EMPIRICAL STUDIES

Torrenting values, feelings, and thoughts—Cyber nursing and virtual self-care in a breast augmentation forum

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Abstract
Earlier research shows that breast augmentation is positively correlated with positive psychological states. The aim of this study was to explore the shared values, feelings, and thoughts within the culture of breast enlargement among women visiting Internet-based forums when considering and/or undergoing esthetic plastic surgery. The study used a netnographic method for gathering and analyzing data. The findings show that the women used the Internet forum to provide emotional support to other women. Through electronic postings, they cared for and nursed each others' anxiety and feelings throughout the whole process. Apart from the process, another central issue was that the women's relationships were frequently discussed; specifically their relationship to themselves, their environment, and with the surgeons. The findings suggest that Internet forums represent a channel through which posters can share values, feelings, and thoughts from the position of an agent of action as well as from a position as the object of action. These dual positions and the medium endow the women with a virtual nursing competence that would otherwise be unavailable. By introducing the concept of torrenting as a means of sharing important self-care information, the authors provide a concept that can be further explored in relation to post modern self-care strategies within contemporary nursing theories and practice.

Key words: *Breast implantation, Interpersonal Relations, Self Care, Internet, Social Support, Women's Health*

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Self-care support has a crucial enabling value and plays a central role in practical and theoretical nursing and the nursing process. Orem (1995) had provided a theoretical system for nursing research based on epistemological foundations that have long been used to conceptualize patients'/individuals' self-care and the self-care process in research (see Biggs, 2008). Her most important contribution to the nursing discourse is her conceptualization of self-care as a practice of active management of one's health and/or illness (Orem, 1995). This view is not only important but also very complex because as Denayes, Orem, and Bekel (2001, p. 48) had noted that "the individual, the self, is both the agent of action (the one acting) and the object of action (the one acted upon)." Within this self-care definition, self-care practices can be recognized throughout the lifespan as a human regulatory function in everyday life aimed at maintaining health and avoiding illness.

The introduction and use of the Internet in daily support and education activities has meant new dimensions in self-care systems for both those individuals requiring self-care and institutions that provide information to those who are seeking it. For example, the vast growth in information nurses distribute as part of self-directed educational programs for patients and relatives over the net represents a new means of providing opportunities for self-care (see Brillhart, 2005, 2007; Proudfoot et al., 2007). However, the development of complementary self-care systems does not fill all the gaps in self-care in western societies. Self-care

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agencies such as municipalities, hospitals, and health care centers tend to prioritize what can be considered "major" health issues such as cancer treatment, HIV/AIDS awareness, and heart disease. Different kinds of Internet use and forum activities have been studied previously in relation to major health issues (Coulson & Buhanan, 2007; Coulson, Buchanan, & Aubeeluck, 2007; Rozmovits & Ziebland, 2004; Seale, Ziebland, & Charteris-Black, 2006; Ziebland, 2004; Ziebland et al., 2004). Other issues, such as reconstructive and cosmetic surgery, are given lower priority when offering support and educational systems online. For example, women who are concerned about their health, and who want to be more conscious about their self-care in relation to breast augmentation, tend to use privately managed forums on the Internet as an important source of support and education for managing their life situation (Gordon, Barot, Fahey, & Matthews, 2001; Walden, Panagopoulous, & Shrader, 2010). Given the rapid expansion of the Internet and the known deficits in self-care support, online forums are easily accessible from participants' own homes and provide a medium for interpersonal communication about self-care in relation to breast augmentation.

In addition to the above, post modern understandings of the body have challenged earlier discourses that defined it as an object with limitations and functions that were inherently dictated by nature and thus impervious to change. Along with this shift, assumptions regarding nurses' participation in self-care management have also been re-framed. The post-modern orientation suggests that it is possible for individuals to educate themselves to achieve life projects, taking their health into their own hands as both an agent and the object of action. This study will thoroughly investigate this new condition and what it means in the conceptualization of self-care in relation to women and breast augmentation. Although this is a common surgical procedure, very little can be found in the nursing literature about it. Oberle and Allen (1994) stated that most women probably learn what they know about the procedure from magazines that frequently address the topic of elective plastic surgery. However, in light of the current expansion of information available on the Internet, we can presume that this source is one of the most important or perhaps the—most important, source of knowledge on the topic.

Although breast augmentation surgery is a common procedure, there are relatively few qualitative papers addressing women's own experiences of breast enlargement. Langer and Beckman (2005) studied an Internet message board on cosmetic surgery with the purpose of elaborating on sensitive research topics. Their findings reveal that women use message boards to exchange information and to gain deeper insights into their motives for undergoing such surgery. Klassen, Pusic, Scott, Klok, and Cano (2009) used qualitative methods to study satisfaction among women who undergo breast surgery, including breast reduction, augmentation, and re-construction. They concluded that breast surgery was associated with satisfaction with breasts, satisfaction with overall outcome, psychosocial well-being, sexual well-being, physical well-being, and satisfaction with the process of care. Woodman and Radzyminski (2009) arrived at similar conclusions in their phenomenological analysis aimed at understanding subjective issues related to life after breast reduction surgery. Their findings show that breast reduction surgery has several positive meanings for women, including improved physical health, increased self-esteem, self-confidence, and enhanced body image. More related to our study, several studies report positive psychological outcomes with breast augmentations such as enhanced body image (Crerand, Infield, & Sarwer, 2009; von Soest, Kvalem, Roald, & Skolleborg, 2009). Similarly, a 2-year prospective study by Cash, Duel, and Perkins (2002) found that more than 90% of the study group reported an improved body image and more than 85% reported enhanced self-image. In a more recent study, Bruck, Kleinschmidt, and Ottoman (2011) showed that women felt more attractive, reported a significantly improved level of sexual satisfaction and higher self-confidence after the breast augmentation. Femininity has been highlighted as a basic motivation for undergoing breast augmentation by Solvi et al. (2010). Femininity is associated with gender identity, and the women in their study sought breast augmentation to escape feeling masculine and instead feel attractive and sensual as a woman. Additionally, Gerber and Kuechel (2005) distinguished between two forms of plastic surgery, reconstructive plastic surgery, that is reconstruction of a breast after a mastectomy, scar revision, removal of tumors, etc. and forms of esthetic plastic surgery that includes procedures to enhance an individual's physical appearance. In this study, the focus is on esthetic plastic surgery among women engaging in breast enlargement to enhance their physical appearance. Figueroa-Haas (2009) stressed that there are psychological issues to consider for the latter group. She stated that women's different responses to sociocultural pressures related to cultural ideals of beauty need to be considered in relation to the procedure. As such, the perception of breast augmentation as a "relatively simple" procedure in relation to nursing might be worth reconsidering and the procedure and the women undergoing it further explored. As mentioned earlier, large breasts are

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considered to be a positive attribute of the female body and feminity in the western world. However, women who have undergone breast augmentation experience guilt, being stigmatized, being stereotyped and feel a need to justify their decision by normalizing the surgery (Sischo, 2008). Reviewing the research literature, there are other serious issues related to breast augmentation. For example, based on several epidemiological studies, Sarwer (2007) found that that the rate of suicide within the breast augmentation population is two to three times higher than expected. Breast augmentation is also associated with medical complications; one of the most common of which is rippling, occuring in about 7% of the operations (Codner et al., 2011). Even if breast augmentation is regarded as a relatively simple procedure, the process women undertake to attain information about it is underresearched and raises questions about the patterns of their communicated concerns. To gain a better awareness of these concerns and how they are connected with new forms of expression that are available through the Internet requires empirical studies that address these questions in relation to nursing and self-care activities.

Aim

The aim of this study was to explore the shared values, feelings, and thoughts within the culture of breast enlargement among women who visit Internet-based forums when considering and/or undergoing esthetic plastic surgery.

Methods

Since the early days of cultural and social anthropology, ethnographic fieldwork has been central to collecting data in the study of foreign cultures. For example, in the 1920s, Malinowski (1922) published his famous work from living with Trobriands in Papua New Guinea. During the twentieth century, a shift took place in the anthropological discipline, and researchers started to conduct ethnographic studies "at home" (Messerschmidt, 1981). Karra and Phillips (2008) argued that the shift implied many advantages, including easier access to study sites and the need for fewer resources as well as making translation easier. Following the anthropological movement to bring studies "back home," the next wave began several years ago when ethnographic research methods began to be applied in virtual cultures. As Wolcott (1999) stated, "One can do ethnography anywhere, anytime, and of virtually anything, as long as human social behavior is involved (or was involved [. . .]" (p. 68). Use of the Internet as a source for gathering research data has been a fact for the past 20 years (Beals, 1992; Beck, 2005; Enqvist, Ferszt, Åhlin, & Nilsson, in press; Granitz & Ward, 1996). In the field of nursing research, the use of this resource has been rarely discussed (Im & Chee, 2002), and methodological concerns and guidelines have not yet been fully standardized. By conducting this study, our priority was to enhance the theoretical development of understanding the culture of breast enlargement among women who visit Internet-based forums when considering and/or undergoing esthetic plastic surgery.

In this study, we were inspired by Spradley's (1979) structured ethnographic method in combination with Kozinets's (2009) methodology for conducting ethnographic research online, called netnography. Kozinets declared that through studying the communication among the people in an online group, the researcher gains insight into the phenomenon, its participants and their values and beliefs, and therewith gains access to a wider social representation that is not delimited to the specific online group. To explore the shared values, feelings, and thoughts within the culture of breast enlargement among women, we combined these two methods following a six-step process, described below. Step 1: Literature review and identifying the research question(s): we searched databases to identify earlier research and concluded that there was a lack of nursing-oriented theoretical knowledge concerning women's experiences of breast augmentation. This gap led to the research question: What are the shared values, feelings, and thoughts within the culture of breast enlargement among women undergoing or considering esthetic plastic surgery? Step 2: Locating the field online: In traditional ethnography, selecting the setting is about identifying the most appropriate location in relation to the research question (Hammersley & Atkinson, 2007). Kozinets (2009) suggested that selecting an online forum should be guided by its relevancy, activity, interactivity, substance, heterogeneity, and richness of data.

We adopted four inclusion criteria for selecting forums written in a language that was spoken by both of the researchers, highly relevant to the research question, be a public site that does not require registration to access the posts, and an active forum (>10 daily postings, >1000 postings total, and >100 members). We located the online forum via the search engine Google using the strings "breast augmentation" and "forum." The posters, the women in the forum, are nevertheless a heterogeneous group. A detailed description of the posters' personal data, such as age, marital status, socioeconomic status, and so on is not possible. However,

by engaging deeply with the data, it became obvious that the group of posters represents society quite broadly; what unites the posters is their interest in breast enlargement. The posters differ from each other in how experienced they are with the subject. A novice woman can for example post "Hello, I'm new here and need help to decide size and material," whereas others are far more experienced and highly encultured. With more experiences, posts often become more confident, "I have had two op:s now and been to several consults. You should definitely chose...." Step 3: Ethical considerations: see the following separate paragraph. Step 4: Data gathering: As there were more than 1000 postings on this topic, we found that a consensus data collection would be cumbersome; also it would be unethical to gather more data than necessary. Instead, posts were gathered "sequentially top-down." This meant that data were gathered from the top thread and down, working backward through the sequence of discussions (1, 2, 3, 4....36). All data were archival in nature, meaning that no participation or interaction with the online forum posters took place. Data were gathered simultaneously by both the researchers to prevent a mishmash of gathered threads as new threads could be created by the posters at any time. One strategic way of gathering data that we used was that the first researcher gathered threads from odd pages in the forum, whereas the second researcher gathered threads from even pages. To ensure that pages were gathered, a protocol was signed after each. The forum had a printer-friendly function that reduced the amount of irrelevant information. The dumping procedure was cross sectional from the most recent posting to a forum and backward. Like typical anthropological field work, we did not know in advance how much data needed to be gathered. Therefore, we gathered data in delimited sessions. In the first session, we collected eight pages each, then we paused and valued the gathered data, and estimated that there was no enough data for a netnographic study. In the next session of data gathering, we gathered an additional 10 pages each. We estimated that 36 pages with threads would match the appropriate amount of data needed for an in-depth analysis. All the texts on a webpage were marked and then copied and further pasted into an empty text document, similar to the hands-on procedure described by Kozinets (2009). The data amounted to a total of 720 threads or 5400 postings, equal to 2046 pages. Links and pictures were excluded. During the gathering and dumping of posts, analytical memos were made (Charmaz & Mitchell, 2007). Step 5: Data analysis: Data were first raw peeled, meaning that data were reduced from 2064 to 1479 pages by peeling off redundant information such as quotes, graphics, etc. The raw peeling procedure was similar to the condensing procedure described by methodologists such as Coffey and Atkinson (1996). Following this, we skimmed the data and obtained knowledge of the language used by the posters and identified culturally specific recurrent terms such as "cc:s" (size of implants), "rippling" (unwanted wrinkles on the implants), "DB," or "double bubble" (deformity of an implant). Such specific cultural terms along with more reflective ones were referenced in analytical notes during the skimming process, and were important in the transition from the outsider perspective and in gaining an insider perspective (cf. Hammersley & Atkinson, 2007; Kozinets, 2009). After the authors had skimmed the data separately, we compared and discussed our analytical notes and premature analyses and came to a conclusion on which parts of the text were relevant for deeper analyses and interpretation in relation to the aim of the study, sorting data accordingly. The initial phase of interpretation involved merging initial and superficial reflections that were generated from analytic memos. We were then able to sort texts into different cultural domains, for example, according to those who were planning to undergo a breast augmentation and those who had undergone the procedure several years ago. That our work was inspired by Spradley (1979) became most obvious in the data analysis stage, as we worked to reveal cultural domains for further analysis. According to Spradley's structure, we posed descriptive, structural, and contrast questions as we confronted the data. During the initial phase of the analysis, it became obvious that the implants were themselves a central element in the culture. The implants had several parameters such as size, shape, material, etc. and were frequently discussed. We understood that the implant played an important role when having a breast augmentation. We asked "When are these parameters discussed?" It became obvious after further analysis that the parameters were discussed both before and after the operation. We further asked, "What are the differences between discussing the parameters of the implants before and after the operation?" Prior to the operation, the posters expressed strong feelings (again we operationalized all kinds of feelings by posing descriptive questions). We also analysed other posters' reactions to the posts about feelings that were expressed prior to the operation and concluded that women who had undergone a breast augmentation earlier cared for those who had not come so far in the process. The "older" posters offered emotional support and played an educative role in relation to the "younger" posters. By analysing cultural domains

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in this way, categories and themes crystallized according to the differences and by abstraction levels. Step 6: Abstractions and trustworthiness: Finally, the findings were reviewed and discussed at a higher level of abstraction in relation to the underlying meanings that could be identified behind the themes and categories. Achieving trustworthiness in a qualitative study is central in scholarly literature (Creswell, 2007; Lincoln & Guba, 1985; Rolfe, 2006; Sandelowski, 1993). More specifically, it is also debated in the literature on ethnography (Hammersly & Atkinson, 2007; Munhall, 2010). Trustworthiness was crucial in our study and was supported in four ways. First, the extent of data;. second, the data were derived from original sources and were not research generated (Leenaars, 2009; Lester, 2006; Lester, Yang, & Lindsay, 2004); third, by the way in which the findings are presented (Geertz, 1993); and four, the serendipity among the researchers (Daymon & Holloway, 2011). These criteria will further be argued in the discussion section.

Ethical considerations

The data collection and presentation of the findings are subsequent to the principles of international ethical standards that regard Internet pages that are free to access without a password as public (Bassett & O'Riordan, 2002; Bruckman, 2002; Enyon, Schroeder, & Fry, 2009; Janetzko, 2008; Kozinets, 2009; Walther, 2002; Wilkinson & Thelwall, 2010).

Findings

The findings in this study offer a description of shared values, feelings, and thoughts within the culture of breast enlargement among women who visit Internet-based forums when considering and/or undergoing esthetic plastic surgery. The most profound element of the forum culture was the provision of support to other women. By sharing and exchanging thoughts, the women nursed each other in terms of their doubts, bitterness, pain, sadness, excitement, elation, and happiness. The need to exchange such feelings was evident in all phases as well as prior to and after the surgery. The findings are presented according to one main theme, two subthemes, and five underlying categories as described in Figure 1.

Supporting each others' feelings

The most profound element of the forum culture was the provision of support to other women. Through electronic postings, they supported and nursed each other by addressing doubts, bitterness, pain, sadness, excitement, elation, and happiness. The postings ranged from short requests for tips on surgical clinics in a specific area, to more elaborate questions and reflections over how to argue forwhy a mother who has no disease has had a breast operation. Regardless of the kind of questions that were posted, the supportive attitude was always present in the culture. The study findings focus on discussions regarding the process of having one's breasts enlarged, for which two subcategories were identified: preoperation phase and postoperation phase. Besides the process, the postings reveal that the women were concerned about issues related to relationships. Relational issues were frequently discussed and referred to one's self, toward the surroundings, and toward the surgeon.

Supporting each other throughout the process

Enlarging one's breasts was by no means a simple procedure, and the decision to undergo surgery was carefully considered. It became evident that the women needed to discuss issues relating to the whole process, from choosing among clinics to practical issues, to how to complain if the surgery went wrong. As this process is so vast and heterogeneous, it is divided into two subcategories; preoperation and postoperation.

Making decisions in the preoperational phase. central issue for discussion is what kind of implant one should have. The implants are discussed in terms of the size, profile, shape, placement, and material. Volume or size is defined in milliliters or "cc:s" that is the term used by the women. The size can vary from 100–800 ml depending on the manufacturer, the projection range between 2.7 and 5.0 cm, and a diameter range from 8.1 to 16.6 cm. As the cc:s is so central, this is the parameter that also generated the most emotions. One woman express herself: "Ahhh. I have total decision anxiety girls, help me, convince me, blaah." (kissme1777). Even more detailed questions are posted:

> I'll be operated 30 March by Dr. Brown at the Malibu Central Clinic. I'll be having ultra high profile and 11.5 in diameter. I don't won't a highway between the boobs. Can't decide if I want 425 or 450 cc:s. I need some tips from you guys with more experience:) I'm 5"6, weight 123 and wear a 75b. (sarah_thepartygirl)

Posters commonly receive feedback from others about doubts and decisions. A second parameter of the implant is the profile that can range usually from

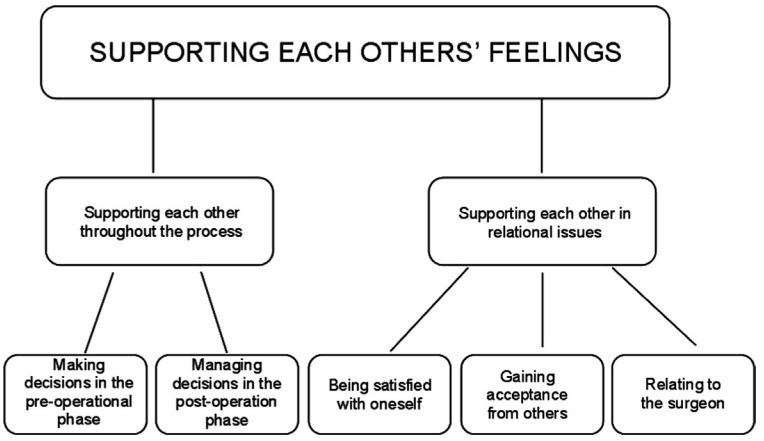

Figure 1. Theoretical overview of the findings.

low, medium, high to ultra high. The implant can be "anatomic" that is described as giving a natural form that follows the women's breasts naturally drop-shaped form, or round that is described as giving an unnatural look, often likened to "two balloons." The implant can also be operated in behind or in front of the tissue. Most surgeons are described as preferring, or some are compelled by authorities, to operate behind tissue, except for certain body types where this is not possible. The implant material can be chosen from among silicone, silicone gel, or NaCl. When analyzing the postings, we found that the average woman in the forum wants a pair of silicone gel implants, anatomically shaped, in medium or high profile, with a size of about 350 ml and operated behind the existing breast tissue. As every woman has a different body and body type, and women vary in height, weight, and size of their natural breasts and different mass of breast tissue, it is not possible to find a single set of parameters that can be recommended, if one wants the fake or the natural look. In an ongoing discussion, the women test the limits by receiving feedback from other members. For example, JJJ wants her A-cup to be a DD-cup and suggests that she will insert 275 cc:s. HelenG85 who had three operations and longer experience than JJJ recommends that JJJ increases the size of the implants and, for example, has a pair of 375 cc:s. All the parameters are frequently discussed, but the issue of volume is most associated with anxiety. By sharing experiences and feelings, the women nurse each other and ease their anxiety:

> I still dont know what to choose. High profile or low? 300cc, 350cc or 400cc?? I'm so confused and scared to choose wrong. I have saggy boobs but am not totally dissatisfied with them. Want plump and round boobs, don't want lift because of the ugly scar that extends from the nipple. My surgeon suggests high profile and 400cc:s if I won't have the lift, but testing with rise bags, I looked like the biggest bimbo in Germany! I'm so afraid that I will change my mind if I choose too small. Big boobs are so good looking, I'm 5"8, 158 pound and a b cup. Please heeeeelp meee!!. (625hannover)

Other kinds of feelings are also discussed such as worries over complications, the ability to breast feed children, worrying about which clinic will do the best job and which surgeon one should have. To support each other, detailed experiences are shared by the "older" women. Mostly, the older posters speak from their own experience, but also give second-hand information gained from having been a member of the forum for a long time. Legends about certain surgeons are posted even if one does not have any personal experience of that surgeon, for example, it is widely known that "St. Thomas Surgical Clinic" does not do fake-looks and that "Richard" (one of the male surgeons at another clinic) is very keen that the costumer is satisfied, whereas "Dr. Hickins always knows best" (a female surgeon at yet another clinic).

As soon as one has been in contact with a certain clinic, some of the anxiety is lifted and turns into excitement. As this is often the first contact with the clinic, the members describe how they connected with the surgeon, if they felt confident or not. After the consultation, some go back to the forum to seek support for what the surgeon suggested. Also, price and financing are discussed. The forum is used to gain support both for those who agree with the surgeon but want support from other women and to gain support from those who disagree with the surgeon. Either way, the women almost always receive support from other members. Whether they came to an agreement on the first or second consultation, booking an appointment for the operation was like making the final commitment, and

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boosted the feelings to a new level of both anxiety and excitement:

> Totally crazy!! Now itssss time! Tomorrow @11, now i count the hours, not the days! I'm waiting for the anesthesiology doctor to call me, can't get it. It'll b alright, but I'm scared shitless right now! (19carol88)

In the countdown episode between the time of booking an operation to the big day, the members are frequent posters to the forum. In this final preoperation phase, before arriving at the clinic and receiving anesthesia, the members use the forum to get as much support as they can. They try to connect with others who have operations scheduled for the same day, and gather information about how to handle practical issues after returning home (see below).

Managing decisions in the postoperation phase. Like any other operation, the postoperative phase of a breast augmentation is not described as glamorous, but with reference to experiencing soreness, swelling, fever, nausea, and pain. In the forum, the women nurse each other through soothing, stating that the pain can be controlled with analgesics. Boobz79, terrysimonson, and 69ers exchange their experiences and support each other in dealing with being hunched over during the period following the operation:

> boobz79: "Yesterday I threw up because I felt so terribly bad! maybe cause yesterday I had trouble eating because I have a sore back and walk like a pizza flopped over!"
>
> TerrySimonson: I know about the hunchback. Hang in there, it will pass!:-) Do you take a lot of pain killers, or is it the antibiotics that make you feel sick? Try the yoghurt with acidophilus combined with antibiotics, it can soothe your stomach a bit.
>
> 69ers: "Hang in there! u r not sassy the first days. . ...

After discharge from the clinic, the women are instructed to do some postoperative self-care, for example wearing special tapes that must be changed every 3 days. Several clinics include a 1-day stay after the operation, which the women like, although not all of them. One posting describes the pros of getting home as quick as possible while one is still on drugs:

> I would really recommend you to have someone to pick you up! After my operation, I was in the wake-up room. The doctor discharged me and my mom came and picked me up. It was a 120min ride. I was still pretty high on the drugs and layed down in the back seat. The first 36h after the drugs were out of the system was really painful. So, I would not recommend to my worst enemy to stay in the clinic and take the subway back home. (barbieboobie_87)

Coming home is not only associated with positive feelings because the women are in pain the first week and not able to lift things, nor go to work, play with children, or work out. Besides the physical limitations, the postoperation phase is also associated with psychologically negatively aspects such as anxiety and depression. One posting illustrates the feelings one has after coming home:

> It is so common to be dissatisfied and depressed after the op, you look like a total freak! The boobs ache as hell, they feel hard and feel weird. They are too big. (tx_tanya)

After the initial postoperation phase has passed, a second phase begins. In this phase, the women return to a normal everyday, the soreness and swelling is gone, and they start to reflect on their new body more objectively. Both satisfaction and dissatisfaction are presented in the forum. One post stated:

> Carl at Seaside Surgical Clinic did my boobs three and a half weeks ago and I'm super duper happy!! I'm pretty skinny 5"7 feet. I inserted 375cc/350cc behind the pectoral [. . .] and I'm so super happy! Before my op, I had 65B, thin breasts due to eating disorders, but now they're 70DD. (Natalie1234)

Other women express their dissatisfaction; in some cases, the new breasts did not meet expectations of size or shape. Some of the women think that the surgeon should have recommended a larger size. Others think that the breasts are too big. As dissatisfied women post messages on the forum, "older" women support the "younger" ones with their experiences.

> [. . .] my boobs were cone-shaped, that's what u get when u just had the surgery. I was in the bathroom and swore: What the f**k are these small cones?? Did Dr. Won insert anatomic implants or what??:angry: Later on, they shaped up and became soft and flexible. In one month, my boobs are having their second birthday, oh my

> gosh, time flies. But I promise you'll be SO HAPPY later on! Wait 5 months anyway. Hug:). (guest)

Regardless of whether the women are satisfied or not with the operation, some start to plan for yet another operation just after the first one. Sometimes, it is not possible to insert the whole mass or volume in the first operation. In such cases, the first operation might be an implant of 500cc:s. After a year, the breast tissue has become more flexible and it is possible to insert larger implants. Such women are not dissatisfied with the operation as they knew or were at least prepared for this in advance. They seem to be focused on the final outcome. In contrast, the dissatisfied women start to plan their second operation only a short time after the first operation.

Supporting each other in relational issues

The posters have many relationships to consider both pre- and postoperation. These relationships are with their self-image, their environment, and with the surgeons.

Being satisfied with oneself. There are many reasons for having a breast augmentation. The two most commonly noted reasons among the forum posters are restoring and normalizing. Restoring means that they wish their breasts looked like they did before giving birth to several children. The posters refer to their breasts as "saggy tits" or "flabby tits." The poster mother2four posted "I had the operation 'cause I was unhappy with my small, saggy and flabby tits!" Normalizing refers to how posters are uncomfortable with the look of their breasts because of asymmetry, for example. Some posters express their joy over finally being able to shop for nice clothes that they can feel comfortable in. In contrast, some women are eager to get a "fake look," with a round shape, and as many milliliters as possible. A rarer, but nevertheless important reason is that some women who have had a breast augmentation earlier, have become dissatisfied. The dissatisfaction is sometimes due to complications such as rippling and double bubble (called DB), while in other cases, the result did not meet expectations. Irrespective of what the reason might be, having a breast augmentation is ultimately associated with becoming comfortable with one's own body.

Gaining acceptance. It is important to the posters to discuss breast augmentation-related issues with their friends and family, such as boyfriends, husbands and parents, and children. Having a breast augmentation is not only a surgical procedure and a transaction between a woman and her surgeon. It represents an intricate change in the women's bodies that will affect their relationship with themselves and with those close to them. The posters use the forum to seek support on how to handle such relational issues. There are examples of references to family who are both supportive and unsupportive. Several threads were about how to persuade a negative husband or boyfriend.

> My bf was sooooo neg! I said, it doesnt matter what u say, I'll do it even if u dont support me. He thought that my personality would change after the operation and I would flash my boobs everywhere, like in magazines and that I would flash them to other guys. (blacklady_87)

The posters were adults and many of them had their own families with a husband and children; despite being adults, they do care about what their parents think about a breast augmentation. One woman is nervous about her mother's reaction, although she is 46-years-old and has four kids. This story ended with her mother, who was more than 70-years-old, wishing she had the opportunity to have an operation herself at a younger age. Another doubt was how to tell children. One solution was to tell them that "mom is going to a conference" or such; others told their children if they asked. However, it was difficult to find a reasonable explanation when their children asked about the operation because they did not want to convey a sense of not being good enough or disliking one's body.

Relating to the surgeons. Buying a pair of new implants and having them inserted is not an uncomplicated business transaction devoid of feelings. The transaction also includes an emotional bond with the seller and demands the continuous support of other posters. The seller of the "breast augmentation" is formally a surgical clinic; nevertheless, the surgeon represents the clinic in a very intimate way as he or she personifies the chosen clinic. When discussing different attributes of the clinics, it is rather the surgeon who is involved. The women mention the names of clinics in many postings, they refer directly to the surgeon by calling him or her by a first name. When talking about surgeons, different kinds of feelings are attributed to the surgeons. Whether these are positive or negative depends on the encounters during consultations, the kindness, and caring approach of the surgeon, whether the surgeon accepts their wishes, and how willing they are to "fulfill" desires about size. When posting about

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experiences of surgeons in a postoperation phase, they are ascribed different attributes on the basis of the actual and objective outcome of the operation, but the subjective outcome of the operation is more frequently observed in the postings. The surgical and objective perspectives of the outcome were sometimes in opposition. The nurses were mentioned only fleetingly as shadow figures, with a role as pillow-fluffers and "a nurse handed me painkillers."

Discussion

So, what are the shared values, feelings, and thoughts within the culture of breast enlargement among women undergoing esthetic plastic surgery? An overall theme in the results is that the support given in the forum in relation to feelings and thoughts covers the entire span of the procedure and sometimes even beyond. As the results further show, two categories could be identified: the process (subcategories: preoperation and postoperation) and relationships (subcategories: self, surroundings, and surgeon). The process discussions indicate that a breast augmentation is not a simple procedure for the women. During the preoperation phase, there is an inexhaustible need to discuss size, profile, shape, placement, and material of the implants and what kind of look a certain implant will give according to one's own specific body shapes and measurements. Pari passu, the postoperation phases are discussed, such as how to handle everyday life after the operation, including pain, soreness, swelling, fever, nausea, and issues related to being physically limited. The other theme that was disclosed in the findings was the issues the women faced in their relationships as a result of the impending operation. Such relationship-related issues concern how to deal with children, husbands, and other family members who were not supportive. The women sought the kind of support they needed from the forum. Woodman and Radzyminski (2009) carried out a phenomenological analysis that aimed to understand subjective issues of life after breast reduction surgery. Their findings show that breast reduction surgery has several positive meanings for the women such as improved physical health, increased self-esteem, self-confidence, and enhanced body image. We can also see how the results of Klassen et al. (2009) support our findings. Similar to our study, Klassen et al. concluded that women who had undergone a breast augmentation were generally satisfied; however, our study also highlights that surgery is clearly associated with issues and physical and mental problems and questions. Similar findings related to more formally organized forms of social support in cyberspace, such as validating one's own views and emotional support from other posters, have been described in relation to mental and chronic conditions (Coulson & Buchanan, 2008; Coulson, Buchanan, & Aubeeluck, 2007; Mo & Coulson, 2007). The results from this study suggest similar patterns of using the Internet to find people with reciprocal experiences to refer to, as those shown in relation to other lifestyle health choices.

Interesting to note is that the forum posters comprise a diverse population of women who are either at the start of the process or who have undergone the procedure long ago. This range of experience and also the constant shift in positions as first the agent of action and thereafter the object of action provide the posters with a virtual nursing competence that can be provided to women who would not otherwise receive this care and support. As the results show, women with thoughts about breast augmentation share their concerns about health through "internet forums." As earlier addressed by Brillhart (2005, 2007), Internet forums represent a new dimension of possibilities for self-care that can be regarded as a shift in the power structures between health care providers and the possible "patient." As we have shown, and irrespective of the perception of augmentation mammablastomy as a "relatively simple" question in relation to nursing, there was continuous activity by the posters throughout the span of the procedure as they exchanged information.

Understanding virtual self-care activities—torrenting values, feelings, and thoughts

Torrenting is an overall term for the flow or swarm of information among posters. The torrenting concept is commonly used in computer science to refer to peer-to-peer applications that contribute to distribute vast data traffic over the Internet by the use of specific protocols. The strength of such protocols is that they enable information to swarm in multiple directions, in direct contrast to traditional, nonmultitasking one-to-one communication protocols. As information is distributed by seeders to leechers, the leechers become the recipients of the information themselves. These seemingly technical terms are very applicable to describing what happens through the self-care activity in the forum. For example, culturally specific knowledge of how to complain when a surgery fails, for example, was seeded by first-hand experience, and this knowledge could be further reproduced among other posters. A similar phenomenon is described by Cavalli-Sforza, Feldman, Chen, and Dornbusch (1982) and called cultural transmission. The intermittent nature and irregularity of the torrenting activity means that a

posted question generates answers from other posters along different time lines according to their own procedures. Indeed, some posters are still active as late as 8 years after their own mammablastomy. However, this knowledge can further be transmitted in a new thread by a third poster. This effect of accumulating self-care advice and strategies becomes what we would call the torrenting of information. Orem (1995) presented the self as both the agent of action (the one acting) and the object of action (the one acted upon) in self-care management. Therefore, we argue that Orem's self-care theory can be a valuable tool for understanding the self-care activities that are available over the Internet and can inform contemporary nursing theories.

With this said, the torrenting activity we studied was a means of linking personal experiences of treatment and health care strategies to gain greater knowledge. Like detectives, the posters used bits of information to construct a complete picture of their own self-care in relation to their breast augmentation. Torrenting centered on the physicians' skills, the procedures and planning, determining the best implant based on one's height and weight, improvements, and deterioration as well as the posters' own emotional reactions to their particular situations.

Hence, the seeded information was mainly based on their personal experiences derived from their own breast augmentation. As such, it was based on first-hand experience of procedures and surgeons as well as suggested medicine, rest, and activity. The posters shared their anecdotes about procedures and situations, and this torrenting had a special meaning for the posters as they learned from each other and developed, among other things, the courage to approach certain surgeons and to deal with particular procedures and situations. As previously shown by Ziebland (2004) in relation to cancer diseases, the Internet is not only used for gathering information but also more importantly to make sense of the experience. The incentive behind gathering information is to become an expert and locate effective treatments for oneself. The results of this study suggest that the patterns of using the Internet that Ziebland identified can be relevant also to lifestyle health choices.

Self-care torrenting as a cyber nursing activity

Torrenting, therefore, becomes a very important tool for what we suggest can be conceptualized as cyber nursing. As both agents of action and as objects of action, the posters become specialists free from the limitations and boundaries of different professions or real life power structures. The Internet forum seems to give the posters an opportunity to reorganize their social relations and status vis-a-vis health care professionals. For example, as shown in the results, in the Internet world, the posters have a subject-to-subject relationship with their physicians. They consequently and consistently refer to *male* physicians by their first names and use a language that is on par with that of their physicians. Therefore, we suggest that torrenting of information can be regarded also as a cyber nursing activity. The posters provide a virtual nursing competence in relation to the "self" and for other women that otherwise would not be offered through nursing care. In the role of the cyber nurse, they also regard themselves as the prolonged arm of the surgeon in an intricate cyber-based *doctor–nurse* game that is made possible by their virtual position.

As the only complement to this cyber nursing activity will come from magazines that frequently address the topic of elective plastic surgery, we suggest that engagement in an online forum will probably constitute the primary self-care strategy and activity for such patients as long as registered nurses choose not to get involved in educational programs for this group of patients/women over the Internet. Even if we use the concept of torrenting as a cyber nursing activity, the concept provides no guidance on quality in relation to registered nurses' evidence-based standards of providing care and self-care information to patients. Therefore, we argue that nursing researchers should closely monitor and elaborate on the cyber nursing activities that are developing, and which with time become an important self-care recourse for people using the Internet.

Trustworthiness and implications for nursing and nursing research

We emphasize four elements that support the trustworthiness of our study that explores virtual interactions and reveals patterns of virtual approaches to self-care in relation to mammoblastomy. These elements do not exclude other possibilities and approaches to this question or phenomena that are not addressed in this study. First, the volume of data, almost 1500 pages, is more extensive than what is usually considered in other qualitative studies (cf. Mason, 2010). Although quantity of data is not necessarily equivalent to quality, we consider our data to be of high quality because they contain intertwined interactions between posters and were produced over several years. Second, questions of trustworthiness are also linked with the use of data that were not intended for research. In some disciplines and in some research areas, for example, suicide research, personal notes, and reflections such as diaries and daily notes are not intended for public

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consumption but are regarded as the most trustworthy data (in answering questions about why people commit suicide) (Leenaars, 2009; Lester, 2006; Lester et al., 2004). However, even if the methodological considerations and limitations associated with suicide research differ from those of netnographic research, the validation of data as shared without the intention of scrutiny and constructed for research intentions might be regarded as the same. Third, the trustworthiness of the study is supported by the way in which the data were presented in the findings—that is, as a thick descriptive and analytic text with variations in levels of abstraction (cf. Geertz, 1973). Finally, based on our preunderstanding, we thought that we would produce an indexation of posters and their intentions of undergoing breast augmentation. However, we clearly discovered something quite different as a result of our deeply engaged analysis. Through in-depth qualitative research, we adopted an emic perspective and began to "sense the communion" among the posters and to understand the posters' shared values, feelings, and thoughts within the culture of breast enlargement Internet forums among women undergoing esthetic plastic surgery. We argue that this high level of serendipity meaning "A chance and unexpected discovery during data collection, often by searching for something else." (Daymon & Holloway, 2011, p. 368) also reflects important aspects of trustworthiness in a netnographic study.

With this said, the findings and interpretations of this study show that Orem's Self-care Deficit Theory, and probably other nursing theories, can play a vital and important part in analysing the postmodern shifts that nurses currently face, by focusing on developing ontological concepts and structures within the nursing paradigm and discourse. We argue that constantly identifying and conceptually filling gaps in the nursing discourse as local/global transformations take place is important to establish updated and well-equipped frameworks for nursing practice. In this article, we suggest that torrenting, as a way to seed and obtain important self-care information, can provide a conceptual understanding that can be further explored in relation to virtual self-care strategies within contemporary nursing theories and practice. This is particularly relevant in the postmodern era as the notion that basic biological and sociological principles are determined by nature and thus are immobile is being challenged. It is important for nursing researchers to both methodologically and conceptually grasp this new challenge from a contemporary viewpoint and at the same time, prevail with an ontological coherence to nursing. Understanding self-care torrenting and cyber nursing activities through the lens of Orem's conceptual framework is a way to meet this challenge.

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