

Gendered Reflexive Projects of the Self: Individualisation or Visual Standardisation?

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Contemporary society has witnessed an increase in the prevalence of aesthetic surgery within mainstream culture, such as nonmedical cosmetic procedures performed by surgeons to reshape the visual aesthetic of a patient (Gilman, 2000). A fundamental feature of cosmetic corporate marketing is language which advocates improved safety and natural, lasting results (Swanson, 2013). By utilising intrinsically gendered adjectives - such as 'more youthful,' 'less tired' - the concept of an empowering 'makeover culture' is reinforced whereby 'the self is a project continually to be worked on' with endless choices (Alsop & Lennon, 2018: 100).

The makeover paradigm depicts how primarily women believe they or an aspect of their life is deficient or flawed in some form, and by following the advice of experts

or modified consumption habits those areas can be reinvented or transformed (Gill, 2007). Postfeminist literature is highly influential when analysing the paradigm as it implies aesthetic surgery provides patients with the freedom to reinvent themselves based on fluid beauty trends.

There is no definite consensus among critics regarding the reflexive empowerment of visual customisation tools and a large and growing body

of feminist literature rejects this claim and states aesthetic surgery is a product of gender inequality which 'upholds patriarchal consumer capitalism' (Sandlin & Maudlin, 2012: 175). Feminist theorists criticize the assumed biological nature of women and their governance of female behaviour by hormones, which is said to reduce women to emotional and irrational objects engaged in constant self-scrutiny (Holliday & Sanchez Taylor, 2006).

As already argued by Simone de Beauvoir: 'girls are brought up to experience their bodies as objects to be disciplined into compliance with a predominantly visual norm,' a mass consumed and standardised norm (Alsop & Lennon, 2018: 102). In

this contribution existing discourse surrounding aesthetic surgery are discussed to examine whether this process be seen as an empowering self-project or whether misogynistic beauty ideals produce homogenised appearances.

Firstly, this paper will focus on reflexivity in a risk society and the extent to which this outlook potentially depicts aesthetic

surgery as a form of personal freedom. As Giddens (1991) often reiterates, in late modernity the impermanence of human relationships often shifts identities to be considerably self-centred and concerned with one's own attractiveness, which would imply that cosmetic surgery allows individuals to redesign themselves and maintain desired levels of attractiveness.





That said, critics (see, for instance, Beck et al, 1994: 14) question the freedom surrounding the reflexive identity project by stating 'people are condemned to individualisation' and this obligation to manufacture an identity both biographically and physically is subject to socio-cultural agencies in society. The arguments by Askegaard et al (2002) may have been more relevant if the authors considered the cultural implications of mass media as a social agency. In particular, popular culture that is emitted through such media and its influential nature in causing consumers to perceive a discrepancy between their appearance and an ideal, eroding personal choice (Blair & Shalmon, 2005: 15). Instead, individuals become concerned with media produced attractiveness.

Furthermore, Askegaard et al (2002: 800) examines aesthetic surgery as an instrument of psychological empowerment. Cosmetic surgery can be described as a form of therapy, a self-constructing project 'that involves buying a service on a market'. A likely interpretation of this argument is that cosmetic surgeries can be beneficial for patients' mental health and low self-esteem. This is exemplified through the work of Lasch who focuses on the narcissistic traits mirrored by individuals in a threatening modern world which offers little stability (in Giddens, 1990). Uncertainty is a pivotal aspect of late modernity with individuals suffering to form solid identities as a result of everchanging culture. Narcissism can be seen as a defence strategy to this social climate, the obsession with one's visual image distracts individuals from socially induced anxiety and fear (Giddens, 1991).

Measuring therapy against cosmetic surgery is implausible. A key criticism of this argument is that a cosmetic patient partakes in a voluntary risk aware of potential dangers but chooses to proceed

nonetheless (Jones & Raisborough, 2007). Also, this voluntary risk can be witnessed among many aesthetic patients, specifically the risk to mimic digitally altered facial attributes endorsed by *Instagram* and *Snapchat* filters (Varman et al, 2021). These homogenised surgeries do not provide the safeguarding measures and long-term mental improvements therapy does in order to build stable identities.

According to Bauman's (2001: 25) theory on consumer society, the consumer market offers choice 'complete with the reassurance that the choice is right'. In the labour market the goods on offer will constantly be replaced by 'new and improved ones,' seller's do not conceal the general rotation of commodities and products based on current trends (Bauman, 2001). These elements are reflected in the targeting of specific body features in relation to aesthetic surgery, and consumer culture has witnessed an increase in the purchasing of rhinoplasties and Brazilian bum lifts over the past few years. Purchasing a cosmetic surgery can categorise as luxury goods which have become a universal fascination through the process of globalisation (Featherstone, 2014). This

is because aesthetic surgeries are not easily financially accessible nor are they deemed necessary.

They are purely for personal aestheticization purposes to exercise choice through large or financially valuable consumptions.

Both risk theory and consumer society complement one another, the reflexive individual consumes what they desire from a range of advertised products. Choice and freedom are key factors in this process. Moreover, a theory to strengthen the argument brought forth by consumer society is an interpretation of commodity feminism. This examines the self-





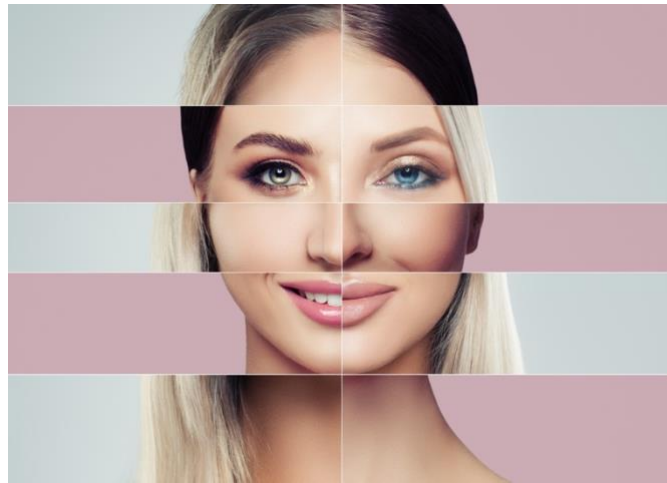
acceptance, independence and freedom inscribed on to feminine commodities (Repo, 2020). Aesthetic surgery may not be a literal commodity however it is transactional and requires consumption. Therefore, links to neoliberalism can be made, which argues for the privatization of the market economy and seeks to give consumers exactly what they yearn for (Trentmann, 2007). Referring to aesthetic surgery this encourages the project of the self and emphasises the opportunity to be free rather than narrowing its focus towards a homogenised visual norm.

Lastly, it is imperative to evaluate and apply surveillance society theory to aesthetic surgery. The work of Rosalind Gill covers surveillance and monitoring through the 'dramatically increased intensity of self-surveillance, the extensiveness of surveillance and the focus upon the psychological' (Gill, 2008: 441). She argues that successful femininity is contingent on the act of self-discipline and monitoring. Mathiesen's term synopticon whereby the many watch the few can be applied to our multi-directional surveilled society and can be illustrated by media personalities such as Molly Mae, a young, British influencer 'actively shaping and filtering information' later consumed by a mass audience (Mathiesen, 1997). A possible contradiction within this idea is that although the few are observed and possess a profound amount of power, the many are significant in deciding which media personalities continue to succeed. This is evident through the cancel culture that can be witnessed online.

When studying aesthetic surgery, the synopticon alludes to the notion that the wide and diverse content online results in a range of multiple visual

appearances to choose from. Many theorists argue that not only does fluid surveillance result in everyone watching each other, but the objectification of women in relation to their visual aesthetic portrays a battle between producer and consumer power. Oversexualising females is a prominent issue within media culture, and this can cause females to experience objectified body consciousness leading to negative physical or mental implications (Ward et al, 2018). A contrast

of this is the hyper sexualisation of oneself in the media, those personalities do not escape the ill-treatment of audiences engulfed by patriarchal consumer beliefs. So, the shift to hyper surveillance illustrates the multiple aesthetics patients must pick from which defy traditional female expectations.



To conclude, the debate around aesthetic surgery remains a controversial issue, the reflexive theorisation of these procedures has confirmed that the homogenisation of visual appearances is not a definite concern in mainstream culture. The conflicting literature on cosmetic surgeries is associated with aesthetic corporations encouraging a certain beauty ideal which is relayed through their physical work on all patients. When the freedom of an individual is taken into consideration, the comprehension that they specifically chose a look strengthens the argument of the reflexive identity project.

However, whilst personal choice is key to the topic of aesthetic surgery, inherent patriarchal ideals also impact the aesthetic an individual chooses. This may not always be conscious to the patient. In this way, media culture and patriarchal agencies can be seen as having a subconscious effect on what aesthetic procedures individual choose as part of their project.



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