Parts of Me—Relational Risks and Possible Outcomes When Sharing the Decision to Have a Breast Augmentation: A Study of a Swedish Online Forum

Petra Roll Bennet

Abstract
A female body part that gains much attention is breasts, and globally, the image of women’s breasts is a “perfect breast.” In order to attain this “perfection,” and for personal reasons, women can decide to augment their breasts by surgery. Despite the cosmetic industry’s increasing popularity, sharing this decision with family and friends can be associated with doubts and worries. This study aims to identify anticipated outcomes when telling close persons about the surgery. Analysis of posts on a Swedish online forum suggests that anticipated reactions include hopes of being accepted and fears of being viewed differently. Aligning with Cooley’s “looking-glass self,” it is argued that women see themselves through the imagined eyes of others, and judgment creates feelings of either pride or shame. Breast augmentation seems to be associated with double oppression: first, from surrounding ideals about the perfect breast, and second, from associated shame manifested in social relationships.

Keywords
relationships, women, shame, cosmetic surgery, online forum

1Department of Education, Stockholm University, Stockholm, Sweden

Corresponding Author:
Petra Roll Bennet, Department of Education, Stockholm University, Frescativägen 54, Stockholm 106 91, Sweden.
Email: petra@edu.su.se
Introduction

What about the image many have of women who have enlarged their breasts. You are seen like a stupid bimbo in the eyes of many. I avoid telling them that I want to enlarge my breasts. I just can’t take the discussion. It’s so stupid that many [people] look down on this operation. How do you think you will be treated by your family when you tell them?!

The aforementioned quote is from an online forum discussing cosmetic surgery. The issue about how to tell family and friends can be the case for women who have decided to surgically augment their breasts. In the quote, the negative image of women who have breast augmentation is addressed, as are questions about how they will be treated because of the operation. Drawing on a “personal life” perspective that emphasizes the work individuals do to maintain relationships and the role of significant others in individuals’ decision making (Smart 2007), this study focuses on online posts concerning sharing the decision to augment your breasts. The sharing with close family and friends can be associated with doubts and worries regarding how the decision will be received and what relational consequences might arise. The reactions from family and friends receiving the decision are embedded in the social and cultural context, the view of cosmetic surgery in society (Gimlin 2012), bodily ideals and how women’s agency and choice are understood (Davis 2009). A woman who decides to surgically alter her breasts does so “in the context of popular and medical pedagogies, moral pressures, and medicalised scripts that create a contested social and symbolic terrain” (Pitts-Taylor 2009, 126). This contested terrain is significant in terms of how cosmetic surgery is experienced and can influence one’s relationships in this process. The analysis will focus on anticipated reactions from significant others. Additionally, the article discusses how parts of the women’s identity appear to be threatened in different relationships and the possible significance of the surgically altered breasts in these relationships.

The Ideal Breasts

In the overall social and cultural contexts, breasts are a symbol of womanhood (Hopner and Chamberlain 2019), and throughout the centuries, breasts have been the part of a women’s body that has gained much, or most, attention in society (Haiken 1997; Yalom 1997). Other female body parts that get much attention can be women’s face, hair, and probably the buttocks, a body part receiving considerable focus (Tijerina et al. 2019). The continuing, frequent global image of women’s breasts are often the “perfect breast”: a young, firm, and pert breast (Widdows 2018). There are female actors,
influencers, and artists on popular TV series and other media who have clearly undergone different cosmetic surgery. The ever-present image of perfect breasts and bodies, compared to the less frequent images of average or “normal” female bodies, might raise thoughts about changing one’s own body or at least some parts of it because it is possible and “because you are worth it” (Hopner and Chamberlain 2019). Having breast that you experience as small, saggy, floppy, or asymmetrical can be stressful, and feelings of shame become connected to the body (Bartky 2015; Dolezal 2020). Young (2005), in her essay on “breasted experience,” discussed how women often felt judged and valued because of the size, shape, and form of their breasts, and how the breasts are parts of a woman’s sense of self and simultaneously how the objectification is a part of a “male gaze” accompanied by incorporated self-objectification (Fredrickson and Roberts 1997). Young also discussed the sexualized and objectified breast and how breasts signal a women’s sexuality, a sexuality that is valued after the size and shape. The objectification simultaneously makes the breast a part of the body and an object that others and you yourself relate to. Young (2005) discussed how the objectifying gaze causes feelings of embarrassment that can function as a source for using surgical medicine on breasts and how the surgical augmentation makes the breasts into an object in its real sense: a thing to look at. To rid yourself of body shame or, for example, experienced disharmony in body parts (Dolezal 2015), you might decide to do something about it, subsequently booking an appointment for cosmetic surgery. Once the decision to have your breasts augmented has been made, it may be time, if you have not already, to tell your family and friends about what is about to happen.

The Swedish Context

The online community in focus for this study is situated in Sweden, where gender equality is relatively high; Sweden was ranked 5th in terms of gender equity in the Global Gender Gap Report (World Economic Forum 2021). According to Jezierska and Towns (2018), gender equality has remained a pillar of the international image of Sweden from the mid-1990s to the present. The cultural image of Sweden is a country of “caring fathers and women scientists; a society that stands united behind gender equality ideals” (Jezierska and Towns 2018, 61) and against, for example, using attractive women when promoting tourism. In a comparative study of women’s experience of embodiment, Gattario et al. (2020) showed that Swedish women who reported “more agency and functionality through their bodies, had more positive experiences of expressing their sexuality, and were more engaged in attuned self-care. Swedish women were also less likely to think of their
bodies as a burden to their social life and to engage in self-objectification” (Gattario et al. 2020, 6). Problematically, another study revealed how Swedish women are torn between being an equal modern woman and concurrently meeting the normative ideals of beauty and femininity, “and the risk of being viewed as superficial and non-equal when doing so” (Kling, Gattario, and Frisén 2017, 245) and therefore conforming to beauty ideals with ambivalent feelings.

Official statistics on cosmetic surgery in Sweden are not available, but the Breast Implant Register Annual Report (BRIMP 2019) reported around 2,500 cosmetic breast augmentations operations per year between 2015 and 2019.1 Understanding cosmetic surgery in the Swedish context is complicated to grasp; Swedish media report about cosmetic surgery and breast augmentation mostly in terms of the risks of having implants. A tragic case 10 years ago, when a breast augmentation abroad resulted in lifelong brain damage, is an example of a recurrent case in the media (Dagens Nyheter 2010; Expressen 2020). Influencers such as “Blondinbella” (Bella the blond) and “Kissie” share their stories about surgical breast augmentation and when they decided to have their implants removed surgically.

Stigma, Shame, and Cosmetic Surgery

Pitts-Taylor discussed that the way cosmetic surgery is represented in different contexts shapes women’s understanding of surgery and the social climate where it occurs (Pitts-Taylor 2009). According to Pitts-Taylor, “cosmetic surgery is coded, on [the] one hand, as a sign of empowerment and self-enhancement and on the other hand as a sign of moral, political, or mental weakness” (Pitts-Taylor 2009, 124). Feminist perspectives have framed cosmetic surgery as oppressive or, on the contrary, as a vehicle and means for women to reach autonomy (Saxena 2013).2 A cosmetic surgery patient, according to Pitts-Taylor, can be associated with issues concerning mental health, and her moral character might be questioned as weak.

Saxena’s study of women’s breast-implant surgery experiences and stigma-related experiences (Saxena 2013) is of great importance for this present study. Using Goffman’s Stigma theories (Goffman 1963), Saxena illustrates how women are exposed to social and cultural stigma before and after the operation. Before, because of their self-perceived views of having abnormally appearing breasts, and after, because of the stigma associated with women who have undergone cosmetic surgery. Saxena referred to the sexualization of women’s breasts as grounds for stigma in breast-implant surgery since being occupied with your breasts risks revealing that you are a sexual being, which might burden your moral character. Saxena’s findings
revealed how stigma connected to the process of breast augmentation: the stigma of perceived abnormality before the operation, and the stigma of being unnatural postsurgery, which she describes as a “trading” of stigma. She also showed how the women used multiple strategies in the management of stigmas. One strategy emphasized that the decision to undergo the operation was for their own sake, independent of the opinions of others. This agentic strategy can be difficult to uphold, since cosmetic surgery, as a phenomenon, is associated with vanity, selfishness, and self-indulgence (Gimlin 2012). Based on a cross-cultural analysis, Gimlin also meant that the most perceived risk related to this kind of surgery was not the operation itself but the ways you risked being seen by others and what this operation said about you as a person.

Stuart, Kurz, and Ashby (2012) studied the social consequences that women who have had a breast augmentation might face and analyzed comments about cosmetic breast surgery on an internet blog. They discuss that women face social consequences when having breast augmentation, consequences such as being seen as pathological and not valuing their natural-born bodies. The comments on the internet blog showed opinions that describe these women as persons having fake, unnatural breast and being “superficial bimbos” with low self-esteem. A recent review by Bonell, Barlow, and Griffiths (2021) discussed what they call “the cosmetic surgery paradox.” This paradox comprises unrealistic “natural” beauty ideals of women and how women are being condemned if they use cosmetic surgery to try to reach this ideal, that is, “modern women are both encouraged to undergo cosmetic surgery and condemned for doing so” (Bonell et al. 2021, 231). The profound idea about natural beauty is attached to men’s preferences, beauty campaigns, and attitudes toward women who have undergone cosmetic surgery (Bonell et al. 2021).

**A Relational Perspective**

This present study focuses mainly on the presumed risk of condemnation from close family and friends as well as the possibility of support. Drawing on a relational perspective (May 2013) helps explore how our sense of self is constructed in relationships with others, in relation to social norms and our expectations of other people. In recent years, the relational perspective has moved away from an individualistic view (Beck-Gernsheim 1998) to the emotional significance of relationship practices and love itself (Smart 2007; Wilson et al. 2012). Smart (2007) claimed that the research interest in phenomena like love and commitment can only be described as frosty (Smart 2007, 54), and expressed feelings in different relationships like romantic
love, love for children, friends are unexplored. In line with Ketokivi (2015), this perspective helps entangle how being part of and belonging to a close family relationship “happens in a border region between selves and society in which emotional, social, and moral evaluations are all entangled together” (Ketokivi 2015, 361).

A theoretical foundation for this study is the reflected or “looking-glass self” (Cooley 1909) that concern imagined judgment. Cooley (1909) argued that people create a sense of and view of themselves in the actual or imagined eyes of others. This imagined judgment from others creates strong feelings about themselves, mostly of pride or shame. What moves us to pride or shame is that “We always imagine, and in imagining share, the judgments of the other mind” (Cooley 1909, 153). In the case of cosmetic surgery, a social norm might be broken with a risk of judgments and stigmatization (Goffman 1963) because of the choice to undergo surgery without obvious medical reasons. Women’s reasons for augmenting their breasts are quite personal, and for family and friends, the decision might seem unnecessary. Others’ views and reactions have the impact of both constraining and enabling feelings of belonging and acceptance (May and Nordqvist 2019). A family member’s actions also risk reflecting badly on the rest of the family (Leeming and Boyle 2013), and stigmatizing processes cause feelings of shame and the risk of disappointments in close relationships (Ketokivi 2015).

A starting point for this study is that telling family and friends about the decision to augment your breasts surgically can be difficult. Relationships with near kin are often understood as given and nonelective (May and Nordqvist 2019). Smart (2007) referred to these relationships as “sticky” since they are challenging to eliminate or ignore. If these “sticky” relationships are combined with research on cosmetic surgery, where conflict, risk of stigmatization, and more oppressive and negative aspects are quite dominant (Bonell et al. 2021; Saxena 2013), one may find arguments for the importance of exploring both negative and positive aspects of relationships.

Surgical augmentation of breasts could be a sensitive topic in families. Other, perhaps more severe disclosures can be the question of coming out as lesbian or gay, clearly described by Nordqvist and Smart (2014), showing how the anticipation of disappointment or rejection might guide family interactions and avoidance of coming out. This present study is not about coming out but changing your body surgically, a decision that can be questioned by others. Other examples of responses to “changing” and transformation include parents’ reactions to trans identity (Bergström and Roll Benet 2015) and family’s responses to gastric bypass surgery (Bylund, Benzein, and Sandgren 2017). These examples are qualitatively diverse; there are different reasons for the transformation, different circumstances, and differences in
social and cultural acceptance, but the fear of rejection and being questioned can be similar for the person in focus.

**Research Material**

A Swedish online forum for cosmetic surgery issues was chosen to grasp women’s accounts about their relationships. Online forums are very active in Sweden, having thousands of members. The forum was started by private individuals and are not linked to any surgical clinic but is monetized mainly by adverts for different surgical clinics. It is open access, and posts are readily available to nonmembers; however, you need to be a member to contribute. There are different kinds of memberships, and only some let you see and share pictures. The forum is very polite and encouraging. The forum has several threads/topics to take part in. Typical topics are threads asking for advice on the implant’s size, about a surgeon and experiences of a clinic. It is also common to ask questions of healing after the operation.

To start the fieldwork, I read posts on various topics on the forum and decided to focus on breast augmentation since this was the most common topic and because of its cultural significance. Since I am interested in relational aspects and how women reflect upon the reactions of others, I read all posts that had the word “tell” or “share” (“berätta” in Swedish) in the thread heading. A total of 189 individual posts were found from May 2010 (when the forum started) to December 2019. Out of these, 11 posts were excluded because they concerned plastic surgeries other than breast augmentation. Of the 178 posts about breast augmentation, the persons whom the women stated they thought about telling were divided as follows: parents (29), children (25), mother (22), “everyone” (18), family (18), work (17), boss (17), partner (13), friends (7), father (5), mother-in-law (4), and siblings (3). For each participant in the forum, it is possible to describe personal data about yourself, such as age, height, weight, and number of children. Most women indicated their age, and the median age was 25, with variations from slightly under 20 up to just over 50.

Before the analysis, I excluded the posted threads about work and bosses since these relationships are not often very close; hence, the included data are made up of posts about close family and friends, which is the focus of the study. The category “family” and “everyone” in the headline of the posts generally consisted of questions about parents, with a similar distribution between mothers and fathers. Because of the small number and quite disparate findings, I also excluded siblings and mother-in-law.

Online support forums are growing in number, and also research on them using the available posted material, often by capturing text-based online
communities and then analyzing the postings (Powell and van Velthoven 2020). Online forums are available places where you can share your questions, thoughts and fears about health and other related issues, and online communication is widespread (Hanna and Gough 2016). Some examples are research on men’s post in an infertility forum (Hanna and Gough 2016, 2018), men’s forum posts in a weight forum (Bennett and Gough 2012), and women’s posts in a breast cancer forum about their refusals of breast reconstruction (La, Jackson and Shaw 2019). A forum study by Salzmann-Erikson and Eriksson (2011) explored shared values, feelings and thoughts within an online forum for breast augmentation. Outside of discussing the future operation with some close persons and surgeons, the online platform was used by almost all women before operation (Salzmann-Erikson and Eriksson 2011). An important but relatively brief finding from Salzmann and Eriksson’s study involves discussions about gaining acceptance from others and how women perceive both supportive and nonsupportive reactions from friends and family, a topic that will be deepened and given more detail in this study.

Using online data means that you are not involved in creating such data, which can be both a strength and a weakness. A strength is that findings from online forums are a “naturalistic” source and not “fabricated” (Silverman 2019) compared to, for example, interviews. An important consideration is being an anonymous hidden researcher can raise questions about trustworthiness and ethical consideration. During the close reading of posts, I tried to immerse myself in the forum (García-Rapp 2019) and the participants’ experiences. I have kept the analysis quite “strict,” and no interpretations have been made based on a single post.

**Ethics**

Usernames or other possibly identifying information in the posts are anonymized. The presented posts in this article are translated from Swedish to English, and some of the wording is changed, rendering them unsearchable. If the quotes are untranslated into Swedish, you will find that similar posts originate from various forums; I have carefully translated the posts so that the original post is not searchable. The ethical considerations have followed the precedents for this kind of available material (Bennett and Gough 2012; Hanna and Gough 2016).

Participants in the forum might view their posts as private and in a safe community. Being an anonymous researcher, “lurking” in the forum can seem unappropriated (Denzin 1999). In order to avoid ethical damage, I aim for ethical correctness in the whole research process, concerning the research question, analysis, and most importantly, how the findings are presented and
discussed. I have no personal investment in the forum community; my interest is taken from a feminist standpoint, where questions about cosmetic surgery are a vital, ongoing discussion.

**Analysis**

Reasons for breast augmentation are not in focus here (for studies that explored reasons and feelings about breast augmentation, see Gimlin 2012, 2013). Neither is how the communications look like between forum participants. In order to gain deeper insights into “sensitive research topics,” Langer and Beckman (2005) suggested using netnography, defined by a combination of discourse analysis, content analysis and ethnography. This present study aims to reach this kind of mixture, focusing on content analysis in the posts and using a qualitative analysis that discerns women’s ideas of themselves in relationships and their expressed hopes and fears. The analysis started with an inductive method of analysis, where the 137 head posts were first analyzed by focusing on expressed hopes and fears about presumed reactions. In order to identify pride and/or shame, I focused on arguments about relational possibilities and risks. The following is an example of the analyzing process:

Hi! How did you tell your mum? I’m so nervous about her reaction and what she will say, she might be upset and sad, and I’m afraid she will think I’m shallow. Also, I’m worried if she will try to persuade me to change my mind and say that I am fine as I am. I know she means well, but she doesn’t have any idea how I feel and how difficult I think it is, and how miserable I feel because of not having any breasts. I want my mum to accept my decision and support me.

In the aforementioned quotation, I focused on parts where the risk and possibilities are apparent. Content such as “she might be upset,” and “I’m afraid she will think I’m shallow,” “she will try to persuade me,” are categorized as risks. Identified possibilities in this quotation is that the mother might “accept my decision and support me” since that is what she hopes for. I read through all threads in this way and categorized the risks and possibilities that appeared to be relevant in the different relationships.

The second part of the analysis is more theory driven, where the identified hopes and fears are seen to reflect the sense of pride or shame (Cooley 1909) in different relations. Gimlin (2013) say that cosmetic surgery “stands at the borders between the acceptable and unacceptable” (Gimlin 2013, 920), and feelings of pride and shame might be awakened in this situation. The accounts given in the posts were analyzed as emerging imaginations about expected
reactions ranging from love (see pride) to shame (Cooley 1909). Additionally, the analysis aimed to dissect images of how the decision affected others; how will family, partners, and friends react to and feel about the decision; and finally, what supposed ideas about body and self are expected to be transferred in the relationships?

**Findings**

In the following, I thematize the expressed hopes and fears connected to telling close family and friends about the decision to surgically augment your breasts. The presented relations have different spaces in the text, depending on their complexity. In some cases, as in the friendship relationship, there are few posts, which the results will reflect. The expressed risks and hopes in the posts will be analyzed as emerging imaginations about reactions that can be expected and will be thematized as hope for endorsement (e.g., pride in Cooley’s term) or fear of condemnation (e.g., shame in Cooley’s term). Also, the analysis aims to look into thoughts about how the decision to surgically augment one’s breasts affects others; how family, partners, and friends will be affected and feel about the decision.

**Hope for Endorsement**

The hope for support and not being questioned is found in posts that refer to a strong bond to others, which is most apparent in the post about mothers presumed reactions. To tell their mother about the decision to augment their breasts seems to be very central. A wish for the mother to approve of the decision and support the whole process is expressed in many of the posts, and it seems essential to receive her understanding and support:

> I guess everyone says that their mum is the best, but my mum is the best for me. I don’t think she will be angry or so. She may think it is a joke or that I haven’t thought about this carefully. I have to sit down with her and explain from [the] beginning. She wants the best for me and that I am happy.

Additionally, supportive and accepting attitudes are expressed in the sense that it is what you should expect from a mother because she always wants what is best for you and will support you. She will always love you regardless of your decision, and mothers and daughters should be able to tell each other everything: “I have to just rip it off; she has to love me anyway. She is my mum.” Sharing is written as a measure of the relationship quality between mother and daughter, so when or if she gives her approval, it is proof of the
closeness between them. And even if the mother does not approve of the decision at first, she will appreciate the honesty and the daughter’s ability to stand up for herself. Another argument for telling the mother is that the mother needs to be told because she deserves it. A strong emotional bond is expressed; she is the number one to care about, and her opinion is the one to be concerned about the most. More “magical” arguments like she will know anyway because mothers almost can read thoughts are also frequent.

There are almost no mentioned hopes or anticipated positive consequences regarding accounts related to tell the father. The father is relatively invisible, but sometimes fathers are mentioned in the passing, like, “I don’t have any contact with my father, he does not care anyway.” A single exemption wrote, “If my father had been alive, he would be the one I would tell first; he always understood me.” Most frequent are accounts about why the daughter does not want to tell him. Descriptions of an alliance with the mother also occur: “me and my mom will not tell dad about this.” One possible solution or described plan is to first tell the mother and then ask her to inform the father.

When it comes to children, a common argument is that it is best to tell the truth. Telling the truth is motivated and based on the assumption that it is always best to be honest in a family. A future reciprocal relationship is expected and hoped for. If you, as a mother, are open with your children, they will do the same. To decide to tell the children is to state an honest family, “We always talk about everything in my family,” which is argued to be a measure of quality in the relationships. Another way to inform the children about breast augmentation is by saying that it should be kept secret within the family. The act of the family having its “little secret” (“hemlis” in Swedish), which will be kept within the family unit, is assumed to be positive. Other arguments for telling the children is that children are very mature, smart, and capable, and they will notice the bigger breasts inevitably. The children will also detect if the mother tries to hide something for them:

I have decided to be honest. I’m very lucky and have a mature, strong, and sensible girl, so hopefully, she will understand that this only is about me and my “self-esteem” and that she still is nice just the way she is.

To tell the children about the operation is also claimed to influence the child to learn how to stand up for themselves. The children are mature and will learn through the mother’s decision. They will learn how to be honest about what they want, and it will help them be clear about knowing what is right for them. If the mother tells the children about this, they will learn that they do not have to be morally “perfect” and that it is ok to do things that are considered different. Also, they will learn not to judge others decisions. Telling
children seems to be part of the construction of family cohesion and a measure of relationship quality.

It turns out that many women are hesitant about telling their partners about the operation. Still, most women agree that it is reasonable to inform the partner, despite concern over how it will be received. If the woman decides to tell her partner, the identified hopes are to get support, be understood, and be accepted. Also, there is an expressed wish to be “together” during the process in hopes that the partner will take part in the decision. It is essential for the woman that he approves and does not question the operation. Reasons for telling the partner are also that you need to be honest in the relationship, and if you do not tell him, it would be a betrayal. Anticipated hopes connected to friends are not very common in the threads. The identified hopes are that the friend will accept the decision. There is also hope for relief after telling your friends because they will understand and are good to talk to.

The identified theme is characterized by hopes for acceptance and support. In some cases, acceptance seems to be expected from close family because it is proof of a qualitative and functioning relationship. Children are described as competent and mature, also how they will develop their understanding in this process. A profound family is also supposed to be the result of honesty: if you are honest with your children, they will be honest with you. In this sense, the surgery can be a means of tying people together, opening up honestly, and accepting each other.

**Fear for Condemnation**

A consistent finding in the forum posts is the fear of being seen as shallow, vain and not as independent as you seem to be. The mothers’ negative reaction is not obvious compared to the hopes for love and absolution. The greatest expressed fear is that the mother might judge the daughter as shallow and vain:

I have booked the operation, and I’m so happy! My partner and my sister are supporting me in this because my breasts just disappeared after breastfeeding my youngest. Now to my question, how do you tell your mum about this and aunts and so on? My mum is quite strict and thinks it [is] just unnecessary and shows that you are vain, etc. . .

Also, an articulated risk that has been found is that the mother will not understand and will try to make the daughter change her decision. To tell the father is, in the few posts that mention him, often described as the worst thing to do because of the presumed risk of his aggression. Also, fathers do not like anything that is not “natural”; he dislikes hair dying and piercings:
My father is against everything that isn’t natural; he is so conservative coming from the north of Sweden, you know. Every time he sees celebrities or others with fake tits, he just yells about how ugly it looks and how unnecessary and useless it is. Do you understand why I don’t want to tell him?

The father is defined as a bit dangerous to tell; comments such as, “he would yell at me” and “he will be furious” are frequent. Another risk is that the father will judge the decision, and that “he would think it is stupid,” and therefore will try to forbid her by lecturing her. Another anticipated reaction is that “he would not say a word,” a silence that seems to be threatening. Fathers are described as though they cannot understand, “he would throw me out of the home.” Another anticipated reaction is that the father will say that it is a waste of time and money and that the whole idea is unnecessary. Also, talking to the father about breasts is described as private and embarrassing; the father has nothing to do with the daughter’s body. In posts about the father, there is more explicit talk about the body that is quite rare in the other mentioned relationships:

My dad cares about the financial bit, and he has always supported me with [a] driving license and nice things. He thinks I should save money and buy an apartment, so I think he will be disappointed and think that I just waste[d] my money. And he will feel betrayed after giving me money when I have saved for the boob job on the sly. I fear for the day he will know; sometimes, I just want to cry like a baby. But it’s my body; it doesn’t exist to please my dad or anyone else. It’s for me, so I think about not telling him; I don’t think he reflects over my breast size anyway, lol.

How a daughter will view the mother’s personhood after the operation is another expressed risk. It is argued that the daughter’s image of her as a mother will face the risk of being altered:

I’m probably most afraid that her image of me will change completely and not be the “strong” mom you always can trust as she sees me today. But that she sees that even I am a quite ordinary creature with faults/wrongs and who also sometimes have bad self-esteem and question myself. :(  

Another expressed risk is small children’s presumed lack of maturity; they cannot be quiet, and they will tell everyone, from schoolmates, their friend’s parents, and of course, teachers at playschool:

I have a 5- and 8-year-old. Two girls and I really would not want [them] finding it out. Firstly, because I know that they will go around and tell friends and
teachers. Hoping that they won’t see any difference, but if they do, then I’ll have to come up with something until they’re older and understand.

If she tells the partner before the operation, there is a risk that he will try to make her change her mind because he will not accept her decision. The risk that emerges most evidently is that the boyfriend does not want her to augment her breasts because he thinks that her natural look is the best and that the operation is unnecessary:

Finally, I will operate my breasts! I need help! I don’t know how to tell this to my boyfriend. I’m afraid that he will start to think it is unnatural and about giant silicone breasts! I’m afraid he will think I’m shallow and vain. I try to find the right moment, but it is so difficult! You only do it for your own sake, nobody else’s. I have no idea how he would react; he barely wants me to dye my hair. I don’t know how to bring it up;

A clear risk accounted for in the posts concerning the partner is that if the woman does tell him, there is a risk that his image of her might change. He might think that breast augmentation shows her lack of confidence in herself and her body and that she makes bad decisions, a person she does not want to appear to be. A further cause of the anticipated reaction is because the broader image of women who set breast surgery connotes those that are part of the porn industry or bimbos (e.g., stupid or women who need attention).

The most evident risk when telling friends is how they will react, that their thoughts about her might change, and they will see her in a wrong way, mainly as shallow. Also, there is a risk that friends will try to talk her out of the decision. Another risk brought up in the posts is gossip; friends might spread the word either because they envy her or because they might be afraid that their boyfriends will find her more attractive now with her new bigger breasts.

In this identified theme, it appears that the women are concerned that others might see them as vain and shallow; additionally, they seem to struggle with others’ ideas of “natural beauty” (Bonell et al. 2021). In Saxena’s (2013) study, the presumed judgment and negative stereotypes associated with having breast implants and the notion of being “fake” and fear of not being accepted were prominent themes. The identified anticipated reactions linked to shame are clear in relation to the father, where the risk of angry condemnation is apparent. Other relations are more connected to the risk that those close to you will have an altered image of you, which is the case with the children and concerning reactions from partners. In the Swedish context, where not taking part in women’s beauty practices can be seen as a sign of
being an independent, strong woman, the fear of being seen as dependent and superficial is apparent (Kling et al. 2017). An identified anticipated fear of hostility that, in some cases, might be relevant because of generational and moral issues is comparable to the study of “coming out” by Nordqvist and Smart (2014).

Affecting Others—Hurt, Disappointment, and Risk of Transferred Ideals

A final identified theme is how the decision might affect others, here mainly because the decision to have breast surgery may alter others’ feelings about themselves: “if you (who is my daughter, mother, partner, or friend) decide to have a breast surgery, what does that say about me?” In this section, the pros and cons of sharing the decision are elaborated.

Concern about how the decision will affect the mother is expressed as a way of caring; if you do not tell her, you will let her down, and that is not fair to her because it would be a kind of betrayal. Frequent arguments are that mothers will still think you look good as you are because she is the one who “made” you, the reason mothers always think that their daughters are fantastic. If the daughter wants to get breast surgery, it will be a source of pain because she loves her mother so much:

I will [have the] op at the end of September, 500 cc, BUT I don’t know how to tell my mother about it!! I know that I’m 28 years old and can decide for myself, but I have always had such respect for my mom and her opinions. Don’t misinterpret me; my mom is the best. She is so sweet, but I know she will be sad because I don’t like myself the way I am. She always wants me to be happy.

Another identified risk is that it will make the mother feel sad and hurt since mothers always want their daughters to be happy with their bodies. The mother might feel like she has failed to give the daughter enough self-confidence if the daughter does not like her appearance. The mother might therefore wonder what she has done wrong. There is also an expressed risk that the mother might be afraid of the upcoming operation. However, if the daughter chose not to tell her in order to spare her from worrying, it would risk seem like they have a bad and cold relationship.

A somewhat different risk related to telling the father is making him disillusioned because she has always been a “daddy’s girl.” In this kind of relationship, it seems to be a risk of shocking the father, resulting in him seeing
his daughter differently and grimly understanding that she no longer is his little girl:

I think it is a bit embarrassing to tell my dad because breasts are not very nice to discuss with a man. I think it is difficult for him to understand my situation, especially since I’m a “daddy’s girl.” He will think I am shallow.

Being a “daddy’s girl” and augmenting your breasts seem to be opposing views:

It will be an awkward feeling in a way if my dad will know that I have SILICON BREASTS. Anyway, I’m his child, lol. It is quite intimate in a way, for me at least. It feels strange if he will see how big breast it is, and we have never talked about sex or how big breasts are or anything. I have never even heard my dad say breast;

The anticipated collision appears to risk triggering an unpleasant awakening when the father actualizes his daughter’s sexuality. Again, it is evident that the breasts are something the father does not have anything to do with; they are private.

When it comes to how the operation might affect the children, it is said that they often must be told about the operation because they might otherwise wonder if they have done something wrong. This is mainly the case for younger children because the mother will not be at home for the duration of the operation, the pain afterwards might hinder the children from hugging her, and she will not be able to lift them. To tell the children is in some posts said to be the worst. The identified main risk of telling the children is that the operation might transfer a fixation on appearance. If you tell them, they might pick up the idea that you can feel you are not good enough as it is, which must be avoided. To be quiet about the operation is therefore argued for as a protective measure; you do not want to introduce surgery as a possibility for altering your appearance to your children:

I will make a breast lift in a couple of days, and I haven’t told the kids. I don’t want to give them the feeling that they are not good enough as they are (especially for the big girl who is six). As it feels now, then, it has to be a white lie about how one is in pain for some different reason. How did you do?

Posts about the risk of transferring ideas about your body as not being good enough are more common when the mother has a daughter rather than a son; the mother fears that a daughter who grows up knowing about the operation will be harmfully influenced. In order to reduce the risk of harm, it is believed
to be crucial to show the daughter that she is beautiful as she is, but the decision for cosmetic surgery makes it difficult to justify saying that you are ok as you are. This dilemma is an ongoing discussion in the forum, often resulting in a wish to state that it is the mother who has an “issue” of dissatisfaction with her breasts and that it will not be the same for the daughter because she is, or will be, more self-confident. As seen in this example, there is no way to solve this dilemma:

It is so difficult; I don’t know what to say. It feels like you just can’t say the right thing. The right thing is to say that you should love yourself, whatever you look like, but we know it’s not that simple. I don’t think you should blame women who fix something they feel bad about. It’s so difficult, especially with daughters; it’s a reality they will meet sooner or later.

When the concern is the *partner*, there is an expressed risk that he will be worried about how others will view him if his girlfriend has breast surgery. Other stated fears are that he might think it is for his sake, just to please him, or that he might fear that she will find a new boyfriend and dump him after the operation.

In some of the posts, the women say that they should spare their *friends* from knowing about the operation because it will be difficult for them to hear about it:

I will wait a while before telling my friend until it is just around the corner, so I can see how I will feel about it then. She has very strong opinions about things, and I don’t want her to think I’m shallow, but I guess that she might take it ok if I tell her the background and so [on]! Maybe I’ll wait until after [the] op (operation) and see if I will need to lie a whole lot to her cause that I don’t want(!!), so then I might tell her. Oh, how difficult these things are. I won’t [to] tell anyone else about my operation. I don’t want everyone to find out!

In the identified theme of affecting others, a dual identity formation based on a close bond emerges, where the risk of feelings of sadness and disappointment is mutual. The breasts are not the main focus here, more the idea of how others risk being hurt. Pitts-Taylor (2009) revealed how cosmetic surgery is vital, and the analyzed post shows how the changed body seems to relate to a changed view of the person. If you decide to surgically alter your body, you also risk changing your person. The now “outspoken” self-objectification caused by the desire to change your body (Young 2005) might change others’ attitudes toward you and also about themselves.
Discussion

The idea of cosmetic surgery as both a sign of weakness and empowerment associates the practice of cosmetic surgery with social conflict. Posts concerning how to tell people close to you portray feelings of anxiety due to the coveted identity as a strong, independent, functional daughter/mother/partner with self-confidence being put at risk. The decision to surgically augment the breasts is also connected to worries about a spillover effect since the operation might affect significant others’ views of themselves. The changed body puts various relationships in a precarious position in multiple ways; what is more, the woman’s body becomes “a zone of social conflict” (Pitts-Taylor 2009, 124). This zone upholds images of the perfect breast, feelings of the imperfect breast, surgeons, clinics, and close relationships. The zone becomes conflicting partly because of the risk of being viewed as an unnatural, vain, and insecure person.

The identified hopes and fears in women’s posts about telling mothers, fathers, children, partners, and friends about the decision to augment their breasts is, to summarize, hopes for acceptance and fears of being seen differently. The study aimed to negotiate anticipated reactions from significant others and discuss threatened or preserved parts of the women’s identities in different relationships. Cooleys (1909) concepts of pride and shame helped illuminate how the threat to self and identity are awakened in this situation. The concept of pride connects to a wish to receive support, be at peace emotionally, and thus obtain a sense of absolution. Shame (Dolezal 2015) is connected to the risk of being seen as vain, shallow and insecure (Gimlin 2012). The analysis also suggests that women feared hurting others because of their operation, a theme that clearly show how the anticipated reactions are embedded in an overall idea of cosmetic surgery as conflicted and problematic (Pitts-Taylor 2009; Saxena 2013; Stuart et al. 2012).

Pitts-Taylor (2009) discussed the experience of cosmetic surgery as something both personal and simultaneously public because of the visible change. What is apparent in this present study is the women’s thoughts about others’ possible reactions before telling them about it. This phase appears to be quite lonely and lined with emotional anxiety. If one takes a step back, keeping in mind the apparent importance of others’ views and the risk of being condemned, it seems quite surprising that the women decide to tell, for example, their parents. An explanation can be the “sticky relationships” (Smart 2007) embedded in this relation; for some women, it appears almost impossible not to tell their mothers about the decision, which is expressed as a need for their approval. The mother’s approval may function as a shield to protect the self and identity. Another explanation is the identified need and longing for
support during the process, which in some cases are expressed as what you can expect or what you are entitled to receive solely based on the presence of a close personal relationship. In this sense, the theme of love (Smart 2007) as an alternative to pride (Cooley 1909) might be fruitful.

In reflection on the study, one must consider that the headline “to tell” (berätta) by itself is a signifier that something special is going on, and what is captured in the posts is articulated before the actual sharing. The women are figuring out ways to, as Gimlin puts it, narrate their reasons to make them more intelligible to others (Gimlin 2002). Therefore, it would be interesting to study posts where women argue for not telling family and friends about their operation and posts about what happened after the disclosure. Another reflection on the study is that the analyzed forum and posts concerning “to tell” are obvious heterosexual and heteronormative platforms, but it could be a reflection of the topic itself, since cosmetic surgery tradition can be seen as part of a male and objectifying gaze (Fredrickson and Roberts 1997). The heterosexual context, where (often male) surgeons operating on women to help them appear more “feminine” by having larger breasts can be seen as part of cosmetic surgery’s overall context. Gimlin (2013) discussed how breasts are never truly one’s own but belong to others (males), such as partners and the more abstract male gaze. Undergoing cosmetic surgery to get bigger and sometimes more “unnatural” breasts might signal that you are into sex, which often is one of the more private subjects in families. Breasts come into the foreground, and, as such, so do the women’s sexuality. In the posts, the sexualized breast is illuminated in some of the expected reactions in relationships with fathers.

Other reflections concern ethical issues, for instance, how the post’s arguments are described and analyzed. Some of the reported arguments can give the reader the impression that the women’s considerations are somewhat inaccurate and contradictory. In my view, this seems to be the case in some of the arguments used in the children–mother relationship. The idea that children will learn to stand up for themselves and their wishes by being told about the operation is one of them. A way to understand this is by considering that it is not easy to live up to various expectations. Being a mother and a woman who longs for bigger breasts can be two images that are difficult to unite: “Breasts are scandal because they shatter the border between motherhood and sexuality” (Young 2005, 88). The Swedish context were not clear visible in the posts, so therefore further research on this topic could compare this Swedish online forum to similar English-speaking forums about cosmetic surgery. Greater insight could also be gained from an interview study about the family members’ views of cosmetic surgery could also be of interest.
Finally, another reflection that has come to my mind during the research process is that the practices of breast augmentation itself is quite invisible in this study. I think it is important to be reminded that cosmetic surgery carries risks for complication. “The material reality of this surgery is that women’s breasts are sliced open, implanted with a synthetic foreign object and stitched closed” (Hopner and Chamberlain 2019, 3). Because the study’s focus is on the family relations the in my opinion, brutal practice has become concealed.

Feeling the need to augment your breasts and simultaneously being concerned over what people might think about the augmentation incorporate senses of bodily and personal insufficiency (Bartky 2015). Following Saxena (2013), who discussed that when women respond to cultural expectations by taking actions to live up to ideals, they face new constraints. No matter what actions they take, they must always navigate stigma. I suggest that this study’s findings show how the decision to augment one’s breast surgically is part of overshadowing oppression, from surrounding beauty ideals about the firm and large breast (Bordo 1989; Morgan 1998) to the associated shame that is imposed on social relationships (Dolezal 2020). The double stigma shown in Saxena’s (2013) study has tripled because the risk of being stigmatized by friends and family is also present. My point is that for close family, the “original” breast size and shape before the operation is not the reason for the risk of shame and stigmatizing but the decision itself. For the women in the forum asking how they should tell their family and friends, the augmentation of the breasts does seem vital, but likewise it is important for them to receive absolution and support from close relationships. The parts of self and identity relating to pride and shame (Cooley 1909) seem to be accentuated in these situations.

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Notes

1. Eighty-five per cent of Swedish plastic surgeons in private practice participate in the BRIMP. Participation in quality registers is not a legal requirement in Sweden.

2. The research literature and debate concerning cosmetic surgery started with a powerful feminist critique (Bartky 2015; Bordo 1989; Morgan 1998), where the cosmetic industry is seen as a controlling practice for disciplinarian and oppression of women. Others have argued that this critical perspective ignores women’s agency and therefore risks positioning women as passive objects or “cultural dopes,” placing women’s agency to the side (Davis 1995). Pitts-Taylor (2009, 122) questions the idea of agency for female subjects when researching cosmetic surgery; she claims that these practices must be viewed as “neither solely internal nor external but rather as intersubjective.” For a recent article in which the feminist research tradition is clearly described see Hopner and Chamberlain (2019).

3. For a recent summary and introduction to a relational approach see Twamley, Doucet, and Schmidt (2021).

4. The research project has undergone ethical review by the ethics support function at the Office for Research, Engagement and Innovation Services, Stockholm University.

References

Bartky, Sandra L. 2015. Femininity and Domination: Studies in the Phenomenology of Oppression. New York: Routledge.

Beck-Gernsheim, Elisabeth. 1998. “On the Way to a Post-Familial Family: From a Community of Need to Elective Affinities.” Theory, Culture & Society 15 (3–4): 53–70.

Bennett, Elisabeth, and Brendan Gough. 2012. “In Pursuit of Leanness: The Management of Appearance, Affect and Masculinities Within a Men’s Weight Loss Forum.” Health 17 (3): 284–99.

Bergström, Helena, and Petra Roll Bennet. 2015. “Föräldrars Förhållningssätt till sitt vuxna barns Transidentitet.” [Parental Views of Relationships with Trans identified Young Adults]. Socialvetenskaplig Tidskrift 22 (2): 175–90.

Bonell, Sarah, Fiona Kate Barlow, and Scott Griffiths 2021. “The Cosmetic Surgery Paradox: Toward a Contemporary Understanding of Cosmetic Surgery Popularisation and Attitudes.” Body Image 38: 230–40.

Bordo, Susan. 1989. “The Body and Reproduction of Femininity: A Feminist Appropriation of Foucault.” In Gender/Body/Knowledge: Feminist Reconstruction of Being and Knowing, edited by Alisin M. Jaggar and Susan Bordo, 13–33. London, UK: Rutgers University Press.
BRIMP. 2019. The Breast Implant Register Annual Report 2019. https://brimp.registercentrum.se/om-brimp/arsrapporter/p/Syv5hjr7H

Bylund, Ami, Eva Benzein, and Anna Sandgren. 2017. “Stabilizing Family Life After Gastric Bypass Surgery.” International Journal of Qualitative Studies on Health and Well-Being 12 (1): Article 1325674.

Cooley, Charles Horton. 1909. Social Organization: A Study of the Larger Mind. New York: Charles Scribner’s Sons.

Davis, Kathy. 1995. Reshaping the Female Body: The Dilemma of Cosmetic Surgery. London: Routledge.

Davis, Kathy. 2009. “Revisiting Feminist Debates on Cosmetic Surgery: Some Reflections on Suffering, Agency, and Embodied Difference.” In Cosmetic Surgery: A Feminist Primer, edited by Cressida J. Heyes and Meredith Jones, 35–48. Farnham, UK: Ashgate.

Denzin, Norman K. 1999. “Cybertalk and the Method of Instances.” In Doing Internet Research: Critical Issues and Methods for Examining the Net, edited by Steven Jones, 107–26. Thousand Oaks, CA: SAGE.

Dagens Nyheter. 2010. “Kvinna vaknade aldrig efter bröstingrepp.” [Woman Never Woke Up After Breast Surgery]. November 17, 2010.

Dolezal, Luna. 2015. The Body and Shame: Phenomenology, Feminism, and the Socially Shaped Body. Lexington Books.

Dolezal, Luna. 2020. “Feminism, Embodiment and Emotions.” In The Routledge Handbook of Phenomenology of Emotion, 312–22. London: Routledge.

Expressen. 2020. “Christina blev hjärnskadad efter bröstoperationen i Polen. [Christina Was Brain Damaged After Breast Operation in Poland].” July 4, 2020.

Fredrickson, Barbara L., and Tomi-Ann Roberts. 1997. “Objectification Theory: Toward Understanding Women’s Lived Experiences and Mental Health Risks.” Psychology of Women Quarterly 21 (2): 173–206.

Gattario, Holmqvist Kristina, Ann Frisén, Tanya Luanne Teal, and Niva Piran. 2020. “Embodiment: Cultural and Gender Differences and Associations with Life Satisfaction.” Body Image 35: 1–10.

García-Rapp, Florencia. 2019. “Trivial and Normative? Online Fieldwork Within YouTube’s Beauty Community.” Journal of Contemporary Ethnography 48 (5): 619–44.

Gimlin, Debra. 2002. Body Work: Beauty and Self-Image in American Culture. University of California Press.

Gimlin, Debra. 2012. Cosmetic Surgery Narratives: A Cross-Cultural Analysis of Women’s Accounts. Basingstoke, England: Palgrave Macmillan.

Gimlin, Debra. 2013. “‘Too Good to Be Real’ The Obviously Augmented Breast in Women’s Narratives of Cosmetic Surgery.” Gender and Society 27 (6): 913–34.

Goffman, Erving. 1963. Stigma: Notes on the Management of Spoiled Identity. Simon and Schuster.

Haiken, Elisabeth. 1997. Venus Envy: A History of Cosmetic Surgery. New York: John Hopkins University Press.
Hanna, Esme, and Brendan Gough. 2016. “Emoting Infertility Online: A Qualitative Analysis of Men’s Forum Posts.” *Health* 20 (4): 363–82.

Hanna, Esme, and Brendan Gough. 2018. “Searching for Help Online: An Analysis of Peer-to-Peer Posts on a Male-Only Infertility Forum.” *Journal of Health Psychology* 23 (7): 917–28.

Hopner, Veronica, and Kerry Chamberlain. 2019. “Commodifying Femininity: The Online Offering of Breast Augmentation to New Zealand Women.” *Journal of Gender Studies* 29 (6): 651–63.

Jezierska, Katarzyna, and Ann Towns. 2018. “Taming Feminism? The Place of Gender Equality in the ‘Progressive Sweden’ Brand.” *Place Branding and Public Diplomacy* 14 (1): 55–63.

Ketokivi, Kaisa. 2015. “Mental Illness, Stigma and Belonging in Family Relationships.” *Families, Relationships and Societies* 4 (3): 349–63.

Kling, Johanna, Kristina Holmqvist Gattario, and Ann Frisén. 2017. “Swedish Women’s Perceptions of and Conformity to Feminine Norms.” *Scandinavian Journal of Psychology* 58 (3): 238–48.

La, Jessica, Sue Jackson, and Rhonda Shaw. 2019. “‘Flat and Fabulous’: Women’s Breast Reconstruction Refusals Post-Mastectomy and the Negotiation of Normative Femininity.” *Journal of Gender Studies* 28 (5): 603–16.

Langer, Roy, and Suzanne C. Beckman. 2005. “Sensitive Research Topics: Netnography Revisited.” *Qualitative Market Research: An International Journal* 8 (2): 189–203.

Leeming, Dawn, and Mary Boyle. 2013. “Managing Shame: An Interpersonal Perspective.” *British Journal of Social Psychology* 52 (1): 140–60.

May, Vanessa. 2013. *Connecting Self to Society: Belonging in a Changing World*. London: Macmillan International Higher Education.

May, Vanessa, and Petra Nordqvist. 2019. *Sociology of Personal Life*. Palgrave Macmillan Ltd.

Tijerina, Jonathan. D., Shane D. Morrison, Ian T. Nolan, Matthew J. Parham, Michael T. Richardson, and Rahim Nazerali. 2019. “Celebrity Influence Affecting Public Interest in Plastic Surgery Procedures: Google Trends Analysis.” *Aesthetic Plastic Surgery* 43 (6): 1669–80.

Twamley, Katherine, Andrea Doucet, and Eva-Maria Schmidt. 2021. “Introduction to Special Issue: Relationality in Family and Intimate Practices.” *Families, Relationships and Societies* 10 (1): 3–10.

Morgan, Kathryn P. 1998. “Women and the Knife.” In *The Politics of Women’s Bodies: Sexuality, Appearance, and Behaviour*, edited by Rose Weitz and Samantha Kwan, 147–66. Oxford, UK: Oxford University Press.

Nordqvist, Petra, and Carol Smart. 2014. “Troubling the Family: Coming Out as Lesbian and Gay.” *Families, Relationships and Societies* 3 (1): 97–112.

Pitts-Taylor, Victoria. 2009. “Becoming/Being a Cosmetic Surgery Patient: Semantic Instability and the Intersubjective Self.” *Studies in Gender and Sexuality* 10 (3): 119–28.
Powell, John, and Michelle H. van Velthoven. 2020. “Digital Data and Online Qualitative Research.” In *Qualitative Research in Health Care*, edited by Nicholas Mays and Catherine Pope, 97–109. Wiley Online Library.

Salzmann-Erikson, Martin, and Henrik Eriksson. 2011. “Torrenting Values, Feelings, and Thoughts—Cyber Nursing and Virtual Self-Care in a Breast Augmentation Forum.” *International Journal of Qualitative Studies on Health and Well-Being* 6 (4): Article 7378.

Saxena, Preeta. 2013. “Trading and Managing Stigma: Women’s Accounts of Breast Implant Surgery.” *Journal of Contemporary Ethnography* 42 (3): 347–77.

Silverman, David. 2019. *Interpreting Qualitative Data*. UK: SAGE Publications Limited.

Smart, Carol. 2007. *Personal Life*. Hoboken, NJ: Wiley/Cambridge, UK: Polity.

Stuart, Avelie, Tim Kurz, and Kerry Ashby. 2012. “Damned if You Do and Damned if You Don’t: The (Re)production of Larger Breasts as Ideal in Criticisms of Breast Surgery.” *Australian Feminist Studies* 27 (74), 405–20.

Widdows, Heather. 2018. *Perfect Me: Beauty as an Ethical Ideal*. Princeton University Press.

Wilson, Sarah, Sarah Cunningham-Burley, Agnus Bancroft, and Kathryne Backett-Milburn. 2012. “The Consequences of Love: Young People and Family Practices in Difficult Circumstances.” *The Sociological Review* 60 (1): 110–28.

World Economic Forum. 2021. The Global Gender Gap Report 2021. https://www.weforum.org/reports/global-gender-gap-report-2021

Yalom, Marilyn. 1997. *A History of the Breast*. New York: Ballantine Books.

Young, Iris M. 2005. *On Female Body Experience: “Throwing Like a Girl” and Other Essays*. Oxford University Press.

**Author Biography**

**Petra Roll Bennet** is a senior lecturer and researcher at the Department of Education, Stockholm University. She has published works in the areas of health and illness, body transformation, and family and relationships. Her interests have been family life and intimacy and how people conduct their personal lives. More recently she has been working on “body and relationships,” a project that explores cosmetic surgery, particularly breast augmentation. Methodologically her interests are qualitative interviewing, narrative analysis, and netnography.