of a new body that can conceivably wear it. These anticipated states are significant, in that they begin to formulate expectations of what the body will be like, how it will appear, and how it can become a catalyst for changing women's current routines. Yet, as I will discuss throughout this chapter, this anticipation is fragile and can easily come apart.

Envisioned Practices Misalign Recovery

Envisioned practices are put to the test early in the process of receiving body modification. The days following surgery are characterised by the physical pain of chest muscles and skin that must stretch to accommodate implants; and a reduced ability to move or look after oneself. It was here, in the immediate days following surgery that these envisioned practices began to fall apart.

In consumer research, pain serves as a reminder of the physical body and re-focuses attention back inwards (Huseman and Eckhardt 2019, Roux and Belk, 2019, Scott et al. 2017). I find that in the context of body modification, pain is framed as a hurdle to overcome on the path to embodying an ideal figure; it is not framed as a part of the experience. For this reason, many informants, including Nadine, Charlotte, Demi and Danika expressed concern over the pain of surgery.

Informants described watching YouTube videos to see exactly how others handled the days following surgery. These envisioned practices allowed consumers to form a concrete idea about how recovery may be. On YouTube, vloggers film themselves recovering and explain the physical effects of surgery. Some of these physical effects they displayed included difficulty breathing, soreness, sharp pains and drowsiness from pain medication.

Vlogger Becca described her experience of pain on camera:

(I went) back to [the doctor] to get my dressing taken off and replaced, this was the most painful part for me - - cos if you imagine, my nipples have stitching all around them, there's stitching down and around so it's like an anchor. When those dressings were pulled off, my whole body overheated and started shaking.

This information surrounding the pain becomes a driver of preparing for the worst. Yet it was also here that consumers began to realise that their anticipation could become misaligned in practice. For example, Demi said of her sisters experience:

my sister had a really difficult experience, and was in a lot of pain for a month. (When I told her about my surgery date) she was like 'just wait, you're going to be in the worst pain of your life.' I texted her on the Tuesday after I got it done and I was like 'I'm actually driving' and she was like 'how!?'

For many, this meaning surrounding the practice misalignment was welcomed, as women were expecting pain far worse than they experienced. Yet for a small group, this misalignment resulted in annoyance – including Monica who realised she had put off breast augmentation for years out of fear; and Danika, who spent hundreds of dollars preparing herself for the pain that she was expecting. Previously, I described that Danika purchased pillows, bandages and a back warmer “in case my back hurts.” During our interview, she discussed never needing most of the items she purchased, and wondered aloud about whether she had returned the back warmer or if it was still in her garage. This highlights the fragility of anticipated practices, and the meanings that may result.

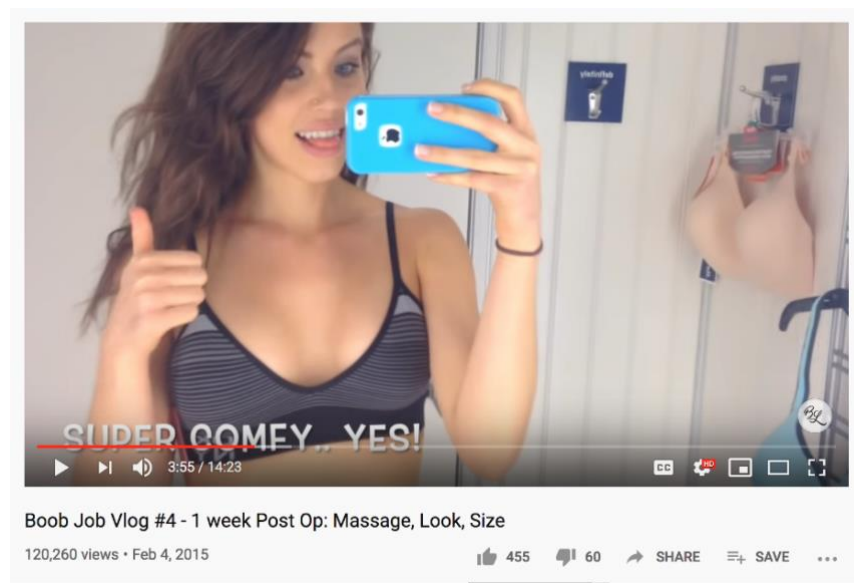
Evaluating the Anticipated Body Project

One of the most important and anticipated practices following breast enhancement surgery was being sized for a bra for the first time. Women enter surgery with an idea of how they would like to appear. Previously, I described how women's ideal appearance is socially

mediated via interaction with others (for a review, see Chapters 5 and 6). Therefore, in the immediate weeks following surgery, women are now seeking to anchor their anticipated body project to something concrete, in determining how close they have come their ideal.

I find that this practice of bra sizing had the ability to smooth or misalign the body project. In Chapter 2, I described that for a practice to be *smooth* there must be an interrelation between the doing, the materials that hold the practice together and the meaning (Schatzki 2010). Here in part lies one way to evaluate how *smoothly* the new body translates into women's anticipated states ('how I would like to appear.'). During field work, Nadine contacted me when she was two weeks post-operative to say "I'm getting sized today! :) Let you know how it goes." Over an afternoon, Nadine sent me picture messages of herself in different bras and was visibly elated to be a C-cup size. Recall that in Chapter 5, Nadine discussed not wanting large breast implants as she felt that it would interfere with her image as a health and fitness personality ('the most I will go is 300cc's and that's going to get me to a C, I don't want to be a D I don't want to be super big I really want to be like semi-natural.'). It was clear that Nadine had formulated her ideal body prior to surgery, and that the practice of being sized was bringing her anticipated body-project in line with her physical body. To highlight this, an image of a vlogger trying on bras is provided in Figure 12.

Figure 12: *Vloggers film Themselves Trying on Bras for the First Time*



However, there were also instances where this practice destabilised body projects. There were cases of informants and bloggers who were not happy with the outcomes of sizing following surgery, which led to a re-evaluation of the body project and what they consider to be ideal. Vlogger Allie decided to book in for a revision surgery soon after she realised that the small implants she had selected were not creating the amount of cleavage that she had expected in her bras. Other informants discussed being in recovery groups with women who were already contacting their doctors to change their implants in the weeks after surgery. These examples offer some insight into the problems with envisioned practices, in that the lived reality of the body may not be reflective of an anticipated state.

ANTICIPATED PRACTICE MISALIGNMENTS

In this section, I consider the anticipated practice misalignments that follow surgery. As the body goes through a physical transition following surgery, so naturally practices will break down. In this section I discuss these anticipated misalignments and the impact it has on the body project.

It bears relevance at this point to discuss that in Chapter 4, I outlined two possible pathways to transformation - the stable and unstable body project. Although women described their bodies differently before surgery, I find many similarities in the way the body is experienced and evaluated after surgery, particularly in relation to anticipated and unanticipated practice misalignments. I conjecture that the research and fantasising that women performed over their bodies, led them to similar anticipated states. In this chapter, I therefore discuss the findings that resonated across both groups. A table outlining these practices is presented toward the end of this chapter, in Table 9.

Disrupting Practical Understandings

In this section, I consider how some practice misalignments are an expected and welcome part of body modification. In particular, this section will outline how the rules that consumers developed around their body became broken. In Chapter 4, I noted that when bodies which were not aligned with a desired body project, consumers developed rules build around what was considered appropriate (e.g., no backless dresses, no low-cut tops). This was a finding that resonated across both stable and unstable body projects (Table 6). However, women with an unstable body project appeared to draw from these narratives more readily as a reason to seek change. I find that these rules formulated over the body are socially mediated, in that taste regimes and manufacturer cuts and sizing dictates the styles consumer can embody (or not). When these rules worked well, such as by wearing loose t-shirts or padded bras, consumers could effectively ‘pass’ at concealing their bodies. This relates to a practical understanding, which describes the embodied competence or ‘know how’ of how to perform a task (Schatzki 1997). Yet after surgery, this embodied competence is no longer necessary or desired. This section will now consider how these rules become broken.

Prior research has shown that consumers do not like disruptions to their practical understandings. Disruptions to the practical understandings of how and why to carry out a practice leave consumers feeling uneasy (Phipps and Ozanne 2017); or scrambling to adjust (Thomas and Epp 2019). For example, past knowledge of how and when to water the garden becomes disrupted when the meaning surrounding water usage shifts (Phipps and Ozanne 2017). At the expense of decoupling from their past knowledge, consumers feel uneasy because they have lost their “feel for the game” (Phipps and Ozanne 2017, 362).

In the context of body modification, new bodies allow women to reconsider these rules and the practical understandings that previously governed them. Women engaged in new practices, by buying clothing they had previously denied themselves and which they considered to be ‘unwearable’ in their old bodies. Examples included Demi buying body hugging dresses, Nadine chose a swimsuit without padding, and Stella opted for low-cut tops that she could finally fill out. Figure 15 shows a woman on the private Instagram page wearing an off-shoulder top without a bra. Vlogger Allie referred to these items pre-operatively as “clothes I would dream about wearing.” Through this, the new body creates new meanings for the rules placed onto the old body.

Figure 15: Screenshot from Instagram: Woman in Off-Shoulder Clothing Following Surgery



Informants also discussed developing new practical understandings. For example, Charlotte was a bridesmaid at a wedding and chose to wear a low-cut gown which showed off her chest. During our interview, Charlotte offered pictures of herself on social media wearing the dress and compared them to pictures of herself before surgery. She said: “it was exciting trying it on ‘cause I had never worn anything like that before - ever in my life - so that was pretty cool and I really liked how I looked!” When we spoke, she contextualised the significance of this dress by referring to the fact that it broke all the rules of dressing her former body:

[Before surgery] my dresses were always short [...] I would look for something more revealing at my bottom half. I don’t have a big butt, but I have a nice butt, it’s not small. So (I would choose) something short and I would always cover myself on top, ‘cause I felt like ‘well I don’t have any boobs,’ so it’s going to look silly to be revealing.

Charlotte reflects on an old routine that although worked, was limiting. The new body is being evaluated based on the embodied competences of the old body, materials which break the rules, and the anticipated end-state (“I really liked how I looked”). Women embody their

ideal body-project when these elements work in coordination with one another. They are engaging in practices which are aligned with the anticipated self, formulated before surgery.

As a final point, informants disregarded past practical understandings. Unsurprisingly, padded bras and shapewear are no longer necessary for most women following surgery, but so too are the embodied knowledge that governed them. Monica describes how a welcome disruption to these dressing practices allow her to dispose of material reminders of the hold body:

Right now, I'm wearing a top without a bra and it's kind of nice [...] because I would have *never* been able to do that before. I probably had in my bra drawer, bras [and] chicken cutlets in all different sizes. So it was like 'this one's gonna go with this dress, and this with this' and the other week, I went through that drawer and I threw them all away! [...] I called my mom and I go 'mom, (giggles) I got to throw away my (inserts)!' [...] and she's like 'how do you feel? All it is (are) those chicken cutlets inside of your body now' and I go 'but I feel so good, like I look good, I feel great!'

Although this act may seem trivial, Monica reflects on her practical understandings of shaping her body, saying "this one's gonna go with this dress, and this with this." Removing these materials is liberating, not destabilising, because Monica moves closer to her teleoaffective state – feeling good in a body without padding – that has been guiding her body project practices. When Monica describes the "chicken cutlets" (padded bra inserts) now being inside her body, this carries important meaning as it signifies disposal of the rules and embodied understandings that previously governed her body.

Creative Stabilisation

What do consumers do when their old practices become misaligned or obsolete? I find that consumers engage in a process of trial and error, in an attempt to stabilise their practices. Following breast augmentation surgery, women begin to experiment with their new bodies, which helps to provide some meaning to the new body. For example, Danika describes how

her new body provides an opportunity to reinterpret her clothing:

I haven't gotten any new clothing, I feel like I haven't even felt like the real need for it yet – I'm kind of just enjoying what's in my wardrobe, it's like I got a whole new wardrobe in a sense because I have my new body to try it all out with.

Returning to her wardrobe with a new body, she is coming to make sense of, and experiment with, her anticipated body project, experimenting to determine what works and what does not. Danika previously wore loose clothing which covered her body. This is a practice which must now be reformulated, therefore when she describes her body and her wardrobe as “new.” it is revealing of the new meanings that may emerge from covering versus revealing practices.

This example provides insight into how the elements which surround a practice are reconfigured and the meaning surrounding them may shift. Past research provides evidence that re-configuring elements in a practice can alter the meaning. For example, surfers who adequately prepare, and bring more equipment (wetsuits, camera, sunblock) to the beach may feel further away from nature as a result (Canniford and Shankar 2013). In a similar way, body modification reconfigures dressing practices, to the extent that the materials themselves are subject to reinterpretation. Here, I find that the meaning surrounding dressing shifts from frustrating (Chapter 4) to new and exciting. To be sure, women began to reflect on the impact that their newly modified body has in their social interactions. Demi, who described herself as unphased by her smaller breasts (stable body project) explains how her transformation following surgery had a positive impact her social practices:

There's some tops that I wore before my breast augmentation, no one said anything about it, and then after my breast augmentation, people were like, 'whoa, that's a really cute shirt! I haven't seen that before!' And I'm like, 'yeah I have worn it before, you just never noticed it!' (laughs)

Demi is describing a new meaning surrounding her dressing practices: receiving compliments for her outfits. Demi views her body as “[making] my clothing look better,” an acknowledgement that the new body is working the way she had envisioned. Through this, receiving social approval is reflective of a smooth practice. In doing so, Demi feels reassured, knowing that she looks feminine and shapely, evidenced by the positive attention she receives from others. This helps to outline a teleoaffective structure of validation - the linking of ends, means and moods which governs what makes sense to do in a given situation (Schatzki 1996). Through her narrative, Demi feels reassured that her surgery was successful when she sees the appearance of her own clothing change; and when this is realised and complimented by others. This also provides some insight into how the meaning surrounding bodies and identities shift through social interaction with others. A positive reaction to her figure strengthens the belief that new appearance is valued by others.

Summary

This section has outlined the anticipated practice-misalignments which occur after body transformation. I find that some alignments are evaluated positively, because they are prepared for or expected. This provides a novel extension to past work which has considered practice misalignments as resoundingly negative for consumers. Moreover, I find that body-modification does not act as a singular transition point after surgery. Instead, the body is continuously re-learnt, re-configured and re-interpreted. In the next section, I continue this discussion by considering unanticipated practice misalignments.

Table 9: *New, Reformulated and Dropped Practices Following Surgery*

Name	Body project	New Practices	Reformulating Practices	Dropped Practices
Anna (USA)	Unstable – Scoliosis created an uneven, sunken chest	<ul style="list-style-type: none"> • Scoliosis therapy – resolving other body project problems • Embodied confidence (comfortable exposing body) 	<ul style="list-style-type: none"> • Spaces of acceptability: beach OK, low cut clothes not appropriate • Reformulated meanings for clothing - looks ‘skanky’ • Reformulated meanings around practices that expose the body – beach, clubbing • Experimentation with what clothing works/doesn’t 	<ul style="list-style-type: none"> • Clothing disposal • Covering, hiding • No tight tops with bare legs
Carla (USA)	Unstable – lack of confidence about chest	<ul style="list-style-type: none"> • Embodied confidence – socialising, flirting 	<ul style="list-style-type: none"> • Try everything on - embodied understanding • Reformulated meanings around practices that expose the body – beach, clubbing • Difficulty finding clothing options 	<ul style="list-style-type: none"> • Bra stuffing – ‘passing’ • Social comparison • Gym exercises – chest, back
Poppy (USA - CA)	Unstable – clothing made her feel anxious and defeated. Lacked confidence	<ul style="list-style-type: none"> • Embodied confidence - comfortable exposing body • New meaning: new body makes old clothes feel new • No bra (bodies act on materials) • Embodied confidence – socialising, flirting 	<ul style="list-style-type: none"> • Covering up (spaces of acceptability) • Try everything on - embodied understanding • Reformulated meanings around practices that expose the body – beach, clubbing 	<ul style="list-style-type: none"> • Gym exercises • Sleeping positions • No loose clothes • Covering/hiding • Relationship dissolution

Denise (USA - IO)	Unstable – ‘never developed’ always wanted implants	<ul style="list-style-type: none"> • Embodied confidence – shoulders back, head up • No bra (bodies act on materials) • Pre-operative clothing looks ‘like new’ 	<ul style="list-style-type: none"> • Modelling poses • Changes to body project - boob greed • Covering up (spaces of acceptability) 	<ul style="list-style-type: none"> • ‘Overt’ modelling poses • Relationship dissolution
Olivia (AUS – QLD)	Unstable – Weight loss prompted negative feelings about breasts	<ul style="list-style-type: none"> • Embodied confidence • Reduced reliance on clothing to look sexy • New meaning: new body makes old clothes feel new 	<ul style="list-style-type: none"> • Changes to body project – boob greed • Difficulty finding clothing and bras 	<ul style="list-style-type: none"> • new rules - no tube-tops; no frilly clothes
Monica (USA - CAL)	Unstable – ‘never developed’ wanted implants since high school.	<ul style="list-style-type: none"> • Reduced reliance on clothing • New meaning: new body makes old clothes feel new • Acknowledgement from others • Hiding practices – concealing surgery 	<ul style="list-style-type: none"> • Modest dressing at work (spaces of acceptability) • Reformulated meanings around practices that expose the body – beach, clubbing 	<ul style="list-style-type: none"> • Bra stuffing – ‘passing’ • Social comparison • Gym exercises – chest, back
Charlotte (USA)	Unstable – ‘I was just kind of real insecure about having small boobs’	<ul style="list-style-type: none"> • New dressing practices – low cut, tight • Pre-operative clothing looks ‘like new’ 	<ul style="list-style-type: none"> • Reformulated meanings around exposure of the body – beach, clubbing • 	<ul style="list-style-type: none"> • Feels too ‘perky’ after surgery (regret) • Has to wear a bra at night but doesn’t feel comfortable doing so (Reorienting old practices) • Regret : “when I take my clothes off, they don’t look like - - they look like just circles” • No high-necks (‘frumpy’) • Balancing top and lower half with clothing • Modest dressing at work (spaces of acceptability)
Jordan (AUS – MEL)	Unstable – anxious about her chest in social settings	<p>First surgery:</p> <ul style="list-style-type: none"> • No bra (bodies act on materials) • Low cut tops 	<ul style="list-style-type: none"> • Dressing practices • Reformulated meaning of old body ‘was it really that bad?’ 	<p>Second surgery:</p> <ul style="list-style-type: none"> • Feels too ‘big’ after surgery (regret) • Discomfort, heavy implants

		<ul style="list-style-type: none"> • Backless dresses 		<ul style="list-style-type: none"> • Hiding a bra in clothing • Modest dressing at work (spaces of acceptability) • Clothing that fits chest doesn't fit around waist • Anxiety from shopping – • No tight tops with bare legs (and vice-versa)
Nadine (USA - MS)	Unstable – ‘I always wanted (breasts) even before they developed’	<ul style="list-style-type: none"> • Resolved family negativity (small sizing) • Bra-shopping • No bra (bodies act on materials) 	<ul style="list-style-type: none"> • Reformulated meanings around practices that expose the body – beach, clubbing 	<ul style="list-style-type: none"> • No change to self-confidence (not transformative) • Bra stuffing – ‘passing’
Danika (USA - CA)	Stable – saw her body change, felt control over herself	<ul style="list-style-type: none"> • Transformative: it's like taking the thing you're most critical about yourself and being able to now solve that problem • Embodied confidence 	<ul style="list-style-type: none"> • Reformulated meanings around practices that expose the body – beach • Reformulated meaning around wardrobe ‘like new’ 	<ul style="list-style-type: none"> • Size-increase was a surprise – had to get used to new shape • Modest dressing at work (spaces of acceptability)
Demi (USA – WA)	Stable – feels good about her body	<ul style="list-style-type: none"> • More attractive • Embodied confidence • Acknowledgement from others • Pre-operative clothing looks ‘like new’ 	<ul style="list-style-type: none"> • Reformulated meanings around practices that expose the body – beach, clubbing • Further change to body project – rhinoplasty consultation 	<ul style="list-style-type: none"> • Size-increase was a surprise – had to get used to new shape • Feels ‘fatter’ after surgery • Negative comments from others ‘I had my mom tell me ‘well you should probably try to lose some weight’ so they stick out, so they don't blend’ • Modest dressing (spaces of acceptability)
Bianca (USA)	Stable – Worked through her body issues	<ul style="list-style-type: none"> • New dressing practices - form fitting clothing; deep V-neck tops 	<ul style="list-style-type: none"> • Reformulated meaning of old body – (‘like a box’). 	<ul style="list-style-type: none"> • No loose clothes (‘fat’)
Stella (JMA)	Stable – felt good about her body.	<ul style="list-style-type: none"> • Threw out old padded bras (cathartic) • Gave away clothes that don't fit 	<ul style="list-style-type: none"> • Must try everything on (embodied understanding) 	<ul style="list-style-type: none"> • Some clothes don't fit (gave away)

	Breasts were gift from partner	<ul style="list-style-type: none"> • Embodied confidence - feels sexy • Pre-operative clothing looks 'like new' • Low-cut tops • Tight dresses • Acknowledgement from others 		<ul style="list-style-type: none"> • Changed all work clothes – spaces of acceptability • Difficulty online shopping (embodied understanding) • New clothes size – must try everything on • Clothing that fits chest doesn't fit around waist • Further surgery – rhinoplasty
Ella (AUS)	Stable – felt good, surgery to recover what she lost	<ul style="list-style-type: none"> • Felt a return to 'normal' 	<ul style="list-style-type: none"> • Reformulated meaning of ideal – too big. • Must try everything on (embodied understanding) 	<ul style="list-style-type: none"> • Posture worse • Gym exercises restricted (chest, back) • No sleeping on back or side • No frills, no off the shoulder tops • No loose clothes
Kourtney (USA - CA)	Stable – present to herself after two children	<ul style="list-style-type: none"> • Pre-operative clothing looks 'like new' • Threw out old padded bras (cathartic) • Social acknowledgement from others 	<ul style="list-style-type: none"> • Reformulated meaning of ideal – boob greed; second surgery • Reformulated meanings around exposure of the body – hides body • Further change to body project – lip fillers 	<ul style="list-style-type: none"> • Gym exercises restricted - chest, back • Second surgery to fix problem and select larger implants • No revealing clothing - spaces of acceptability
Lucy (AUS - QLD)	Stable – 'I could do that, it's not that big of a deal' after seeing a friend go through	<ul style="list-style-type: none"> • Low-cut dresses/tops • Feminine / more attractive • Embodied confidence (comfortable exposing body) • Pre-operative clothes look 'like new' 	<ul style="list-style-type: none"> • Must try everything on (embodied understanding) 	<ul style="list-style-type: none"> • No loose clothes ('big and fat') • Gym exercises restricted (chest, back) • Shopping in certain stores
Sarah (AUS - NSW)	Stable – realised that breast surgery could be	<ul style="list-style-type: none"> • Threw out all padded/push-up bras • Pre-operative clothes look 'like new' 	<ul style="list-style-type: none"> • Reformulated meaning around past body ('tragic') 	<ul style="list-style-type: none"> • Stomach sleeping • Gym exercises - chest, back • No loose clothing (frumpy)

	natural after seeing friends go through surgery	<ul style="list-style-type: none">• Embodied confidence - comfortable exposing body, feels sexy	<ul style="list-style-type: none">• Reformulated meanings around exposure of the body – beach, clubbing	
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UNANTICIPATED PRACTICE MISALIGNMENTS

In this section, I now turn to consider unanticipated practice misalignments. These are misalignments which are not prepared for, or not thought of as being disrupted. In considering these, I continue to highlight how body is continuously worked on, in order to stabilise these unanticipated misaligned practices. This may also result in new iterations of the body project that women had previously worked towards.

Unanticipated Misalignments to Routines

In asking informants about their post-operative bodies, one of the most resounding findings was that drawing from routine practices from the past body was not an easy task. Informants discussed their new bodies as jarring existing, taken-for-granted practices that they had not considered as problematic before surgery such as sleeping or exercising. I refer to these as unanticipated misalignments, which describes practices that consumers had not considered as changing prior to surgery. Three major impacts arose: new breasts reformulated old practices, stopped old practices and added new practices to women's routines.

First, some practices needed to be reformulated. Routine activities like sleeping became an issue for some women, who were uncomfortable with a larger chest. Some women found that they returned to a normal sleeping position on their back within a few months. Yet breast implants now physically got in the way of front or side-sleepers like Lucy and Sarah, who noted they could feel their implants when they rolled into their chest in their sleep. Ella, a front-sleeper, also complained that "after three years I still can't bury my body into my pillows" at night. Routine and comfortable practices had to change to accommodate the new body, like sleeping on ones back or with a maternity pillow wedged beneath the body.

Second, some practices had to be dropped entirely. Women who were very active noted that their gym routines needed to change. Fitness model and vlogger Brittany noted in

her 6-month post-operative vlog that she can no longer perform any push-ups or lateral pull-downs after her surgery because they cause her discomfort, which she fears could lead to damage inside her chest. In this example, discomfort has dual meaning: it is associated with fear that something may go wrong, but it also carries potential risk that the aesthetic appearance of her breasts may change with ongoing strain. Rather than engage in practices as had always done, Brittany chose to stop working out her chest entirely so that she “wouldn’t damage anything in there.” This was echoed by many others who were active prior to surgery.

Although informants considered themselves to be “protecting my investment” (vlogger Brittany) and making sure that they did not compromise the aesthetic result from their surgery, it also means that aspects old beauty regimes are now being excluded from routines post-surgery. Exercise is an important body-modification practice that informants were engaged in before their surgery. This is significant in that surgery (a body-modification practice) is causing other body-modification practices to cease. This provides some insight as to how the body project must be reformulated in unforeseen ways to accommodate change.

To be sure, I also find evidence that women add new practices to their routines to maintain their envisioned state. This is clearest in women’s descriptions of their posture after surgery. The addition of heavy implants in the body put a strain on back muscles not yet accustomed to the weight, causing vlogger Melissa to lean forward. Jordan complained that she felt shorter from leaning and that her back would hurt from carrying additional weight in her chest. These were not desired or anticipated outcomes from surgery. In order to rectify the problems that were arising, women had to incorporate new practices. This included visiting a physiotherapist; engaging in back strengthening exercises at the gym; or simply reminding themselves multiple times a day to sit up straight. These practices are new self-care practices, in fixing a posture that was not previously impacted. Therefore, the ideal end-

state that women wanted to reach (a figure with breasts), leads to new practices in order to achieve and maintain.

These findings shed light on unanticipated misalignments following surgery. As I explained in Chapter 4, many women sought breast augmentation to change in calculated, anticipated ways. Yet the findings in this section point to unanticipated changes that many women had not considered as changing after body modification. They show how the new body causes changes in old practices that were not considered problematic before surgery. In the next section I consider the reformulation of practices.

Reformulating Practices

The disrupted knowledge to practical understandings was not always interpreted positively in all instances of daily life. In the previous section, I described that women openly embraced the disruption to their practical understandings by violating the rules of their past body, and taking their time buying new clothing. However, it was clear that women focused on the clothing previously considered unwearable, and were not reflecting on their existing habits and rules. Going shopping for a prom dress may take multiple shopping trips and hours spent in dressing rooms to find the right one; yet buying a new blouse to wear to work should be a relatively quick and simple practice to perform.

I find that without an existing understanding of their new body shape, simple routines take longer to perform. Carla, who described herself as “content” and “confident” after breast surgery still reflected on the ease her past body brought. She lamented that “for 25 years I’ve been one size, and I could just pick it off the rack and go knowing it would fit me. Now I have to try everything on.” Although Carla likes her new body, her past body is being used to compare how long it is taking to carry out the same practice without the practical understanding underpinning it.

Previously, I find that women could make choices simply by looking at what violates and what complies with their rules. Rules, however constraining they may be, make daily life easier by streamline choices or action (Foucault 1978). In this sense, rules may be described as habitual practices, in that consumers carry embodied knowledge that allows them to be easily performed (Woodward and Greasley 2015). Following surgery, the disruption to this practical understanding means that the ease in carrying out daily tasks had shifted. After modification, this knowledge is disrupted and women must begin to reformulate the knowledge of their bodies again.

In understanding how to re-orient the new body, women described that their practices would need to be reformulated. For example, Stella, who lives in Jamaica said she had put a hold on online shopping and would plan a trip to Miami specifically to buy new clothes after too many failed attempts to shop online. This sense of frustration in compiling new practical understandings takes time to develop. It may be assumed that this is a transient issue that will soon become streamlined and forgotten. Yet, even when speaking to women who were years out from their surgeries, the same difficulty and frustration was recounted. Three years after her surgery, Lucy still struggles to try on clothes in stores:

Lucy: I had to get so much new stuff!

Interviewer: what kind of stuff?

Lucy: [Swimsuits] were really hard to get used to, just like, even swimmers at Cotton On, they only go up to an XL and that top won't even fit me anymore [...] I definitely have to try everything on now, I can't buy anything without trying it on, so online shopping can be difficult [...] Even after so many years, I still put stuff on and I'm like, 'Ohh, this just doesn't look good 'cause of my boobs.'

While Lucy is happy with her body, she experiences an unanticipated disruption to elements of her dressing practices. She no longer fits a standard size, and her workout clothes which she wears most days, flex. Prior consumer research has suggested that over time, consumers

learn new practical understandings as they develop new practices (Phipps and Ozanne 2017). Yet this quote from Lucy suggests that acclimating to change is not necessarily a simple or easy task. In this context, I show how materials, knowledge and routines from the past are not working across temporalities. The new body no longer fits into routines which were initially formulated using the old body. Importantly, this is reflective of a problem that informants experienced prior to surgery – whereby some ‘looks’ are easier to embody than others. Following surgery, women find themselves in a similar position - the body aligns well with some ‘looks,’ like workout clothes and not with others, like baggy t-shirts that will be described in the next section.

Reformulating Past Habits

What are the outcomes of unanticipated practice misalignments? In reflecting on their old body, informants acknowledged that there were elements of the former self which they did not want to part with. Earlier in this chapter, I found that women used materials to evaluate their new body. Yet, I find that women would also evaluate their new bodies based on elements of the past body that were either disrupted or retained.

This practice of benchmarking to the old body was not always a welcomed experience, as evidenced by old dressing practices which were no longer workable. In their past bodies, women were motivated to hide their body away under loose clothing that concealed their shape. Now, loose, flowy shirts made Demi feel ‘fat’ and Sarah ‘frumpy’ as their chests were now ‘projecting outward’ (Sarah), giving a shape that previously was not there. Appearing heavier is an unintended meaning that emerges once women realise that their old materials and practices no longer work together. Nonetheless, I find that consumers lament the loss of these unanticipated practice breakdown. The resulting teleoaffective state was a sense of loss as women reluctantly swapped out these items for more form fitting

clothing which flattered their figures. Loss provided the meaning for these practices, as women reluctantly developed new rules for their bodies, by casting away their pre-operative outfits. Examples included: no button-up shirts; no loose clothes and no colourful prints.

Important to this finding is that following surgical transformation, many of the same problems that consumers experienced prior to transformation return. In Chapter 4, I described that women's 'flat' breasts allowed them to embody some looks, like loose clothing better than others (tight clothes). I outlined that this is a taste regime, a discursively constructed set of ideals that govern practice (Arsel and Bean 2013). Following surgery, the same problem returned in reverse, whereby the body could conceivably embody tight clothing, and not the loose clothing of the pre-operative body. One example of this came from Ella, who arrived at our interview in tight black exercise clothing which shaped her body. Ella used images of herself on social media to highlight the change in her body after surgery. She previously opted for colourful, attention grabbing patterns and prints which she felt helped to show off her loud and animated personality. With her new body, these colourful materials place too much emphasis on her chest.:

Ella: I feel like my way of expressing myself is through my clothes. I love cute little dresses. My problem is that my waist is very small, so I'm a size [2 US] in my waist, and an [8 US] on my tits. So, it's really hard to balance that out.

Interviewer: What do you do?

Ella: I just get really frustrated to be honest! All I do is keep looking for stuff that will fit. So everything at the moment that I wear is stretchy, but sometimes it looks too much. I feel like part of my personality – well, identity, I shouldn't say personality – part of my identity is gone.

Returning to the idea that fashion can be used as a means of self-expression (Venkatesh et al. 2010, Thompson and Haytko 1995), it is unsurprising that Ella experiences a loss to her identity. This reflects an unexpected change to the body project. Ella's body is not aligned to

her pre-operative routines, nor to her ideal body project, despite her intentions. This represents an important aspect of practices, in that it highlights how envisioned states may never be reached, even if they formed the motivating factor to seek change in the first place.

This section has shown how old practices must be reformulated, which go beyond knowledge of how to carry out a task (Schatzki 1997). There are instances where consumers happily part with past routines, and there are other times when consumers are forced to abandon some elements of past routines they wished to retain. I find that not all reminders of the past body carry negative meaning, such that they make the embodiment of the ideal figure that women envisioned to be harder.

Spaces of Acceptability

Practices are situated within space, which gives them their meaning (Schatzki 2015). Space dictates where the body can be exposed, and where it cannot. Importantly, space also highlights how the body is social, in that the meaning of practices changes in different contexts.

As I have explained so far, many women chose to buy low-cut and revealing clothing which shows off their figures after surgery. This was related to embodying an ideal self, formed when women would fantasise about wearing revealing clothing styles. Yet I find that the social environment dictates how much of the body is appropriate to reveal (Crossley 2005). Nadine wore a revealing bikini on a vacation to Florida, Stella wore a form fitting dress to her birthday, and Monica wore a deep V-neck shirt to a Superbowl party. These designated spaces signal the special events where it is acceptable to show the body off.

However, there were also spaces where it was unacceptable to show the body off, and these unanticipated misalignments to routine practices became reformulated. Spaces like the workplace, picking children up from school, or grocery shopping are places where the body

should be hidden. Informants reported becoming increasingly vigilant about moderating their appearance in order to remain appropriate for their social surroundings. Kourtney recounted that she actively downplays her appearance because she was once gawked at while buying groceries in a tight turtleneck sweater. These experiences mean the body is hidden away to avoid negative or unwanted attention from others. Stella works in a corporate office and says:

I've always been very, *very* modest at work, but now, I'm literally wearing stuff up to here (referring to her neck) at work, I don't want it (her breasts) at all to be a focus [...] I had to change my work outfits to shirts that have full coverage at the top to maintain professionalism. I didn't [want] my coworkers involved and actually no one noticed.

What Stella discusses bears resemblance to the covering practices described in Chapter 4, whereby women would actively hide their breasts from view in social or intimate settings. Following surgery, the practice of covering becomes reformulated, as evidenced by Stella, who discusses a trade-off between appearing professional and embodying her ideal body-project. In experimental studies, prior research has shown that women who undertake beauty work can be seen as misrepresenting their true-selves and are viewed less favourably by others (Samper et al. 2017). Women are concealing their bodies to avoid being viewed negatively for the choices they have made. Importantly, these findings highlight the compartmentalisation of the body to avoid negative social reactions.

Moreover, I find that the modified body changes within space, not just across them. After her surgery, Denise re-entered the modelling industry after a decade-long break. She recounts how her embodied gestures must be modified, in order to perform the same job she did pre-operatively:

I did one photo shoot last weekend and I noticed that since I have breasts now, you have to bring it in, or the slightest thing can look really sexy. (If) you're not going for the sexy look, you do have to dim it [...] 'Cause you usually (pre-operatively) can do something (shifts body to show range of poses) or use angles and it's not like (your breasts are)

‘boom’ out there. But now, it’s like ‘ok Denise, we’re gonna’ need you to pull that back in a little’ so you do have to pull it in.

What Denise calls ‘pull[ing] it in’ refers to divorcing herself from the movements of her past body. Denise explained that she would work to be sexy in other ways during photoshoots by accentuating the angles of her body, making suggestive poses with her hands and face. Now with her chest, these poses seem overt. This finding demonstrates that the ideal that women had envisioned for themselves is not appropriate in all spaces,

Prior research has suggested that when tattooing, consumers permanently etch a moment in time onto their bodies, so “the present could last forever” (Roux and Belk 2019, 498). Instead, these findings show how the anticipated body may not always smoothly translate into the present and must instead be re-practiced by finding new ways to pose, or, be hidden away. Informants appear to be reacting to their social world, hinting at the ongoing stigma that consumers can experience from their social networks and broader society (see Chapter 5). The findings in this section have therefore shown how the body becomes compartmentalised across space, based on the social environment.

Reconfiguring the Meanings of the Body Project

Finally, I find that being in a body reconfigures past problems, and anticipated meanings of what an ideal body is. As I have previously noted (Tables 3 and 5 – chapter 3), the majority of informants and vloggers found themselves at a D or DD-cup chest following surgery which got them to their ideal they had formulated pre-operatively. At this size, women found themselves on the cusp of conventional sizing, as many were petite framed, with a small waist and large chest.

For many, this resulted in sizing up in clothing, altering clothing, or more extremely, to question their decision to enhance their breasts. During our interview, Jordan removed her

oversized coat to show me what she meant. I watched her as she pulled at the excess fabric of her dress around her waist to show me how much spare room she had. This makes her feel as though her body is not proportionate to clothing which exists in the market. Crucially, this represents the same problem that women experienced post-operatively, yet on the other end of the spectrum. Clothing is now too small on the bust, rather than too loose causing a disruption to the practice of dressing (Chapter 4). Therefore, although she likes the look of her body and the way she appears undressed; clothing that gapes is not considered acceptable. Jordan said: 'I would go shopping and would end up in tears.' For some women, this manifested in regret - Jordan chose to return to her old body project and removed her implants two months after our formal interview.

This also occurred at the opposite end of the spectrum as well - some women felt as though they were not making enough of a statement in their clothing and returned to old objects in their practices. Some informants, like Kourtney and Allie reverted back to the usage of push-up bras as she felt she had not accomplished her desired appearance. The meaning that stems from these practices is that women may re-evaluate what they consider to be an ideal to work towards. Allie says, "I liked the way my boobs looked more when I was closer to my post-op and that was when they were higher than they look now. Am I unhappy with my results? No. I'm not unhappy with my results because now I actually have boobs. But I wish that they had have been bigger." Other women including Denise and Olivia resembled Allie in that their preferences for implant sizing differs post-operatively, pushing them into second surgeries to increase their breast size. This finding points to the fact the body project is constantly shifting as women learn, evaluate and modify their bodies over time.

Summary

This section has outlined some of the ways that practices can reformulate the meanings which surround the body. These findings call the stable nature of practices into question, particularly in relation to the body. I find that women do not necessarily have stable ground but rather find themselves in an ongoing process of evaluation as, leading to new ideal states, or problematising the current self. I next turn to discuss the theoretical implications of re-learning the body.

DISCUSSION

The body project states that consumers are continuously working on themselves to match the outside appearance to their desired internal appearance (Shilling 2003). In this chapter, I have focused on the process of embodying change, by exploring how consumer practices offer insight into the actualisation or embodiment of the body project. Through this, I explored both the anticipated and unanticipated changes to women's practices, their bodies, and their identity. To summarise the core findings, women's anticipated practices motivated their surgery; but after surgery they had to reformulate their practices with their past and future self in mind. Women experienced some changes which were in line with their anticipated bodies, and they took on the opportunity of dressing for a new body and disposing of materials which reminded them of their past body. Yet this change also meant that their taken-for-granted routines from their former bodies, such as shopping, going to the gym and even sleeping became more complicated with their new body shape. Women had to develop new modes of engaging in these practices, drop them, or add new ones to provide a sense of flow.

Shelley Budgeon (2003) wrote that in body modification, it is not the transformation of appearance that is significant, but the transformation of the lived body. By tracing how

women come to understand and incorporate their new body into their routines, I find that surgery is not a singular transition point. Rather, body modification may be considered a catalyst for change to consumers everyday lives. In part, therefore, this paper answers a recent call into the lived trajectories of consumer lives, rather than on temporary consumption experiences (Roux and Belk 2019) This chapter offers some insight into the aspects of consumer lives which may go undetected in higher-order narratives of the body or self. In doing so, I argue that we may be able to arrive at a conceptualisation of embodied consumption as constantly evolving and re-shaping practices.

Moreover, the findings of this chapter contribute to our understanding of identity and the body. I find that consumers who emerge from body modification find themselves in an ongoing process of re-practicing their bodies as they work towards their future self; realise their current self and let go of their former self. This is not simply a transformative event following surgery, but rather a conscious and deliberate process of evaluating and reformulating one's routines and activities in the body. The findings of this chapter therefore point to the ongoing nature of body work (Gimlin 2007). Notably, the findings offer insight into the complex nature of transformation. Transformation is not necessarily positive in all aspects of daily life, and can make simple or taken-for-granted tasks time consuming, frustrating and inconvenient when consumers must re-work or align them.

Finally, the findings compliment and extend past research which has focused on the reasons that consumers seek body modification (Askegaard et al. 2001). My findings help to illuminate the changes that body modification can have at the micro-level, routine activities that must shift in order to accommodate the new body. I find that rather than framing transition as static, consumers must be active in the re-practicing of their bodies, oftentimes making changes to their daily lives.

Contributions to Identity

First, the findings point to identity and body as mutually reinforced and continuously becoming. I find that consumer identity shifts in line with current practices, as well as via reflection of anticipated and unanticipated change. As described in Chapter 2, prior research on the body and identity have focused on change as a one-time transition in order to achieve a desired ideal (Schouten 1991). However, these desired, ideal states may not necessarily be representative of consumers lived experiences once they reach them. Research has highlighted the fragility of identity, such as the ex-Mormans or Turkish squatters who find difficulty in adjusting to life outside of their accustomed spaces (McAlexander et al. 2014, Üstüner and Thompson 2011). These studies show how consumers find difficulty in adapting their past-life with their current circumstances.

The findings of this chapter suggest that envisioned practices may not necessarily form a realistic lived reality. I show that consumers routinely found new problems once they reach an anticipated state – new bodies compromise envisioned desires (i.e. dressing), prior habits (i.e., sleeping), and extraneous goals (i.e. working out). This finding bears similarity to Parmentier and Fischer (2011) who show that once a desired identity is obtained, a new identity may be sought, leading to continuous development. But what keeps consumers striving toward a newly formulated desired state? In their study on weight loss and magical thinking, James et al (2011) view an envisioned future as desirable, and problematise consumers current state in light of a future not yet attained. My findings compliment this by suggesting that an envisioned future state works to push consumers forward, but once reached -- if at all -- consumers may reformulate their own identity in line with this state. This may include not feeling transformed or evaluating their bodies negatively and formulating a new desired ideal. By focusing on consumer practices, I shed light on how

consumers continue to evaluate themselves based on who they were, who they are, and who they hope to be.

Contributions to Practice-Theory

From a practice-theoretical perspective, the findings in this chapter help to extend thinking on misaligned practices. Prior research suggests that practices become misaligned when the material set up changes; or when the meaning shifts (Phipps and Ozanne 2017, Epp and Thomas 2019). Through this, misalignments are viewed negatively, leaving consumers scrambling to adjust. My findings introduce anticipation as an important element for understanding misalignment in practices. I show that unanticipated misalignments - those which are not envisioned – are difficult to resolve. Drawing from Thomas and Epp’s (2019) work on expected parents to explain these differences, breast feeding may be an envisioned practice which goes through an unanticipated misalignment when the baby cannot latch-on to its mother. This leaves parents with the difficulty of resolving a problem in situ, without the ability of falling back on habitual practices to resolve them. Conversely, I show that anticipated misalignments in practices may be easier to manage, such that a consumer is expecting misalignment and may also envision how to fix them. For example, expectant parents may anticipate a breakdown to ‘date night’ following the birth of their child, allowing them to plan for or consider possible solutions (like hiring a babysitter) before the misalignment occurs. Through this, I show that not all misalignments may be considered equally – consumers may come to expect some and not others, leading them to manage them differently.

Moreover, in this chapter I have considered both routine and conscious aspects of practice as interwoven. As described in my literature review, practice theory is a varied area of study, which ranges from mundane, unconsciously performed acts (i.e. Reckwitz 2002,

Phipps and Ozanne 2017) to conscious single life events (Epp and Thomas 2019). In this chapter, I have considered how routinised and conscious practices become misaligned, and their experience in resolving them. In particular, I find that unconscious aspects of practice – the smooth, unarticulated performance of activity – are more difficult to anticipate as becoming misaligned as they are not easily reflected on. This was most clearly evidenced in stories of consumers who felt good about reaching a desired appearance (conscious practice) but who struggled to sleep, exercise or dress without effort (unconscious tasks). This may contribute to understanding how consumers experience practice misalignment via those practices which are more conscious and those which are considered tacit.

Contributions to the Body Project

Finally, the findings from this chapter add further evidence to the ongoing nature of the body-project. I show how the body project is subject to ongoing cycles of evaluation and reformulation as the newly transformed body becomes revealed in practice. By focusing on their practices, consumers come to find that their ideal body ('how I would like to appear') does not work in practice, and may find that many of the problems that are faced are a reinterpretation of the problems experienced by the old body. Some of these reinterpreted problems include a lack of choice in the market, rules around how to dress and constrained 'looks' that may be conceivably embodied. Ultimately, this leads to further evaluation of the body project, consumers goals and desired aesthetic appearances. This may translate into changed consumer practices to accommodate the body and make do, or more extremely, further body-work that resolves the discrepancy between the current and desired state. This offers insight into the limitations of framing the attainment of an ideal body - formulated pre-operatively - as a one-time transition (i.e. Schouten 1991, Askegaard 2001).

Finally, this chapter also highlight the way the body is foregrounded in consumption. Scott et al. (2017) show that participants at Tough Mudder realise the physicality of their own body through exertion and pain. The findings of this chapter point to the way that the body becomes foregrounded through extraneous practices that women employ to conceal their bodies, stuff it into clothing and be social. After surgery, it may be expected that the body dissipate into the ‘corporeal background’ (Leder 1990) as practices smooth out, or routines become reformulated. However, even when reflecting on the ease of getting dressed – the body remains in the foreground. The findings therefore suggest that it is not just extreme circumstances that allow the body to come to the surface, but routine, taken-for-granted tasks like dressing, sleeping or socialising which bring the body to mind.

Conclusion

This chapter has considered how women evaluated and re-learned their post-operative bodies. In doing so, I have returned to a practice-theoretical angle which explores how meaning emerges through women’s interaction with the world. To summarise the core findings, I have explored how the anticipated outcomes of surgery such as gaining an ideal figure and a sense of embodied confidence, are offset by problems in women’s existing routines, like shopping or sleeping. In doing so, women are re-conceptualising their body project as they interact with the social and material world. These findings show how the body is in an ongoing process of re-practicing in order to achieve a smoothness or flow to tasks that was previously missing. The next chapter will summarise the core contributions of this research project for our understanding of the body within consumption; and explain how future research may be inspired by this research.

CHAPTER EIGHT

DISCUSSION AND CONCLUSION - THE BODY AS A SITE OF CONFLICT AND CHANGE

The goal of this dissertation was to consider the body and body management as an aspect of identity. To do this, I adopted the view of the body project (Shilling 2003), which views the body as ‘unfinished,’ a malleable and ongoing entity that can be shaped with consumers’ identity as it evolves. Through this, I asked, what are the embodied factors that lead to change; and what is the role of social others in shaping consumers intimate preferences?

To study this, I adopted a practice-theoretical approach to the body, which uncovered insights about the body at the macro (structural), meso (social) and micro level of living within a body. Important to this theorising is that I adopted a view of consumer practices as negotiated and contradicted, both independently and in coordination with others. Whereas some practice thinkers view practices as mundane, unconsciously performed acts (i.e. Reckwitz 2002); others look to practice theory to explain conscious single life events (Epp and Thomas 2019). This thesis has contextualised both approaches to practice theory in considering how mundane practices (i.e. dressing) and practices that explain conscious planning (i.e. body modification surgery) become contested, disrupted and contradicted. I considered how consumers come to evaluate their bodies through their daily activities both before and after transformation. Moreover, I find that social interaction with close and distant social networks shape these evaluations and the preferences that consumers hold for their own appearance.

In Chapter 4, I described the micro-level practices that contribute to the body project. I consider how women, in their everyday lives, evaluate their bodies through routine practices such as dressing and socialising, or beauty regimes. I have considered how materials such as

clothing act as a normative yardstick for the body's compliance to market-mediated social values. In doing so, I find that the interaction between clothing and body is used as consideration for body modification as a means of resolving this problem.

In Chapter 5, I considered the role of social others in shaping women's preferences over their bodies. I drew from a social practice theory of constitutive rules to explore how practices are underpinned by social meanings (Swidler 2001). I considered how competing rules of self-acceptance and self-improvement surround the body, and use these to understand the interpersonal conflict which body-modification practices which may be considered contentious. I find that consumers must balance the tension, and reformulate their own plans for their body project by being mindful of contention.

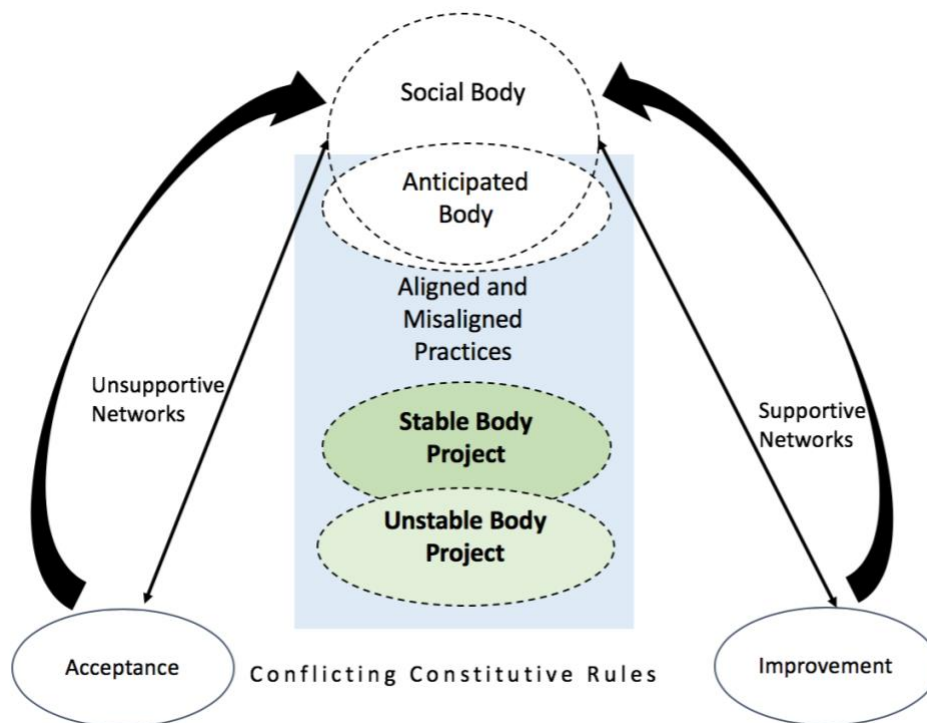
Chapter 6 continued this social view of the body by exploring the wider networks that women interact with, and their role in assisting consumers to learn about their choices. I considered how practices of support, including offering experiential knowledge and image-sharing, led to the generation of a normative aesthetic 'look' in online spaces. I find that consumers draw from these, as well as the mistakes of others to formulate preferences for their own body projects. I also consider how the information generated in these online networks were balanced with the conflicting opinions of personal networks.

Finally, in Chapter 7, I shifted back to a micro-view of the body to explore how consumers adjust to transition. Specifically, I focused on the anticipated and unanticipated changes that follow change. Here, I find that a number of tensions exist when women re-practice their bodies. Women struggled to reconcile the difficulty of actualising an anticipated body, which routinely broke down in practice. Through this, I find that the body project is an ongoing process of tension and resolution which does not culminate following surgical transformation. Rather, surgery offers solutions to some problems, but paradoxically,

creates fresh or reinterpreted problems to manifest, which must be carefully evaluated and managed as part of their body projects.

Ultimately two themes have emerged through these findings: that of conflict and change within a process of personal transformation. My findings suggest that the body is not personal in the way that we would think, revealing a complicated relationship between the body, market-mediated materials, social relationships, the self, and practice. An overview of these findings is conceptualised in Figure 15.

Figure 15. *A Conceptualisation of the Social Body*



By exploring both the body experienced on an individual level; and the body as part of complex relationships, I have uncovered how change is negotiated, managed and embodied. Through this, I am able to offer an account of the social body project – one which is shaped at both an individual and social level. I have shown how the body and identity can be conceived as fluid, as plans surrounding aesthetic preferences shift in line with social identity and group membership. This helps to bridge studies which consider consumers as

engaging in individualistic identity work (Belk 1988); or in viewing the body as a static element which can derail identity work (Seregina and Weijo 2017).

Previous research has described body modification as undertaken via the social gaze of others – whereby body work is sought in vain of what a body should look like (i.e. Giesler 2012, Schouten 1991, Tiidenburg and Cruz 2015). I find that the decision for surgical modification may be much more purposeful than has previously been suggested; and find evidence for both passive influence via ‘the gaze,’ as well as an active construction in coordination with others. Moreover, I find evidence to suggest that conflict is pervasive at a social and interpersonal level, which influences the plans that consumers make over their bodies. This research opens up new avenues for thinking about the body project, identity, conflict and change.

CONFLICT AND CHANGE

Within consumer research, consumer conflict is often examined from a market level perspective. Consumer conflict relates to consumers and an opposing group (i.e. service providers, marketers, other consumers) in disagreement or tension. Conflicts arise when practices which are considered ‘deviant’ such as casino gambling (Humphreys 2010), illegal music streaming (Giesler 2008), or the legalisation of recreational drugs (Kjellberg and Olsen 2017) are subject to public scrutiny. Change occurs through conflict or marketplace drama, whereby the framing of the practice changes (Humphreys 2010), or laws are introduced (Kjelberg and Olsen 2017) to facilitate market-level evolution.

Moreover, consumer research also frames consumer conflict at the social level whereby consumers will group together to change the market in some way. In particular, online forums are spaces where disgruntled consumers group together to try to change markets, products and offerings that better cater to their needs (Parmentier and Fischer 2015,

Scaraboto and Fischer 2013, Weijo et al. 2018). For instance, when frustrated fans of the America's Next Top Model franchise rally together to change the direction of the show, and ultimately are participants in the series' decline (Parmentier and Fischer 2015). Conflict therefore can work to change market-offerings and market values.

Finally, consumer research depicts conflict at an individual level by showing how consumers cannot leave the physicality of their bodies. Past research has highlighted the dissatisfaction that some consumers experience with their bodies in not fitting in with their wishes (James et al 2011), in not performing (Murphy et al 2018), and as a prism through which life must be experienced (Valtonen 2013). For this reason, many consumers seek to change their appearance in a way that resolves these conflicts.

In this study, I have considered each aspect of consumer conflict, by studying the interplay between consumers and market-mediated materials, their social relationships and their own bodies in the process of experiencing change. Below, I outline the contributions of this thesis across macro, meso and micro spheres of consumption. Importantly, it must be noted that these distinctions across spheres are always operating in coordination with one another, they are simply presented separately for ease of use and are not realities as such.

Macro (Market-Level) Contributions

First, from a macro-perspective, I considered the market as a core facet of legitimacy and change, whereby I theorised the role of clothing as a yardstick for normalcy within a market. I use this to critique the ideology of choice, and what it means to exercise choice over the body. I find that consumers routinely find themselves questioning their bodies because they did not fit into clothing deemed as standard sizing by manufacturers and marketers who

sell them. Through this, consumers find themselves in conflict with the market through their own bodies. Research in fashion systems suggests that consumers must straddle the tension between free choice and social conformity in relation to their fashion choices and identity construction (Murray 2002, Thompson and Haytko 1997). My findings add weight to this contention by situating women's own evaluations over their body at the individual and market level.

This research therefore builds on past literature which has suggested that consumers see their bodies in relation to their clothing. Studies on plus-size consumers (Scaraboto and Fischer 2013), college-students (Thompson and Haytko 1995) and cos-players (Seregina and Weijo 2017) all show that consumer bodies give rise to satisfaction and dissatisfaction with fashion, choices and the experience of experimentation or play. When consumer bodies do not 'fit' within the marketplace, past research may not necessarily explain why consumers seek individual change. Research has considered protest (Ward and Ostrom 2006), parallel taste structures (Sandikci and Ger 2010), and attempts to change the market (Scaraboto and Fischer 2013) as means of resolving the conflict between consumers and market offerings.

The findings from this study add another alternative to the options available to consumers within a market, by suggesting that body alteration may be a means by which consumers try to embody market-mediated materials and sizing. My findings therefore extend the work of Thompson and Haytko (1997) as well as Murray (2002), to show that fashion systems may have considerable symbolic power in shaping consumer identity. I find that consumers embody the tension between the body and the market, evaluated via their clothing choices or lack of perceived choice within the market. Therefore, although the consumers studied in this research may technically 'fit' market-mediated sizing; the body is evaluated based the aesthetics of how the body should body *look* in clothing. Through this, consumers who do not fit within markets may not always seek out the market as at fault, and

instead pursue change by framing the body as nonconforming to marketplace norms of how a body should appear. Indeed, prior research has theorised the body as a site for change.

Consumers diet to lose weight (James et al. 2011, Mosio and Beruschasvili 2010); or wear pointed stiletto shoes to appear slimmer and taller in high-fashion clothing (Venkatesh et al. 2010). Therefore, these approaches to shape the body may be considered to be related to market-conforming as much as they are about individual choice to shape the body to an internalised expectation.

Meso (Social-Level) Contributions

Moreover, moving to a meso-level perspective, I considered how consumers experience social input from their extended social networks in relation to their decision to change their bodies. The findings suggest that most consumers experience both dissent and support over a choice which may be considered deeply personal. Critically, I find that dissent can lead to conflict before the consumption practice has even occurred.

This research contributes to this line of thinking by challenging the taken-for-granted nature of body modification practices – whether cosmetic surgery, piercing, tattooing, or more mundane practices such as dieting, exercise or teeth whitening. Previous literature has explored procedures which enhance the body but within these research projects, such alterations are framed as aligning with socially desired ideals of beauty (Giesler 2012, Moio and Beruchashvili 2010, Schouten 1991, Tiidenberg and Cruz 2015). Although a slim body, large breasts and naturally full lips may be considered socially desired (Gimlin 2007), the findings show that the attainment of these procedures can still be met with resistance within social relationships. Therefore, what do we make of consumers who exist in a society with a shared understanding of what is attractive, but who do not believe in bodily modification? I have argued that a conflicting constitutive rule operates, which views the body as something

to be accepted or celebrated whether it does or does not fit with social norms of beauty, and anchors practices of dissent, questioning and rejection of body modification to it.

By considering the role of constitutive rules as structuring social order and practices, we may better understand this tension (Swidler 2001). Constitutive rules, as Swidler argues, are likely to be tacit in that they provide underlying meaning to individual actions which are more easily reflected on. The findings therefore extend research on opposition and tension in consumer research to show that social relationships foster tension around some consumption decisions. Previously Giesler (2012) showed that doppelgänger branding messages on Botox injectables can be used to destabilise marketing efforts and the narratives consumers construct around their own use. My findings show that dissent is not just constructed at a market level, but also at a social level, within consumers' personal relationships. Recent claims by Warde (2017) have highlighted the problem of choice within consumer research, as predominately consumers are framed as acting independently when they make consumption decisions. My findings help to show how choice within consumption is social, even when the consumption practice is considered deeply personal, which may be the cause of tension. Evidence of this is also seen in Giesler's (2012) work, via the opening quote provided by actress Anjelika Huston's experience with Botox:

I went home to my husband that night—he's a sculptor he has a good eye and he said, "What have you done?" I said, "Nothing," and he said, "No, you've had something done." A little bit later that night we were having dinner in a restaurant and he was telling me some horrible story. I would say, "Oh, that's really ghastly," and I had no expression whatsoever. We got into a terrible fight.

Although the purpose of Giesler's (2012) article is to demonstrate how competing brand images play out in disparaging media reports, the crux of this example also points to conflict between a wife and her husband based on body modification. Botox may be aligned with societal ideals for anti-ageing, but why might a husband react negatively to this practice? The

findings from this research point to competing constitutive rules as a possible explanation, in this case it could be rules surrounding 'fake' versus 'natural.' My findings help to show the workings of tension and support within social relationships by tracing the social practices that impact consumer decision making.

Other examples of tensions within consumer research can be seen in consumers' experiences with technology. Kozinets (2010) explored the tensions surrounding tech via Green Luddite or Techtopian ideologies: whereby technological consumption is viewed as either improvement or detriment to society. Through this, he argues that consumers express themselves with these ideologies as part of their own identity but that these ideologies are complicated (Kozinets 2010). Within it, he considers some consumers as framing technology as good in some consumption contexts (i.e. working from home) but as immoral in others (i.e. the consumption of online pornography). By framing these ideologies as constitutive rules, we may better understand the process by which consumers act in line with these rules, but we may also see that consumers will adopt different rules in different consumption settings.

Finally, conflict may be another means by which consumers adopt new constitutive rules. Previously, Swidler (2001) argued that constitutive rules are more available during controversy or when people adopt a new practice, which has been showing during times of drought (Phipps and Ozanne 2017). Yet the present research suggests that controversy may make constitutive rules more available, but also subject to change. I find that consumers can have their minds changed when met with conflict and resistance by others who have adopted an opposing constitutive rule, as evidenced by women who revised plans over their bodies or stopped their plans completely. This bears resemblance to recent changes in abortion legislation across some states in America, which highlight the conflicting constitutive rules of pro-choice versus pro-life that consumers hold over the female body, reproductive care and

the status of fetuses. When conflicting opinions are subject to media scrutiny and analysis, consumers and politicians have changed their stance on woman's right to abortion citing the constitutional right to life (Bui et al. 2019, Sink 2018). It is here, in the debate of contrasting opinions, or change, that different rules may be adapted to. This may also offer an avenue for future research to consider what other factors contribute to the adoption of new constitutive rules, and how consumers readily change the meaning that surrounds a practice or set of practices on a social level – taking it from acceptable to unacceptable - or vice-versa.

Micro (Individual-Level) Contributions

Last, from a micro-perspective, I consider the conflict and process of change that exists within one's own body. Previously, body modification has been described as a static transition, whereby the body goes through change and emerges as transformed and fixed (Schouten 1991). My findings highlight the ongoing nature of body-modification and importantly, points to the challenges involved in shaping the pre-operative body to women's own desires; as well as the issues involved in re-practicing the body following transformation. Roux and Belk (2019) describe body as a space which can be decorated in ways that both conform and digress from socially-mediated beauty norms. Adorned with tattoos, consumers ascribe personal narratives to each piece to legitimise their existence, particularly when they are misaligned with social tastes. Through this, consumers invest in their bodies, and design a space to live out their desired identity.

Yet, consumers who undertake body work are therefore dependent on the gaze of others in making a personal choice hidden, through the strategic placement and positioning of the tattoo (Patterson and Schroeder 2010). My findings extend this line of thinking to underpin that while social norms can certainly dictate the appearance of one's body, my practice theoretical approach sheds light on the changing or fluid nature of consumer bodies

beyond the act of modification or transformation. Although a permanent mark on the skin, the evaluation of tattoos or permanent body modification can continue over time as social and independent tastes change. Consumers may come to lament old bodies or self-presentation with the old body, whereby a bare arm without tattoos could be shown without social reaction.

The findings help to illuminate the ongoing nature of body work and identity. As we know, consumers engage in practices that align with their desired identities. However, they also experience costs related to these hobbies or passions, including time constraints, costs and efforts (Seregina and Weijo 2017). In a similar vein, the findings of this dissertation contribute to our understanding of what consumers do when they experience costs associated with their bodies. My findings suggest that consumers continue to evaluate their bodies long after change takes place. For instance, beyond the thrill of having completed the Tough Mudder obstacle course which may have motivated them to complete in the first place, consumers may emerge with a string of new scars to cover and conceal, or injuries to recover from (Scott et al. 2017). Here the body is evaluated based on how it was before and a consumer may be motivated to return to the past.

Similarly, consumers who adopt new skills related to their hobbies or professions may come to evaluate these new skills based on past practices. Male beer aficionados, though adept at picking the flavor profile of craft and conventional beer, may lament no longer being able to leisurely enjoy a beer with friends (Maciel and Wallendorf 2017). Here I highlight the ongoing nature of the body project, whereby bodies continue to be evaluated, modified and shaped via individual practices, conscious reflection and social interaction after the process of change.

LIMITATIONS AND FUTURE RESEARCH

As a final consideration, it is also important to note the limitations of this study. This study has considered a single context of breast augmentation on considering how contestation plays a role on the management and negotiation of body modification. However, given the gendered and sexual nature of female breasts, we are limited in understanding how conflict surrounding the body works in other contexts. Future research may wish to consider other sites of conflict, such as reproductive issues, sexual expression, or other forms of body modification. These contexts are likely to have conflict based on differing opinions over how to be in a body and may offer a rich account of bodily management, and a point of comparison with the present research.

Moreover, this research has focused on the women who have endured challenges in their personal networks and decided to go forward with having the procedure of breast augmentation performed. While we may better understand how consumer experiences over their bodies are not entirely their own; future research may wish to consider why consumers cancel or delay their plans over their bodies in greater detail to further explore the role of social others on the body.

Finally, this research has attempted to understand how bodies shift in line with changes to consumer identity. Though I describe an ongoing process of re-learning and re-formulating practices that accommodate the new body, cosmetic procedures are also relatively irreversible. It is not uncommon to witness some women removing their breast implants following surgical modification, or even subjecting the body to additional surgeries to rectify a problem. Future research may wish to investigate this process of reversal in greater detail, in underscoring the impact of regret over self-inflicted change on the body project and in social relationships with others. Through this, regret may provide a key in unpacking how

bodies are re-practiced, reversed and managed following an unsuccessful change to the body project.

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Appendix A: Interview Protocol

Establishing Rapport

1. I'd like you to tell me about your daily beauty routine. What do you do to get ready each day?
2. How do you dress your body? Are there certain body parts you like to accentuate? How do you do this?

Life narrative

3. Was there anything memorable in the lead up to deciding to have (your procedure) that you would like to share?
4. What kinds of factors influenced your decision making to have [your surgery]?
probe here for factors like social media; online forums; news etc and use this to move into a discussion of online platforms

Use of Online Platforms

5. Can you talk to me about how use online forums related to cosmetic surgery? *Probe for level of participation (active/passive user); what do they look at?*
6. In terms of your own use, how do you think plastic surgery forums influence your decision making? Why?
7. What helped you prepare for your own surgery? (did they watch videos; did they use the forums?)

The Journey (consuming plastic surgery)

8. Think of your surgery as a journey, with a beginning, middle, and end. Can you walk me through this journey?
9. How did your own research (or expectations if no research) play in to the consultation with your doctor? Did anything surprise you?
10. Would you/have you consider(ed) having any more surgeries after this experience? Why?

Fashion / Body relationship

11. How do you think your relationship with your body has changed?
12. Do you think your fashion choices have changed? How so?
13. Is there something you now wear with confidence? Can you explain it to me?

Exit

14. Is there anything further you would like to discuss that we haven't talked about?
15. Having spoken to me about your experience, do you have anyone in mind you think you could pass me on to?

Appendix B: Ethics Documents - Consent Form and Participant Distress Protocol



The University of Melbourne
Department of Management and Marketing, Melbourne Business School

CONSENT FORM

Project: Understanding the motivations for cosmetic surgery
HREC Number: 1647815.1

You are invited to participate in the above research project, which is being conducted by Ms Aphrodite Vlahos (PhD student), under the supervision of Dr Marcus Phipps, Dr Robin Canniford and Prof. Julie Ozanne, at the University of Melbourne's Faculty of Business and Economics. The aim of this study is to understand the role that bodies play within marketing. Specifically, we are interested in understanding how bodies are depicted within media, and what this means for the way people experience their own body.

As part of the interview, you will be asked to describe your decisions to have cosmetic surgery, your experiences and thoughts of how bodies are portrayed in media, and how this influences the way you think about your own body. A voice recorder will be used to record the interview.

Please be advised that your participation in this study is completely voluntary. Should you wish to withdraw at any stage, or withdraw any unprocessed data you have supplied, you are free to do so without prejudice.

In order to protect your confidentiality, your name will be replaced by a pseudonym and any identifiable information will be removed.

If you would like any additional information, the contact details of the researchers involved in this project are listed in the plain language statement you have been given. We have also included the contact details of the University human research centre if you wish to speak to someone who is not part of the research team or to make a complaint.

If you consent to what is outlined in this consent form, please contact the researchers of this project to schedule a time for interview. Prior to the interview beginning, I will read this consent form to you again and ask you to offer a verbal agreement that you have understood the nature of this study and the tasks you will be asked to do. After receiving your consent the interview will begin.

If you would like to arrange a time for interview, please email one of the researchers of this project : Ms Aphrodite Vlahos (aphrodite.vlahos@unimelb.edu.au), Dr Marcus Phipps (mphipps@unimelb.edu.au), Dr Robin Canniford (rcan@unimelb.edu.au) or Prof. Julie Ozanne (julie.ozanne@unimelb.edu.au).

Participant Distress Protocol

Event: Ascertaining distress

The Participant will either verbally express that they are experiencing distress; discusses a mental health issue; or exhibits signs of distress such as crying or visible shaking during interview.

Stage 1: Review

Participants will be allowed to finish their point prior to the beginning of stage one. At this point, the interview will be paused. The researcher will ask the participant if they have their permission to switch off the voice-recorder, and any information that they share whilst the voice-recorder is off will **not** form part of the interview transcript. If necessary, participants will be assessed for mental health utilising the researcher's mental health training.

1A - *Assess the incident person for a mental health emergency.* The researcher will assess the situation by making note of the participant's behaviours or exhibited emotions. The researcher will ask the participant how they are feeling and if there is anything related to their mental health that they would like to discuss.

1B - *Listen non-judgementally.* The researcher will listen to what the participant has to say about how they are feeling, or, if offered by the participant, what about their discussion has led them to experience distress within the interview. The researcher will ensure that she makes the participant feel understood and heard without judgement of what they are discussing or how they are feeling.

1C - *Offer appropriate supports.* If necessary, the researcher will ensure that they feel appropriately supported. Based on what transpires, the researcher may comfort the participant, or tell them that what they are experiencing is normal, and that professional help is always available to them.

1D - *Encourage professional help.* The researcher will encourage that after the interview has concluded that the participant seek help through a mental health professional. This may mean scheduling an appointment with a GP to discuss their mental health; offering phone numbers for immediate counselling via BeyondBlue; or providing literature on websites online which are in line with the narrative of the participant (for instance body-image or eating disorder support websites – i.e. CEED)

1E - *Encourage other supports.* Finally, the researcher will also encourage appropriate self-care practices if necessary. This may mean seeking support from loved ones, or asking the participant what they enjoy doing for themselves (i.e. going to a park, reading a book) and encouraging them to do so. This step is designed to offer avenues which allow the participant to care for themselves whilst waiting for professional support.

The use of these steps will be adapted based on the types of distress that the participant exhibits. Specifically, the actions taken will be different if a participant cites experiencing depression or anxiety, versus if a participant becomes visibly distressed when asked a specific question. The course of action taken will depend on stage 1A (assess the individual).

Following this, participants will be explicitly asked if they are able to continue with the interview; except in the case of more acute distress, which will be assessed at the time of interview.

A course of action will be selected as follows: if participants feel they are able to continue, or the distress appears to stem from a particular interview question select stage 2A. However, if participants are assessed as experiencing acute distress; distress arising from a mental health emergency or state that they wish to stop, select stage 2B.

Stage 2A: resume interview

With participant consent, the researchers will resume the interview. The researcher will begin by asking the participant if they consent to the interview commencing, which will be signalled by turning the voice-recorder back on. The researcher agrees to be particularly mindful of any triggers in the remainder of the interview protocol which may be distressing to the participant. Triggers will be assessed on a case-by-case basis and given the kinds of distress that are exhibited by the participant. No further questions will be asked about any events or topics deemed sensitive, and different questions will be asked that avoid any sensitive issues. The interview protocol has been constructed to be flexible for this reason.

Stage 2B: formally end interview

The researchers will explain to the participant that because they have indicated that they would not like to continue, the interview has ended. In line with the steps outlined in Stage 1, participants will be encouraged to contact a mental health support service, such as BeyondBlue or to contact their GP to discuss their mental health. With participant consent, the researcher will make themselves available to stay with the participant whilst they make contact with a mental health professional should the participant feel more comfortable to do so.

Stage 3: Follow up

Participants will be reminded that they may contact the researchers should they wish to engage in any further discussion or require further information relating to the study. However, if the participant expresses interest in continuing to discuss their mental health, the researcher will ensure that the participant knows that the researcher is not a mental health professional and that appropriate support, in various forms, is always available.

Protocol developed in accordance with Mental Health First Aid training guide to mental health emergencies (completed November 23, 2016) and in accordance with: Draucker et al. (2009).

