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Structural injustice and the Requirements of Beauty

Heather Widdows

1. Introduction

In this paper I consider whether structural injustice can capture the harms of the beauty ideal and recognize their significance. This is done in three sections. In Section 2, I set out the rising costs and harms which attach to beauty engagement in an increasingly visual and virtual culture. In Section 2.1, I outline how beauty harms are typically understood. In Sections 2.2 and 2.3, I argue that there are two communal or shared harms which are not easy to capture on individual models: first that more is required to meet minimal appearance standards; and second body image anxiety. In Section 2.4, in order to give an accurate account, I highlight beauty benefits. In Section 2.5, I show that increasingly the demands fall across genders. In Section 3, I apply Iris Marion Young’s account of structural injustice to beauty. In Section 3.1, I set out the three core features of structural injustice. In the following three sections, Sections 3.2–3.4, I show beauty harms have the features of structural injustice. In Section 4, I consider two benefits of this approach and one challenge to it.

2. Beauty Harms and Benefits

There are numerous harms which attach to engagement in beauty practices. These range from physical and psychological harms to those who engage to collective harms which arise in a more body-conscious culture. In this paper, I focus on the collective harms of the rising demands, which fall across demographics, and the harm of body image anxiety. The extent of these harms is hard to capture on individual models, yet they are significant and extreme. It is seeking to capture the extent of these harms which motivates the use of a structural account.

2.1. Harms of Engagement

There are harms to those who engage which are both physical and psychological. Beauty practices can be physically harmful across the spectrum. At the routine end practices such as tanning and skin-lightening are harmful, and surgical procedures always carry some risks and can harm.\(^1\) Non-surgical, sometimes called non-invasive procedures, are particularly risky and largely unregulated.\(^2\)
The risks of surgery should not be over-emphasized and much cosmetic surgery is routine in medical parlance. However, all surgery has some risk of harm and some procedures are more risky than others. For instance, buttock lifts are particularly risky and abdominoplasties (tummy tucks), while frequently performed, have startlingly high complication rates. Whether there are psychological benefits to surgery is contested; studies tend to be small, self-reporting and the data are not robust. However, a number of studies do suggest that recipients benefit psychologically from surgery, for instance in terms of improvements in body image and many report they are happy with the results (Sarwer et al. 2008). Other studies report psychological harm: with a particularly dramatic statistic being that there is some correlation between breast implants and suicide (Lipworth and McLaughlin 2010). On balance the empirical evidence is not robust enough to make firm judgments, especially if these individual reports of psychological benefit are set in the context of the broader rise in body dissatisfaction and body image anxiety.

These individual physical and psychological harms to those who engage are the ones which policy-makers have focused on. They have emphasized the need for improved consent procedures and better regulation of practitioners, products and premises (Keogh 2013; Nuffield Council on Bioethics 2017). This focus leads to an individual account where the harms which are recognized are those to engaging individuals, rather than the extensive communal, social and cultural harms. In this paper I focus on two such harms, first that more is required to meet minimal appearance standards and second that of body image anxiety.

2.2. The Harm from Rising Demands

That more is required to attain minimal standards of beauty is an argument I make elsewhere at some length. For the purposes of this paper it is sufficient to note that across demographics more practices are required to meet minimal appearance standards, to be “good enough,” “to be normal.” To take one illustrative example, consider the changes in what is required by way of removing visible body hair. In less than a generation it has become rare to see visible body hair in public, and increasingly pubic hair is also removed (Herzig 2015,137). Body hair removal is changing from a beauty practice to a health or hygiene practice (Tiggemann and Hodgson 2008). That body hair removal is regarded as required for minimal standards is shown by the fact body hair is now considered “unnatural” and “abnormal” (Fahs 2014). A second example, is the use of hair dye, once occasional or optional, but now required in very many contexts to meet minimal standards (particularly for women, but increasingly for men). A third example, not yet required but becoming so in some groups, is painted nails. Among some groups minimal requirements extend beyond such practices. In some circles Botox and fillers fall into the required category and it is the untreated and aging face which is abnormal (Kay 2015). Dana Berkowitz, reports that in the U.S. Botox injections are “fast becoming regular body upkeep, just like teeth cleaning
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and haircuts” (Berkowitz 2017, 45). Even cosmetic surgery may become so nor-
malized that this too is required. For example, Meredith Jones argues:

“Increasingly in makeover culture the choice is not to have cosmetic surgery rather than to have it. Just as a contemporary woman attending an important public event will probably feel the need to wear make-up, the middle aged women of the mid twenty-first century may well live in an environment where cosmetic surgery is the absolute norm. For middle- and upper-class women the decision not to have cosmetic surgery will be a political (or aesthetically perverse) one, a resolution that says certain things about the bearer of wrinkles or the carrier of jowls.” (Jones 2008, 95).

It some places, surgery is already effectively required, such that not to engage is abnormal. For instance, it is estimated that between 30 percent and 50 percent of South Koreans have had cosmetic surgery, with double eyelid surgery being the most popular procedure (Jacobs and Zheng 2018).

The harm which results from rising minimal requirements is significant only if the extent of it can be recognized. Adding another practice to a daily beauty routine is not a significant harm on individual models. Indeed, it may not be a harm at all as individuals may activity chose, enjoy and benefit from engagement. Only a collective account reveals harm. There are harms of opportunity cost, as resources spent on beauty are not spent elsewhere. Cumulatively, the harm becomes significant as time, money and effort spent striving for improved appearance is diverted from other goals and goods. In addition, as more is required to meet minimum standards more of us will fall short and fail. This results in a toxic environment in which, in the words of Susan Bordo “the ordinary body becomes the defective body” (Bordo 1997, 55). It is already the case that the hairy body is now abnormal. A future in which the “normal” body requires extensive surgical and non-surgical intervention to reach minimal standards will not only be costly in terms of time and money, but will lead to other harms. For example, those who cannot afford to engage may become second class citizens, vulnerable to discrimi-
nation and stigma. As more is required to meet the rising bar of normal those who cannot, or cannot afford to, conform will grow. This is a harmful spiral for all and it is this harm I seek to capture using a structural account.

2.3. The Harm of Body Image Anxiety

The second harm I wish to focus on is the rise in body image anxiety and the harms which attach to it. As the beauty ideal becomes more dominant in a visual and virtual culture body image anxiety and body dissatisfaction increase. Body dissatisfaction is so prevalent that we find it odd if a woman is not dissatisfied with her body and does not want to change it. Myriad devastating consequences attach to body dissatisfaction; including low self-esteem, disordered eating behaviors, impaired social and sexual functioning and poorer day-to-day interac-
tions (Cash and Smolak 2011). The extent of body image anxiety, especially among the young is beginning to be recognized by policy-makers. For instance
a YMCA report ranked body image as the third most difficult challenge facing young people of both genders in the United Kingdom (YMCA 2016). Likewise, the annual Girls’ Attitude Survey, by Girlguiding UK, has highlighted body image anxiety as a concern year on year. The 2016 survey reports that, girls “tell us they have to confront intense and unobtainable appearance pressures to be perfect and many say they feel they’re not good enough” (Girlguiding 2016, 2). A few statistics from report are revealing: 38 percent of girls between 7 and 10 think they are not pretty enough, rising to 91 percent of girls between 17 and 21; 40 percent of girls between 7 and 10 feel they should lose weight at least sometimes, rising to 80 percent of girls between 17 and 21; 53 percent of girls between 7 and 10 think they need to be perfect at least sometimes, rising to 84 percent of girls between 17 and 21. These statistics speak for themselves and similar trends are repeated elsewhere, as body image anxiety is recorded across the globe (Ferguson 2013) and across genders (Hall 2014). The literature on which factors are most important in feeding this rise in body image anxiety is large, contested and indeterminate. But, all agree that anxiety is rising and harmful, as Diedrichs states, “the high prevalence of negative body image is a significant public health concern due to its negative physical and psychological health outcomes” (Diedrichs et al. 2011, 259).

That experiencing body image anxiety is harmful is not contested. Policy-makers are recognizing its impact on individuals. However, it tends to be regarded as an individual issue which can be addressed by individuals doing things differently or thinking differently. Only when considered collectively is the significance and extent of the harm revealed. It is this extensive harm which I seek to capture applying a structural injustice model.

2.4. Beauty Benefits

Before I consider whether these harms—of rising minimal standards and body image anxiety—can be captured using a structural injustice account, let me note there are positive aspects to beauty engagement. Engagement in beauty practices is both positive and negative; critical and encouraging; diminishing and empowering. There are many individual pleasures, for instance, many of the practices are intrinsically enjoyable. Some practices are not enjoyable in themselves—for instance waxing or surgery—but they can still be experienced positively, for instance, there can be pleasure derived from feeling virtuous and proud of body work. In addition to individual benefits, there are communal and social pleasures and benefits. For example, beauty practices sanction adult to adult human touching, in non-medical and non-sexual ways. Think of the hours mothers and friends spend braiding hair, painting nails, painting henna and so on. And for some, for instance, an elderly person in a care home, the only non-medical touch routinely available is that of the hairdresser or beautician. A further communal benefit is that of social bonding. In many instances beauty-talk is a means to establish and cement connection. It is friendship-talk, a way to signal care,
affection and admiration, particularly between women. This is what Young is alluding to when she states:

“Girls often establish relations of intimacy by exchanging clothes; sisters and roommates raid each other’s closets, sometimes unpermitted; daughters’ feet clomp around in their mothers shoes. I love my sweater, and in letting you wear it you wear an aspect of me.” (Young 2005, 71)

This type of bonding can be problematic, and some find such talk excluding and alienating. But for very many there is pleasure in these practices which enable connection with other women and across groups. Such benefits could, in theory, be delivered in non-beauty ways, however, significant social change would be required for alternative bonding and touching practices to be developed.

There are times when beauty and appearance have been empowering not just of individuals but of groups. For example, the afro was very deliberately embraced as a symbol of black empowerment by the civil rights movement. However, while empowering for some individuals, and particularly important as a political symbol, the focus on “black beauty” was alienating and excluding for others. For instance, Shirley Tate recounts the story of Teresa, a mixed race women who plaited her hair and wore a head wrap to hide the straightness of her hair which she felt was not authentically black enough (Tate 2007).

Recognizing that there are benefits as well as harms, and the complexity of beauty norms and practices is crucial to understanding the harms of beauty. Without recognizing the wider context not only will the harms not be adequately theorized but also the proposed solutions will be inappropriate and counter-productive. For instance, if we only see the harms and fail to see the benefits then wholesale rejection of all beauty engagement seems a reasonable response. Recognizing the extent of beauty benefits and the complicated ways they are embedded and entwined with many daily interactions is important as it shows how impractical, and even counterproductive, such simplistic solutions are. I will return to this issue in Section 4.

2.5. Men and Body Work

The harms of the rising demands of beauty and those of body image dissatisfaction and anxiety are increasingly falling on all of us irrespective of gender. Recall the YMCA report which ranked body image as the third most important issue for young people in the United Kingdom across genders. In addition, statistics on eating disorders suggest that as many as a third of young sufferers are male (Griffiths et al. 2015). Likewise, the “Sexualisation of Young People” report, details that boys are under pressure to display their bodies in the virtual world in ways which show muscles and are hyper-masculine (Papadopoulous 2010). The “drive to muscularity” for men is increasingly equated to “drive to thinness” for women (Stapleton, McIntyre, and Bannatyne 2016). Appearance ideals are not as demanding for men as they are for women; and importantly there is no global ideal for men. Yet the number of
men feeling dissatisfied with their bodies and exhibiting body image anxiety is rising, along with harmful consequences (Griffiths et al. 2015).

As well as experiencing body anxiety and dissatisfaction men are increasingly engaging in the third shift, body work, whether this is diet and exercise or chemical and surgical interventions. Cosmetic surgery is still largely a female activity, but men are also going under the knife. For example, BAAPS report a rise in operations on men, dubbed “the daddy makeover,” including an “epic rise of 20% in male liposuction and a 13% jump in ‘man boob’ reductions” (BAAPS 2012). Naomi Wolf, in her landmark book, _The Beauty Myth_, jokes about the beauty ideal falling on men. She invites us to image “penis implants, penis augmentation, foreskin enhancement, testicular silicone injections to correct asymmetry, saline injections with a choice of three sizes, surgery to correct the angle of erection, to lift the scrotum and make it pert” (Wolf 1990, 242). Her purpose is to show how crazy and unimaginable it is that demands like these could fall on men in a parallel way to how they fall on women. Yet much of this has come to pass; penis enlargement adverts fill in boxes and Botox (scrotox) is used to smooth testicles. If Brazil is at the top of the beauty curve for men as it is for women, then the fact that men are the fastest growing demographic of cosmetic surgery patients in Brazil might foreshadow a general trend for men to engage in cosmetic surgery.14

When it comes to routine practices men are also engaging more. For example, in the US, “as of 2005, more than 60 percent of men were regularly reducing or removing hair from areas of the body below the neck” (Herzig 2015, 10). Recent studies report similar figures, with a 2011 study reporting that a majority of U.S. and Australian college men and women report removing pubic hair (Smola and Murnen 2011). Further evidence that the demands of beauty fall increasingly on men can also be found in the dramatic extension of the male market in beauty products (Elsner 2012). Men spend money on clothes, hair, and grooming products in not dissimilar ways to women and even traditionally female products, such as makeup, are now being sold to men (Miller 2014; Hall 2014).

That the harms of rising demands and body image anxiety are falling on men too is important for considering the suitability of structural injustice for capturing these harms. This will be returned to in Section 4.3.

3. Structural Injustice and Beauty

Having set out two communal harms of the beauty ideal, noted there are beauty benefits and that engagement is less gendered than previously, I will now explore whether structural injustice can capture these harms. I will outline three features of structural injustice and argue that the harms of rising demands and body image anxiety exhibit these features.

3.1. Structural Injustice

There is no simple or single account of structural injustice. Iris Marion Young’s account is still important, although alternative accounts are emerging.
For example, Sally Haslanger’s work on social construction, collected in *Resisting Reality*, is influential, and is mainstreaming in areas of philosophy hitherto resistant to non-individual accounts (Haslanger 2012). In this paper, I return to Iris Marion Young’s paradigmatic account. Like others, I regard the account of structural injustice set out in *Responsibility for Justice* as definitive. Young does not provide a formal definition of structural injustice but describes how Sandy, a single mother of two, spirals into homelessness (Young 2013, 43–44). Sandy is given notice by her landlord, who plans to develop the old and poorly maintained building in which she and her children live. She looks for a new house, but is unable to find an affordable rental apartment on her bus route. Eventually, she settles for a one bed apartment, a 45-minute car journey from her work when the roads are clear. She ends up homeless as the cost of the car means she can no longer afford the deposit on the apartment.

Young describes Sandy’s descent into homelessness as a “mundane” harm or injustice (Young 2013, 45). Young’s structural injustice account aims to capture this particular type of injustice, harm or wrong (terms which Young uses relatively interchangeably). The injustice is structural in that it results from the actions of social structures, patterns and norms, not from individual’s choices or actions. Three features of Sandy’s situation characterize and define structural injustice. First, Sandy’s “situation does not result primarily from her own choices and actions. She is largely a victim of circumstances beyond her control” (Young 2013, 45). Second, she has not been harmed by the wrongful actions of an identifiable individual. Indeed, in contrast, “all the people whom she encounters act within the law and according to accepted norms and rules” (Young 2013, 46). Third, the injustice does not arise from “some particular unjust law or policy” (Young 2013, 47). This is not to say that laws and policies do not contribute, and Young cites a number which do, including municipal zoning laws and private investment policies (Young 2013, 47). But, and importantly, no law is obviously unjust and none can be singled out as the major cause. To explore the extent to which the demands of beauty fit a structural injustice account I will consider each of these features in turn.

3.2. Harmed as a Result of Our Own Choices

For structural injustice to occur the harm must not result from the choice of the individual who is harmed. For this to be true in beauty, parallel to Sandy, those who are harmed must be “largely a victim of circumstances beyond her control” (Young 2013, 45). Some beauty harms are a result of individual choice, however, the harms of rising demands and of body image anxiety are not.

Harms which could be considered the result of individual choice are, for example, physical and psychological pain which result from a cosmetic procedure which an individual has chosen and consented to. Elsewhere I argue that such engagement is less free than policy-makers assume, however, although constrained, choice remains. When it comes to the communal harms which are the focus
of this paper these are not chosen by the individual. As discussed in Section 2.3 the demands of beauty have risen such that a hairless body is normalized. Not to remove body hair is regarded as abnormal or unnatural, and hair removal has been recast as a hygiene practice rather than a beauty practice. Once this happens not conforming is no longer a live choice. This is different from previous beauty ideals which were local not global. To illustrate, consider very demanding practices such as foot-binding or corset wearing. While these were required of certain women the practices could not have been transformed from beauty practices into hygiene practices. Tiny waists and “lotus” feet were always about being beautiful, about adornment. There were evident differences between and within cultures such that the modified body—the tiny waist and feet—could not be regarded as normal or natural.18

As the demands of beauty rise engagement becomes required to be normal, it becomes difficult to recognize beauty practices as adornment practices rather than required hygiene practices or routine grooming. Some are less vulnerable to rising demands, but as practices and modifications, such as body hair removal, become required to be normal, less choice is possible. In addition, choice may be more limited for those lower down race and class hierarchies. Making claims that individuals in these groups “choose” to engage when other more privileged individuals do not is problematic (Holliday and Sanchez Taylor 2006). Given this it is odd to suggest that the rising demands of beauty are a result of an individual’s choices. They may be a result of the cumulative choices of very many but that a beauty practice is required to be normal cannot be said to be the result of individual choice. Even less can body image anxiety be deemed a result of an individual’s choice. That girls as young as three exhibit preferences for thinness and worry about some aspect of their appearance suggest that these feelings are not a result of choice (Dohnt and Tiggemann 2005; Harriger 2015). Indeed, if we consider the extent of body image anxiety to suggest this is chosen is nonsensical. Collectively individuals contribute to this phenomenon—as appearance matters more we all engage more and so contribute to the rising of minimal standards and we all worry more—but this cumulative effect is not a result of individual choice. Accordingly, the communal harms of rising demands and body image anxiety meet the first feature of structural injustice.

3.3. Harmed as a Result of Wrongful Actions

The second feature of structural injustice is evident in beauty harms. It is not controversial to claim that everyone involved in the creation and promotion of the beauty ideal and the attendant harms is acting “within the law and according to accepted norms and rules” (Young 2013, 46). Yet, cumulatively the harms which result, including the communal harms of rising demands and body image anxiety, are significant.

Even when beauty harms can be tracked to individual actions, they rarely fall outside accepted norms and laws. For instance, parents can require their child to
undergo a procedure for purely appearance reasons. Parents routinely put children through procedures to pin back protruding ears, to remove birth marks and to straighten teeth. Such procedures can result in direct harm to the child (e.g., causing physical pain) and cumulatively contribute to narrowing of the normal range. However, such acts are not outside the law or against accepted norms. In contrast, parents who do not straighten teeth or remove birth marks are likely to be criticized and seen as harming their child. For example, by making them vulnerable to discrimination and stigma.19

A second way in which individuals directly contribute to the rising demands and body image anxiety is when key influencers popularize certain procedures or looks. For instance the current fashion for large lips, which are particularly risky, arguably can be traced to Kylie Jenner.20 A third way an action could wrongly contribute to the rising demands is by creating demand for additional products and procedures. Examples are products or procedures which are sold to remove cellulite or to reduce large pores. In these instances so-called flaws have been invented in order to be exploited; to create a market for products and procedures designed to fix them. Again the demands rise, which is harmful for all, but in none of these cases is anyone acting “outside the law” or against “accepted rules and norms.” In contrast, everyone is acting within accepted norms and laws. The celebrity who popularizes beauty procedures might be harming, but not by not stepping outside accepted norms. The company which sells a product or procedure is not stepping outside the law. They are doing something which some would regard as unethical, creating a flaw which then has to be fixed, or promoting a look which requires intervention to attain. But they are not directly or deliberately harming, nor are they the single cause, and most importantly they are acting within the law and norms. Indeed, if there are harms to creating unnecessary products this is a much broader critique of capitalism, rather than a claim that they are contributing to beauty harms.

There are cases when an action is illegal or outside standard norms. For example, the unscrupulous surgeon who knowingly operates on a vulnerable person is wronging her. Or the surgeon who uses treatments or products which s/he knows are dangerous. This happened in the Poly Implant Prostheses (PIP) scandal, of 2010, when toxic implants made from industrial silicone were fraudulently implanted in many women (Keogh 2012). Some of the fraudulent promises of cosmetic surgery providers, for example, those which promise happiness, could also be considered wrongdoing.21 However, for the most part the injustice caused by the rising demands of beauty is not caused by individuals or companies or other actors acting outside the law or norms. In general surgeons act in the best interests of their patients, beauticians and sales persons sell products and practices sincerely, and individuals who post #fitspiration images and promote “clean eating” believe they are promoting a healthy lifestyle.

Similarly, the harm of body image anxiety is rarely the result of the wrongful action of anyone acting outside the law or accepted norms. Body image anxiety can be triggered by a direct action, for example, induced by a thoughtless or cruel
remark. Indeed, some cosmetic surgery recipients report their wish to undergo surgery began with a body shaming comment. However, such shaming is not outside accepted norms or laws. In fact so normal are comments about bodies that body shaming is commonplace in the media, playground, and workplace.

Rising demands and body image anxiety cannot be tracked to wrongful actions of an identifiable other, so the second feature of structural injustice is met.

3.4. Harmed as a Result of Unjust Law or Policy

The communal harms of beauty clearly meet the third feature of structural injustice. If it is hard to identify individuals who have acted wrongly and caused harm, it is impossible to identify unjust laws or policies which are a major cause. In the case of Sandy, Young identified laws and policies which contribute the injustice, but none which could be “singled out as the major cause” (Young 2013, 47). In beauty it is not easy to identify similar contributory laws or policies. There are some possible candidates, for example, the practice of relying on consent as sufficient for cosmetic surgery practices to be deemed permissible (Widdows 2017b). Such reliance privatizes cosmetic surgery and cumulatively this normalizes body modification, so contributing to the rising demands and to body image anxiety (as upward comparisons to modified bodies increase). However, while a contributing factor it is not the major cause. Likewise, some of the policies of social media—such as the ubiquitous “like” button—contribute to rising anxiety and to pressures to post selfies of a certain type. But again this, if a policy at all, is just one contributing factor.

Contributory laws are difficult to identify, but the lack of regulation of beauty practices does contribute. We could regulate digital imagery and advertisements to reduce the pressure on individuals and disrupt the overwhelmingly positive presentation of the modified body in the press, makeover programs, beauty adverts and cosmetic surgery websites. For example, France has extensive restrictions on advertising and allows only factual and evidenced claims to be made. However, the absence of regulation is not an unjust law. Accordingly, the rising demands of beauty and body image anxiety are not caused by unjust laws and policies. Indeed, even contributory laws are hard to identify when compared to Sandy’s case. Given this the third feature of structural injustice applies.

4. Beauty harms as Structural Injustice

The communal harms I am focusing on exhibit the features of structural injustice. They are not a result of individual’s choices, the wrongful actions of others, or unjust laws or policies. Adopting this account has two key benefits, considered in Sections 4.1 and 4.2. First, it reveals these communal harms as injustices, the motivator for seeking a structural account. Second, it suggests alternative ways to address these injustices, which do not blame individuals. The final Section 4.3, considers a problem with adopting the account.
4.1. Structural Injustice Recognizes Communal Harms

The first benefit of a structural injustice account is the one which motivated the inquiry, it captures the harms as real and significant. As such it challenges the individual responses and solutions which have largely been proposed to date. For example, the regulation of beauty practices relies on individual solutions: robust consent practices, full information and safe products, procedures, and premises (Keogh 2013; Nuffield Council on Bioethics 2017). Likewise, body image anxiety is addressed by teaching resilience and body positivity. Always the focus is on the individual. The individual needs to be protected, informed, and allowed to choose, and the individual must develop resilience. Recognizing such harms as structural injustices allows us to focus not on the individual—on whether they are resilient enough, and on the extent they engage—but on the background conditions, contexts, and structures. It shifts the focus from individual’s actions and responses to patterns. In short it enables us to articulate that the rising demands of beauty and body image anxiety are real and significant harms which need to be recognized and responded to at this level.

Considered only individually beauty engagement, whether removing body hair, or having breast implants, is largely unproblematic. This is the classic liberal claim. Individuals are permitted to choose their own way of life and do whatever they like with their own bodies, as long they do not harm others. This ideal is frequently compromised in practice. For example, in the health context we promote some ways of life and condemn others. We use laws and policy to discourage smoking and drinking, which are taxed, and encourage healthy eating and exercise, through healthcare practices, insurance policies and social policies. Some practices, for instance drug-taking, we make illegal and do not allow individuals, however, informed and autonomous, to choose. On the individual model thinking of regulating cosmetic practices and procedures looks unreasonably paternalistic. To illustrate, a surgeon recently said to me “what can possibly be wrong with pinning back the ears of a child who is being bullied or giving a woman who has always felt insecure breasts which make her feel confident and normal?” On this model, little harm is evident and not to operate is an unreasonable curtailing of individual choice. The surgeon’s reasoning is not wrong using an individual framework; indeed, he is striving to act ethically and in the best interest of the recipient. A structural injustice account shifts the framework.

A structural approach focuses not on the rights and wrongs of individual choices but on the social and cultural features, the changing patterns. Structural injustice is a “way of looking at the whole society in that one sees patterns” (Young 2013, 70). As such it allows us to recognize and name the harms of rising demands and body image anxiety, and see them as injustices which need to be addressed.

The structural account makes visible the extent and significance of these harms, it shows them as injustices which matter. On an individual account, the harms are less visible and not significant. Only collectively, taking patterns and
consequences into account, is the harm of rising demands revealed. Likewise, the harm of body image anxiety is far more extensive when its extent across demographics is recognized. That it is harmful for individual’s is true, but just how harmful it is only revealed when the patterns are visible. Some have argued that the harms are so great that at least some beauty practices should be forbidden. For example, Shelia Jeffreys argues that “western beauty practices from makeup to labiaplasty” (Jeffreys 2005, 3) fit the UN definition of harmful cultural practices. Whether we should ban any beauty practices is beyond the scope of this paper. However, that these are harms, and harms which are significant enough for it to be reasonable to discuss regulation, is revealed when we adopt a structural injustice account. That the structural injustice account can recognize and name such harms makes the account valuable.

4.2. Collective Action not Individual Blame

The second benefit of the structural injustice account is that it suggests alternative ways forward. In seeking to address the demands of beauty the focus has been on what individuals do and do not do. We have called on women to recognize that beauty engagement is a form of gendered subordination and asked women to resist and reject it. Andrea Dworkin, in Woman Hating, presents beauty engagement this way. She says “we recognized all of our social behavior as learned behavior that functioned for survival in a sexist world: we painted ourselves, smiled, exposed legs and ass, had children, kept house, as our accommodations to the reality of power politics” (Dworkin 1974, 21). Using gender subordination to explain beauty engagement is less convincing than it was when Dworkin was writing. As gender equality is realized and women are less dependent on men, for financial, social and economic security, they embrace beauty engagement more rather than less. Furthermore, the asymmetry and inequality which exploitation arguments rely on is eroding as men engage in body work and suffer from body image anxiety. Beauty engagement is better explained by a complex combination of drivers, including, the rise of a visual and virtual culture, the rise of a particular type of individual consumerism, the globalization of beauty ideals and the technological imperative.

Not only is a gendered subordination account less convincing as an account of beauty engagement, its calls to stop engagement have not been successful. In contrast, rather than challenging the rising demands the focus on individual engagement has served to divide women and invoke shame and guilt. Those who buy the feminist critique criticize women who continue to engage. Those who do not feel alienated and deny engagement is “for men.” This does nothing to address the communal harms which continue to extend. Like Virginia Blum, I think, “we need to transcend feminist criticisms of body practices that can wind up being as shaming as the physical imperfections that drove us to beautify in the first place – as though some of us are superior to the cultural machinery while others desperately fling ourselves across the tracks of cultural desires” (Blum
Such critiques are counterproductive, they divide women, blame and shame. Victim-blaming, shame, and guilt are evident across beauty discourses. We blame people when surgery goes wrong; women were blamed and spat on in the PiP scandal and “botched” surgery is entertainment. We fat shame and we are disgusted by visible body hair. The focus on what individual’s do and do not do is debilitating, it increases the attention on bodies, it makes us self-consciousness and it silences.

Such calls to resist fail to recognize the fundamentally communal nature of beauty norms. The demands of beauty are rising across demographics but they are not uniform. They fall more heavily on those who are not privileged in terms of class, education and race and less on those who are protected by privileged communities and who have alternative ways to access the goods of the good life (Holliday and Sanchez Taylor 2006). For many resistance is not a live option, recall the pressure to have surgery in South Korea. In addition when other options for advancement are not available beauty may become relatively more important, and there is evidence that the poorest women do prioritize beauty.

Structural injustice accounts, with their focus on social construction, context, and structure, make such blame, shame and guilt misplaced. Young’s account is emphatic on this issue and describes the silencing and isolating effect of guilt and blame when it comes to addressing social problems. She states blame “usually produces defensiveness and unproductive blame-switching” (Young 2013, 117). This description captures the current impasse in feminist accounts of beauty where, to caricature, some feminists continue to advocate resistance and others argue that all beauty engagement is empowering as long as it is chosen. As discussed, the reality is far more complex. Beauty engagement can be empowering and pleasurable, but it is also harmful, particularly when the patterns of rising demands and body image anxiety are recognized. No individual’s choices result in these harms, although we are all involved in replicating structures and outcomes. Collective action, as Young states, needs to begin by rejecting blame. In the beauty context, we need to stop blaming individual’s for beauty engagement or lack of engagement as they are not responsible for communal harms. In Young’s words, “none ought to be blamed for that outcome, I am suggesting, because the specific actions of each cannot be causally disentangled from structural processes to trace a specific aspect of the outcome” (Young 2013, 100).

On Young’s social connection model of responsibility we should engage in collective action: we should “try to speak out”, “act together”, and “promote better ends” (Young 2013, 92). We are politically responsible, not morally responsible. Political responsibility is public, it is a “duty to take public stands about actions and events that affect broad masses of people, and to try and organize collective action to prevent massive harm or foster institutional change for the better” (Young 2013, 76). Political responsibility defines a different kind of responsibility, rather than a different degree of responsibility; “a special kind of responsibility, rather than a variation on responsibility understood as guilt, blame, fault or liability” (Young 2013, 97). The duties we have to address beauty harms
are collective, political responsibility to change the structures we all participate in, rather than moral responsibility not to do things to our bodies. This is forward looking and public, a duty to change the culture and structures, not private. If we focused not on individual beauty engagement, but on changing the culture to be less critical, blaming, shaming, and demanding, it is possible we would reduce body image anxiety and feel less pressure to do more to make the beauty grade. The form this collective action should take is beyond the scope of this paper, but possibilities include lobbying for laws around advertising and images, changing social media practices (removing the controversial “like” button), and addressing lookism and body shaming.

The social connection model offers a promising way forward which may be more successful than previous individual approaches which have not succeeded and have been divisive and silencing.

4.3. A Problem with the Structural Account

The structural account has two key benefits, it recognizes communal harms and offers alternative ways forward. In this final section I consider one feature of structural injustice which is not a feature of these beauty harms, that of relative position. Sandy, and those in similar positions, suffers injustice because of her relative position compared to others. Young is not just interested in patterns but in “patterns in relations among people and the positions they occupy relative to one another” (Young 2013, 70). The crucial quote is:

“Structural injustice, then, exists when social processes put large groups of persons under systematic threat of domination or deprivation of the means to develop and exercise their capacities, at the same time that these processes enable others to dominate or have a wide range of opportunities for developing and exercising capacities available to them” (Young 2013, 54).

If domination, subordination, inequality or asymmetry between groups is necessary for an account of structural injustice to succeed then, as the demands rise for all demographics and all suffer body image anxiety, the account fails. The increasing demands of beauty do deprive individuals of the “means to exercise their capacities,” but because all seek to do more and all are more anxious. Sandra Bartky memorably argued that “soap and water, a shave and routine attention to hygiene may be enough for him; for her they are not” (Bartky 1990, 71). As discussed in Section 2.5, this is no longer true. The demands of beauty fall differently on different groups and issues of relative position remain, but across all demographics the demands are rising and all bodies require intervention to meet the dominant beauty ideal. In particular, it is no longer true that men—the dominant group—do not engage in the beauty practices of the subordinate group. As inequality with regard to body work and anxiety reduces the harms do not reduce but extend. These harms need to be recognized as severe not because they fall on one group and not another, but because of the harms to all. If all inequality
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I have argued that the three features of structural injustice—that the injustice is not a result of individual choice, is not caused by wrongful actions of identifiable others, and is not a result of a particular unjust law or policy—apply to two significant communal harms of beauty. I have argued that a structural injustice account enables us to recognize these harms as significant and that this alone is a valuable contribution to the debate. I argued that this is the case even if the harms do not stem from differences in relative position. A further important benefit of the approach is that it offers ways forward which go beyond the individual. It does not blame individuals, but calls for collective action and political responsibility.

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Notes

1Sunbathing and tanning is harmful and dramatically increases the risk of suffering from cancer. Skin lightening is so dangerous the WHO has declared it a public health risk (WHO 2011).

2Physical complications of fillers listed in the “Keogh Report” include infection, lumpiness, ulcers, blood vessel blockages, tissue death, allergic reactions, prolonged swelling and bruising and, in some cases, blindness (Keogh 2013, 24). Another study, by BAAPS in 2012, reported that 69 percent of its members had seen patients with complications following temporary fillers, and 49 percent following semi- or permanent fillers. (BAAPS 2008)
All surgery caries the risks which come with anaesthesia, as well as risks of scaring, risks of infection and risks of further complications.

For example, as many as a quarter of those who have abdominoplasty have significant complications and may require further surgery (Stewart et al. 2006).

I track beauty engagement across practices, from routine practices, which are done at home, to so-called extreme practices, such as surgery, and show that more is required across demographics. The same practices are not required of all groups, however, all are doing more, and all practices move toward a global mean. For example, the globally desired skin tone is golden, bronze or coffee colored skin, requiring tanning white skin and lightening black skin (Widdows 2018).

I make this argument in detail in chapter 4, “Routine maintenance, Treats and Extremes,” of Perfect Me (Widdows 2018).

By any reckoning the beauty industry is big business. For example, in 2001 the global market for cosmetic, toiletry and fragrance products was $175 billion, and regarded as recession proof and in 2014 the global cosmetic industry alone was estimated at €181 billion (Consultancy UK, 2016; Kumar 2005). One any model of distributive justice the needs which could be met with this level of resource are extensive.

A number of terms are used in the literature to signal the unease with appearance, including, body dissatisfaction, body image anxiety, appearance dissatisfaction or appearance anxiety. These terms indicate a spectrum, for some anxiety is extreme, other is low level and constant.

For example, some focus on the media, arguing that the link between idealized thinness in the media and body images issues is now clearly established (Ghaznavi and Taylor 2015). While others deny media influence and argue that it is the influence of family and friends which is primary (Stice et al. 2001).

That the beauty ideal is mixed is one of the core claims of Perfect Me.

The dual nature of the beauty ideal and the feelings of empowerment which derive from engagement is a topic I discuss in detail elsewhere, particularly in chapters 7 and 8 of Perfect Me (Widdows 2018).

Impossible because women experience benefits and know that all engagement is not harmful and counterproductive as, in recognizing there are benefits, women are likely to reject all criticism of beauty practices.

Elsewhere I argue that there is a dominant global ideal for women, but not for men. The only feature of the male ideal which is globally valued is tallness. In contrast little divergence is permitted for women from thinness (with curves), firmness, smoothness, and youth.

Edmonds reports that 30 percent of operations are now on men, with common anxieties being losing weight, gaining muscle, hair loss, and virility (Edmonds 2010, 321).

Others who do the same are Monique Deveaux (2016) and Serena Pareck (2012).

Young runs harm, wrong and injustice together. Her aim is to distinguish this type of harm/wrong/injustice from those which can be traced to identifiable causes rather than to distinguish between harms, wrongs and injustices. To illustrate she states “the wrong is structural injustice, which is distinct from at least two other forms of harm or wrong” (Young 2013, 45).

Chapter 9 of Perfect Me, “I’m doing it for me,” considers the choice narrative and beauty engagement and argues that choice, while real, is highly constrained.

Most women were working women and could not have farmed the land or performed their domestic duties had they been modified in these ways. The clear evidence of difference provided a resource for rejecting demanding practices (indeed, the suffragettes used the fact their maids did not wear corsets as proof they could be women without them). The existence of obvious difference makes it impossible that the modified body could become so ubiquitous that it could be regarded as normal or natural.

As we “fix” what that can be fixed, the range of what is “normal” narrows, leaving those who fall outside this range vulnerable to discrimination. This is an argument which I make in detail elsewhere (Widdows 2017b).

A 70 percent increase of interest in big lips was presented in the popular press as a result of Kylie
Jenner’s confession to lip injectables (Akbareian 2015). A claim which subsequent studies support (Ward, Ward, and Paskhover 2018). As noted in endnote ii injectables are particularly risky as practitioners and products are largely unregulated.

For example, the MYA (Make Yourself Amazing) cosmetic surgery group suggest they will do more than change a body part. They promise to make you stand taller, speak louder and be more confident. They encourage you to “join thousands of happy MYA patients and become part of #MYAworld today!” (MYA 2019).

A private conversation during the consultation exercises as part of working group of the Nuffield Council on Bioethics (Nuffield Council on Bioethics 2017).

I make this argument at length elsewhere (Widdows, 2017a; 2018).

This is not to say there are no gendered aspects of beauty. There are many, and of particular note is the hypersexualising of ideals, however, with regard to additional engagement and experiencing body image anxiety there is less inequality.

This is not to say that there are no relative positions. There are still significant differences in what is demanded of different groups, for instance demands fall differently on those in different social classes and racial groups. However, all require intervention to attain minimal standards and conform to the global ideal.

As all do more so inequality between genders is less with regard to the amount of body work required (inequality continues on other axes continues). All groups—across gender, sexuality, class and race—are increasingly required to modify their bodies. The emerging global ideal is a mean requiring intervention in all bodies. To illustrate, white women need to darken skin and enlarge lips, black women need to lighten skin and all need help to be thin, firm and young, especially in middle and old age.

References

Akbareian, Emma. (2015). “Kylie Jenner Confession Leads to 70% Increase in Enquiries for the Procedure.” The Independent. Retrieved August 22, 2018 from https://www.independent.co.uk/life-style/fashion/news/kylie-jenner-lip-filler-confession-leads-to-70-rise-in-enquiries-for-the-procedure-10232716.html.

BAAPS (British Association of Aesthetic and Plastic Surgeons). 2008. Surgeons reveal UK’s Largest-ever Breast Augmentation Survey. Retrieved April 9, 2017 from http://baaps.org.uk/about-us/press-releases/404-surgeons-reveal-uk-s-largest-ever-breast-augmentation-surve.

_____. (2012). Two Out of Three Surgeons Seeing Botched Filler Ops. London: British Association of Aesthetic Plastic Surgeons. Retrieved July 17, 2020 from https://baaps.org.uk/about/news/1377/two_out_of_three_surgeons_seeing_botched_filler_ops.

Bartky, Sandra Lee. 1990. Femininity and Domination: Studies in the Phenomenology of Oppression. New York and London: Routledge.

Berkowitz, Dana. 2017. Botox Nation: Changing the Face of America. New York: New York University Press.

Blum, Virginia L. 2003. Flesh Wounds: The Culture of Cosmetic Surgery. Berkley and London: University of California Press.

Bordo, Susan. 1997. Twilight Zones: The Hidden Life of Cultural Images from Plato to O.J. Berkeley and London: University of California Press.

Cash, T.F., and Smolak, L. (Eds.). 2011. Body Image: A Handbook of Science, Practice, and Prevention. New York: Guilford Press.

Consultancy UK. 2015. Global Cosmetics Market Worth over $181 Billion, L’Oreal Dominates. Retrieved July 17, 2020, from https://www.consultancy.uk/news/2810/cosmetics-market-worth-181-billion-loreal-dominates.

Deveaux, Monique. 2016. “Exploitation, Structural Injustice, and the Cross-Border Trade in Human Ova.” Journal of Global Ethics 12 (1): 28–48.
Heather Widdows

Diedrichs, Philippa C., Lee, Christina and Kelly, Marguerite. 2011. “Seeing the Beauty in Everyday People: A Qualitative Study of Young Australians’ Opinions on Body Image, the Mass Media and Models.” Body Image 8 (3): 259–66.

Dohnt, Hayley K., and Tiggemann, Marika. 2005. “Peer influences on body dissatisfaction and dieting awareness in young girls.” British Journal of Developmental Psychology 23 (1): 103–16.

Dworkin, Andrea. 1974. Women Hating. New York: E. P. Dutton.

Edmonds, Alexander. 2010. Pretty Modern: Beauty, Sex, and Plastic Surgery in Brazil. Durham and London: Duke University Press.

Elsner, P. 2012. “Overview and trends in male grooming.” British Journal of Dermatology 166: 2–5.

Fahs, Breanne. 2014. “Perilous Patches and Piptaches: Imagined Versus Lived Experiences of Women’s Body Hair Growth.” Psychology of Women Quarterly 38 (2): 167–80.

Ferguson, Christopher J. 2013. “In the Eye of the Beholder: Thin-ideal Media Affects Some, but not Most, Viewers in a Meta-Analytic Review of Body Dissatisfaction in Women and Men.” Psychology of Popular Media Culture 2 (1): 20–37.

Ghaznavi, Jannath, and Taylor, Laramie D. 2015. “Bones, Body Parts, and Sex Appeal: An Analysis of #thinspiration Images on Popular Social Media.” Body Image 14: 54–61.

Girlguiding. 2016. The Girl’s Attitude Survey. Retrieved April 10, 2017 from https://www.girlguiding.org.uk/social-action-advocacy-and-campaigns/research/girls-attitudes-survey/.

Griffiths, Scott, Murray, Stuart B., and Touyz, Stephen. 2015. “Extending the Masculinity Hypothesis: An Investigation of Gender Role Conformity, Body Dissatisfaction, and Disordered Eating in Young Heterosexual Men.” Psychology of Men and Masculinity 16 (1): 108–13.

Hall, Matthew. 2014. Metrosexual Masculinities. Basingstoke: Palgrave Macmillan.

Harriger, Jennifer. 2015. “Age Differences in Body Size Stereotyping in a Sample of Preschool Girls.” Eating Disorders 23: 177–90.

Haslanger, Sally. 2012. Resisting Reality: Social Construction and Social Critique. Oxford and New York: Oxford University Press.

Herzig, Rebecca M. 2015. Plucked: A History of Hair Removal. New York and London: New York University Press.

Holliiday, Ruth, and Sanchez Taylor, Jacqueline. 2006. “Aesthetic Surgery as False Beauty.” Feminist Theory 7 (2): 179–95.

Jacobs, Harrison, and Zheng, Annie. 2018. “People have the Wrong Idea about the Three Most Popular Procedures in South Korea, the Cosmetic Surgery Capital of the World.” Business Insider. Retrieved August 22, 2019 from https://www.businessinsider.com/south-korea-plastic-surgery-gangnam-biggest-misconception-2018-6?r=US&IR=T.

Jeffreys, Sheila. 2005. Beauty and Misogyny: Harmful Cultural Practices in the West. London and New York: Routledge.

Jones, Meredith. 2008. Skintight: An Anatomy of Cosmetic Surgery. Oxford and New York: Berg.

Kay, Karen. 2015. “Is Cosmetic Surgery the New Acceptable Face of Womanhood.” The Guardian. Retrieved April 9, 2017 from http://www.theguardian.com/lifeandstyle/2015/jun/28/cosmetic-surgery-normal-acceptable-face-womanhood.

Keogh, B. 2012. Poly Implant Prothese (PIP) Breast Implants: Final Report of the Expert Group. Department of Health. Retrieved April 9, 2017 from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214975/dh_134657.pdf.

------. 2013. Review of the Regulation of Cosmetic Interventions (Keogh Review). London: Department of Health. Retrieved April 9, 2017 from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192028/Review_of_the_Regulation_of_Cosmetic_Interventions.pdf.

Kumar, Sameer. 2005. “Exploratory Analysis of Global Cosmetic Industry: Major Players, Technology and Market Trends.” Technovation 25 (11): 1263–72.

Lipworth, Loren, and McLaughlin, Joseph K. 2010. “Excess Suicide Risk and Other External Causes of Death among Women with Cosmetic Breast Implants: A Neglected Research Priority.” Current Psychiatry Reports 12 (3): 234–38.
Miller, Janice. 2014. “Making Up is Masculine: The increasing Cultural Connections between Masculinity and Make-Up.” Critical Studies in Men’s Fashion 1 (3): 241–53.

MYA (Make Yourself Amazing). 2019. Cosmetic Surgery Clinics. Retrieved August 22, 2019 from https://www.mya.co.uk/?campaign=Brand&gclid=CjwKCAjw-vjqBRA6EiwAe8TCk7mNI4eWsitE-04JyaAIEQnw6TvbdUUDCazDzUBjZ3ncH7-ZFFj_hoCbZ0QAvD_BwE.

Nuffield Council on Bioethics. 2017. The ethics of cosmetic procedures. Retrieved October 28, 2017 from http://nuffieldbioethics.org/wp-content/uploads/Cosmetic-procedures-full-report.pdf.

Papadopoulous, Linda. 2010. Sexualisation of Young People: A Review. Retrieved August 22, 2019 from http://webarchive.nationalarchives.gov.uk/+http://www.homeoffice.gov.uk/documents/sexualisation-of-young-people.pdf.

Pareck, Serena. 2012. “Does Ordinary Injustice make Extraordinary Injustice Possible? Gender, Structural Injustice, and the Ethics of Refugee Determination.” Journal of Global Ethics 8 (2–3): 269–81.

Sarwer, David B., Infeld, Alison L., Baker, James L., Casas, Laurie A., Glat, Paul M., Gold, Alan H., Jewell, Mark L., LaRossa, Don, Nahai, Foad, and Leroy Young, V. 2008. “Two-year Results of a Prospective, Multi-site Investigation of Patient Satisfaction and Psychosocial Status following Cosmetic Surgery.” Aesthetic Surgery Journal 28 (3): 245–50.

Smola, Linda, and Murnen, Sarah K. 2011. “Gender, Self-Objectification and Pubic Hair Removal.” Sex Roles 65 (7–8): 506–17.

Stapleton, Peta, McIntyre, Timothy, and Bannatyne, Amy. 2016. “Body Image Avoidance, Body Dissatisfaction, and Eating Pathology Is There a Difference Between Male Gym Users and Non-Gym Users?” American Journal of Men’s Health 10 (2): 100–09.

Stewart, K.J., Stewart, D.A., Coghan, B., Harrison, D.H., Jones, B.M., and Waterhouse, N. 2006. “Complications of 278 Consecutive Abdominoplasties.” Journal of Plastic, Reconstructive and Aesthetic Surgery 59 (11): 1152–55.

Stice, Eric, Spangler, Diane, and Agras, W. Stewart. 2001. “Exposure to Media-Portrayed Thin-Ideal Images Adversely affects Vulnerable Girls: A Longitudinal Experiment.” Journal of Social and Clinical Psychology 20 (3): 270–88.

Tate, Shirley. 2007. “Black Beauty: Shade, Hair and anti-Racist Aesthetics.” Ethnic and Racial Studies 30 (2): 300–19.

Tiggesmann, Marika, and Hodgson, Suzanna. 2008. “The Hairlessness Norm Extended: Reasons for and Predictors of Women’s Body Hair Removal at Different Body Sites.” Sex Roles 59 (11–12): 889–97.

Ward, Brittany, Ward, Max, and Paskhover, Boris. 2018. “Google Trends as a Resource for Informing Cosmetic Surgery Marketing Decisions.” Aesthetic Plastic Surgery 42 (2): 598–602.

Widdows, Heather. 2017a. “Exploitation and the Global Demands of Beauty.” In Exploitation: From Practice to Theory, ed. Monique Deveaux, and Vida Panitch 179–93. London and New York: Rowman & Littlefield International.

Wolf, Naomi. 1990. The Beauty Myth: How Images of Beauty are Used Against Women. London: Vintage Books.

World Health Organisation (WHO). 2011. Mercury in Skin Lightening Products. Retrieved August 20, 2017 from http://www.who.int/ipcs/assessment/public_health/mercury_flyer.pdf.

YMCA. 2016. The Challenge of being Young in Modern Britain. Retrieved April 9, 2017 from http://www.ymca.co.uk/campaigns/world-of-good.

Young, Iris Marion. 2005. On Female Body Experience: “Throwing Like a Girl” and other Essays. New York: Oxford University Press.

Wolf, Naomi. 1990. The Beauty Myth: How Images of Beauty are Used Against Women. London: Vintage Books.

World Health Organisation (WHO). 2011. Mercury in Skin Lightening Products. Retrieved August 20, 2017 from http://www.who.int/ipcs/assessment/public_health/mercury_flyer.pdf.

YMCA. 2016. The Challenge of being Young in Modern Britain. Retrieved April 9, 2017 from http://www.ymca.co.uk/campaigns/world-of-good.

Young, Iris Marion. 2005. On Female Body Experience: “Throwing Like a Girl” and other Essays. New York: Oxford University Press.