Women, Beauty and Modification: A Critical Discourse Analysis of the Language of Cosmetic Surgery Advertisements

Masterarbeit
zur Erlangung des akademischen Grades
einer Magistra der Philosophie
an der Geisteswissenschaftlichen Fakultät der
Karl-Franzens-Universität Graz

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Graz, im April 2013
Acknowledgements

There are a number of people without whom the writing of this Master’s Thesis would have been impossible, and to whom I am greatly indebted.

Firstly, I would like to thank Prof. Bernhard Kettemann and Dr. Georg Marko for all of their help and guidance throughout the long and arduous writing process.

Many thanks are also due to my friends, wherever they might find themselves while reading this, for all of their support and patience during the past year, as well as for the welcome distraction they provided when it was most needed.

I would also like to thank my parents, Beatrice and Matthew Clarke, and my brother, Bryan Clarke, for their steadfast love and support throughout my life. No accomplishment would be possible without your encouragement and help, and please know that I am eternally grateful for everything you have done for me.

Last, but most certainly not least, I would like to thank my husband, Andreas Taras, for his unwavering support, humor and love over the course of the last few years. Your help and patience have been instrumental in this journey, and I know that I could not have picked a better teammate.
Statutory Declaration

I declare that I have authored this thesis independently, that I have not used other than the declared sources / resources and that I have explicitly marked all material which has been quoted either literally or by content from the used sources.

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Abstract

The pursuit of the perfect female body is a common theme in everyday Western discourse. We are constantly bombarded with advice on how to eat, exercise and apply makeup properly in order to maximize our attractiveness to others. However, there is a much more extreme option for those who are willing: cosmetic surgery. Mostly targeted at women, texts advertising cosmetic surgery encompass a problematic discourse relating to cultural standards of beauty and its value in modern society. It is the aim of this master’s thesis to examine this discourse from a critical point of view by seeking to answer the following questions: How is cosmetic surgery constructed by those who wield power within society? By what linguistic means is this accomplished? What kinds of socio-political problems are inherent in this perception?

In order to uncover underlying power relations and ideologies, this thesis employs Critical Discourse Analysis (CDA) as its main approach. Because it focuses on the link between language use and power within a societal context rather than pure linguistic description, CDA is well suited to an analysis of language that aims to shine a light on shared (if taken for granted) cultural knowledge. The empirical analysis uses a corpus composed of text taken from 25 different websites advertising cosmetic surgery, and draws upon a theoretical foundation of social and feminist theory pertaining to the female body, critical linguistics and social constructionist theory in order to determine the role of ideology in cosmetic surgery advertisements. It will use an inductive approach, starting with the linguistic details of the text in order to evaluate whether or not the ideologies found within this particular corpus can be argued to support interpretations of cosmetic surgery as a cultural practice by social and feminist theorists. The conceptual strategies that the analysis will seek to investigate include medicalization, aesthetization and the construction of authority.
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1. Introduction

“The maturing of a woman who has continued to grow is a beautiful thing to behold. Or, if your ad revenue or your seven-figure salary or your privileged sexual status depend on it, it is an operable condition.” (Wolf 1990: 231)

This quotation from author and activist Naomi Wolf sheds light on the pressure faced by women in modern Western society to look young and beautiful for as long as humanly (and technologically) possible. Indeed, the pursuit of the perfect body is a common theme in our discourse, which can be seen in the near-constant barrage of images, advice columns and advertisements that address, both directly and indirectly, how people, especially women, should look. The desire to conform to a cultural standard of beauty can lead to measures such as extreme dieting and exercise in order to change how our bodies look and are perceived by others, but there is an even more drastic measure available to those who are willing: cosmetic surgery.

The manipulation of the human body through surgical means is fraught with risk; complications include loss of sensitivity, infections, scarring, necrosis and blood clots among others. In extreme cases, cosmetic surgery can even result in death. Elective surgical procedures also come at a significant financial cost: liposuction, one of the most popular procedures in the US, starts at $4,000 per area of the body. In spite of these facts, cosmetic surgery is an extremely lucrative boom industry, with Americans spending nearly $10 billion on cosmetic procedures in 2011 alone. (ASAPS 2012: online 1)

The most obvious conclusion to be drawn from the above statistics is that physical attractiveness is a highly valued commodity in Western society, and that meeting cultural standards of beauty is paramount. However, the question remains: How is cosmetic surgery constructed by those who wield power within society? By what linguistic means is this accomplished? What kinds of socio-political problems are inherent in this perception? This analysis will attempt to answer these questions through the thorough examination of the language used to advertise cosmetic surgery.

In an effort to narrow the scope of a topic that produces nearly endless possibilities for scrutiny and dissection, this analysis will focus on the ways in which the language of cosmetic surgery affects women, as they account for over 90% of all aesthetic surgery procedures in the
United States (ASAPS 2012: online 1). Indeed, as Balsamo (1996: 70) observes, “[i]n the popular media (newspapers, magazines), advertisements for surgical services are rarely, if ever, addressed specifically to men.” By using a corpus-based, Critical Discourse Analysis approach, this analysis will examine the language used in online advertisements in order to uncover ideologies and power relations inherent in this particular type of discourse.

Because it focuses on the link between language use and power within a societal context rather than pure linguistic description, CDA is well suited to an analysis of language that aims to shine a light on shared (if taken for granted) cultural knowledge. The study itself will be comprised of a quantitative analysis of a corpus composed of text taken from 25 different websites advertising cosmetic surgery, as well as a qualitative analysis of specific sections of text from the corpus. It will draw upon a theoretical foundation of social and feminist theory pertaining to the female body, as well as critical linguistics and social constructionist theory in order to determine the role of ideology in cosmetic surgery advertisements and how they affect the perception of the female body in society.
2. Theoretical Background

The theoretical background section of this thesis explores existing academic research in the fields of social theory and cosmetic surgery, and serves as a basis for the empirical analysis that follows. It will explore different aspects of the practice of cosmetic surgery itself, outline social theory connected to the human body, explain the methodology and approach used in the empirical analysis and provide an introduction to the research questions and data used.

2.1 Cosmetic Surgery: an Overview

This initial section provides a brief overview of the practice of cosmetic surgery in order to familiarize the reader with its history, key terms, current rates and statistics of cosmetic surgery and ethical issues in the field.

2.1.1 The History of Cosmetic Surgery

If one were to take the words of aesthetic surgeons at face value, one would think of the body as an adaptable substance to be formed and reformed as its owner sees fit; one can (and should) alter their body in order to fit their own ideal of what it should look like. However, society’s attitude toward aesthetic surgery has not always been so accepting. The cultural discourse surrounding the alteration of the human body has changed considerably over the course of the last few centuries, ranging from the description of aesthetic surgery as wrong and unnatural to today’s seemingly widespread permissiveness and even encouragement of individuals’ ‘fixing’ what is ‘wrong’ with them.

In its beginnings, aesthetic surgery was seen as indistinguishable from reconstructive surgery, and although there are records of aesthetic surgery dating back to ancient India, it did not truly become widely discussed in Western cultures until the end of the sixteenth century. According to Gilman (1999: 10), the more widespread practice of plastic surgery was linked to epidemic syphilis, a disease that often left its victims extensively scarred, missing noses and highly stigmatized. Early aesthetic surgeons rebuilt the noses of syphilitic patients in order for them to be able to show their faces in public, but these surgical practices all but disappeared until the next outbreak of syphilis in the late eighteenth century. It was at this point that surgeons sought a name for the types of surgeries they were performing, and the
term ‘plastic surgery’ (from the Greek ‘plastikos’, meaning to mold or form) was proposed by Pierre Joseph Desault in 1798. (Gilman 1999: 10) Nevertheless,

[advances in plastic surgery were slow, largely owing to a lack of technological innovation and to the perception that it was an unnatural and immoral science that meddled with nature and the social order and, therefore, was unworthy of serious medical study or public acceptance.

(Jordan 2004: 330)

In the nineteenth century, German facial surgeon Johann Friedrich Dieffenbach (coincidentally known as the ‘father of plastic surgery’) continued to use the renaissance term ‘beauty surgery’ with derisive implications in order to establish the difference between ‘real’ reconstructive surgery and those surgeries that only aimed to make the patient look better. (Gilman 1999: 12) This distinction between aesthetic and reconstructive surgery seems arbitrary, but it has been a central point in the discourse of aesthetic surgery since its inception. Even as time progressed and the skills of plastic surgeons increased, aesthetic surgery was not a respected practice, but rather considered the domain of sham doctors more interested in theatrics than healing. Much of this perception stems from the nineteenth century practice of performing surgeries in front of paying audiences and the claims of some surgeons about having celebrity clients. (Jordan 2004: 330) Those practitioners who performed general or life-saving surgeries were not concerned with their patients’ body image, and instead insisted that patients should be thankful to have survived surgery in the first place instead of being unhappy with changes in their looks.

The term ‘cosmetic surgery’ was taken from the field of cosmetic dermatology at the end of the nineteenth century, which developed around that time in order to facilitate the “improvement of ‘abnormal’ appearance resulting from pathologies or trauma, including the use of corrosive cosmetics (such as lead compound face powder).” (Gilman 1999: 12) The term appeared infrequently along with aesthetic or beauty surgery throughout the end of the nineteenth and early twentieth centuries, but these labels shared the negative connotation implied by Dieffenbach.

This perception changed drastically following World War I, as the influx of damaged bodies and faces required surgeons to attempt more drastic and innovative corrective procedures. This had a positive effect on the general evaluation of cosmetic surgery:
The romanticized honor of being wounded in battle provided the necessary credibility to plastic surgery which, in this context, was neither vain, hubristic, nor corrupt medicine but a means to allow soldiers to return home as heroic rather than pitiable figures, thereby preserving the social order through diminishing the personal and social stigma of modern warfare.

(Jordan 2004: 331)

This newfound embrace of plastic surgery’s improved status expanded to include the application of plastic surgery for aesthetic reasons, for if plastic surgery were acceptable for a wounded soldier, it would be acceptable for the disfigurements of otherwise normal bodies. More specifically, “[p]lastic surgery’s acceptance as medicine enabled practitioners to seek out other “ill” bodies in need of their brand of healing, such as those suffering from psychological “wounds” brought about by bodily dissatisfaction.” (Jordan 2004: 331) This lead to a shift in the perceived focus of plastic surgery from the aforementioned improvement of abnormal appearances to the shaping and molding of the body to fit the desires of the recipient of surgery.

The twentieth century focus on the positive psychological effects of ‘improving’ or ‘fixing’ bodies that are ‘imperfect’ to make patients happier people continues to be the main pro-surgery argument put forth today by the cosmetic surgery industry. Cosmetic surgery itself is now becoming increasingly normalized within western society, in large part due to its increasing ubiquity throughout the entertainment industry. This is accomplished not only through the presence of surgically altered bodies in movies or magazine advertisements, but also through television shows such as “Extreme Makeover,” “Dr. 90210” and countless others. Reality shows of this nature present everyday people who elect to have cosmetic surgery, and whose lives are shown before, during and after the surgical procedure and healing. It remains to be seen what kind of effect this saturation will have on society’s acceptance of cosmetic surgery in the future.

2.1.2 Cosmetic Surgery: a Modern Industry

The next section of this paper gives a general summary of cosmetic surgery as it is practiced today. It will include important distinctions between cosmetic surgery and related medical intervention, recent statistics and the problematic ethical nature of cosmetic surgery as a medical practice.
2.1.2.1 Definition of Key Terms

In order to better understand the issues addressed in this analysis, it is essential to clarify terms that would otherwise be problematic. The first of these is the term ‘plastic surgery,’ which is often used interchangeably with ‘cosmetic surgery.’ According to Stedman’s Medical Dictionary (WebMD: online 2), plastic surgery is defined as “the surgical specialty or procedure concerned with the restoration, construction, reconstruction, or improvement in the form, function, and appearance of body structures that are missing, defective, damaged, or misshapen. Encompasses both reconstructive and aesthetic surgery.” In other words, ‘plastic surgery’ is a blanket term that includes all surgery aimed at improving the appearance, whether the body part(s) in question are within the range of normal appearance or not.

The more specific subsets of cosmetic surgery and reconstructive surgery can be defined through their difference to each other. If surgery is performed in order to change a body part that is not within the range of normal appearance, it is considered reconstructive surgery. Some examples of this are as follows: “The repair of a cleft lip or the straightening of a nose that has been broken is usually considered reconstructive surgery, not cosmetic surgery, because the body part that is being improved didn't start out in a range of normal appearance; rather, it's being brought back to a normal appearance.” (Denenberg 1996: online 3) Cosmetic (sometimes called aesthetic) surgery, on the other hand, is performed when the body part in question is within the normal range of appearance. “For example, a 60 year old man may have a face that is normal for a 60-year-old. When he gets a face lift, he is trying to improve the appearance of something that was basically normal to begin with,” (Denenberg 1996: online 3) although the question of whether a body part is ‘normal’ is admittedly somewhat subjective. This analysis is concerned with plastic surgery performed on normal body structures in order to improve their looks and/or the patient’s self esteem, or cosmetic surgery.

2.1.2.2 Current Rates of Cosmetic Surgery

Although it has not always been the case, cosmetic surgery is becoming more commonplace with each passing year. Its prevalence is reflected in the statistics concerning its use, and the following section uses the United States as an example of cosmetic surgery’s presence in modern society. The American Society for Aesthetic Plastic Surgery compiled the following figures pertaining to cosmetic surgery in the US in 2011:
• Americans spent nearly $9.8 billion on cosmetic procedures in 2011.
• People age 35-50 had the most procedures – more than 4 million and 43% of the total. People age 19-34 had 20% of procedures; age 51-64 had 28%; age 65 and over had 8%; and age 18 and younger had 1.4%.
• Women had almost 8.4 million cosmetic procedures, 91% of the total. The number of cosmetic procedures for women increased 208% from 1997.
• Men had almost 800,000 cosmetic procedures, 9% of the total. The number of cosmetic procedures for men increased over 121% from 1997.
• The top five cosmetic surgical procedures in 2011 were: liposuction (325,332 procedures); breast augmentation (316,848 procedures); abdominoplasty (149,410 procedures); blepharoplasty, or eyelid surgery (147,540 procedures); breast lift (127,054 procedures).

(ASAPS 2012: online 1)

International statistics regarding the pervasiveness of cosmetic surgery show similar trends worldwide. The International Society of Aesthetic Plastic Surgery (ISAPS 2012: online 4) reports that in 2010, 18,557,825 procedures were performed by board certified plastic surgeons. However, because the figure does not take plastic surgeons that are not board certified into account, the actual number of surgeries is likely to be much higher. The ten countries with the most procedures are, in order, The United States, China, Brazil, India, Mexico, Japan, South Korea, Germany, Turkey and Spain, and the five most popular surgical procedures were lipoplasty (liposuction), breast augmentation, blepharoplasty (eyelid surgery), rhinoplasty (nose reshaping) and abdominoplasty (tummy tuck). (ISAPS: online 4)

Predictions about the future of cosmetic surgery portray an industry undergoing tremendous growth. According to a study by the American Society of Plastic Surgeons, over 55 million procedures will be performed in 2015, a fourfold increase in the number of procedures compared to 2005. (ScienceDaily 2008: online 5) In the United States, at least, the explosive growth of the cosmetic surgery industry is likely due to a combination of factors. These include increased advertising using internet marketing techniques (doctors’ professional websites, groupon, etc.) as well as an increase in minority patients, especially Hispanics, the fastest-growing segment of the U.S. population, who “have adopted and adapted to many U.S. cultural norms.” (Warner 2005: online 6)

One can safely assume that an especially powerful contributing factor to cosmetic surgery’s normalization is the increased frequency with which people are presented with images and accounts of altered bodies through media, especially television. Returning to the example of the United States, news stories about plastic surgery, celebrities sporting ‘enhanced’ bodies, and both scripted and unscripted television shows centered on plastic surgery shape discourse
on the subject by presenting it as a means of obtaining happiness and success through the acquisition of a perfect body. This is in contrast to earlier, more negative associations of cosmetic surgery with vanity or dissatisfaction with the body that one is born with. When discussing the highly successful US-reality series *Extreme Makeover* (in which participants receive extensive plastic surgery makeovers), Tait states the following:

> Extreme Makeover stages the surgical transformation of candidates in a manner which not only publicizes cosmetic surgery, but makes it meaningful in ways which eschew perceptions of surgery as the practice of the vain or superficial. It contributes to a post-feminist surgical imaginary by figuring surgery as the means to empower the suffering individual, a discursive production which domesticates practices of discrimination along with their surgical solution. (2007: 124)

With constant presentations of cosmetic surgery framed in terms of personal empowerment, an end to suffering, the celebration of beauty and the acquisition of the desired, the continuous growth of the cosmetic surgery industry that profits from these portrayals becomes easier to understand.

### 2.1.3 Cosmetic Surgery and the General Ethics of Medicine

As cosmetic surgery becomes increasingly more pervasive in modern society, a debate about the ethics of performing potentially dangerous medical procedures on healthy bodies has been raised: How much risk should be tolerated for a procedure that is not medically necessary? This and other serious questions about the responsibilities of medical and regulatory professionals as well as societal pressure to look attractive have created a multitude of opinions about the problematic place of cosmetic surgery on the spectrum of ethical medical intervention.

According to De Roubaix (2011: 11), there are four basic ethical principles that must be taken into account by medical practitioners before performing services or interventions, which are beneficence, nonmaleficence, distributive justice and respect for patient autonomy. Beneficence is defined as “action that is done for the benefit of others.” (Pantilat 2008: online 7) This concept requires that surgeons act in their patients’ best interests, but the decision as to what constitutes the ‘best interests’ of the patient are at the discretion of the surgeon. This is directly related to the concept of nonmaleficence, or the idea of “do[ing] no harm. Physicians must refrain from providing inefficient treatments or acting with malice toward
Because the concept of nonmaleficence is difficult to apply in medicine since many effective and life-saving medical procedures come with very high risks, it is best applied when contrasted with beneficence.

However, these concepts are problematic when applied to cosmetic surgery, as “the potential benefits of any intervention must outweigh the risks in order for the action to be ethical.” (Pantilat 2008: online 7) On one hand, if a complication of liposuction is death, it is difficult to imagine that the benefits of the intervention (thinner thighs, increased self-confidence) could be argued to outweigh the risks (not being alive to enjoy them). On the other hand, the risks of facial surgery do not change significantly between a patient who has it for purely aesthetic reasons and one who has it to correct damage done by a traumatic injury or disease (reconstructive surgery). This ethical grey area of how important the surgery is to the patient’s emotional health is a problem that cosmetic surgeons face on a regular basis, which begs the question of whether or not cosmetic surgery complies with the accepted ethics of medicine.

The third concept, distributive justice, is also a very difficult one to apply to cosmetic surgery. “Distributive justice requires that everyone receive equitable access to the basic health care necessary for living a fully human life insofar as there is a basic human right to health care.” (Ascension Health 2012: online 8) Cosmetic surgery performed for purely aesthetic reasons is very rarely covered by health insurance, as procedures that are purely cosmetic are not usually necessary for living a fully human life. In practice, it is relegated to the private sector and is only available to those who can afford it. This calls into question the role of cosmetic surgeons as providers of a ‘health’ service, as the cosmetic procedures themselves are non-essential and performed almost entirely for profit. This concern is echoed by Roubaix (2011: 14), who suggests that “The traditional aims of medicine – prevention, healing, alleviation and empathy – underpin the respect that society accords the profession; aesthetic enhancements may diminish ‘medicine's noble public status’ if practitioners become tradesmen and not ‘healers meeting the need of the sick’.”

The last basic ethical principle of medicine is the respect for patient autonomy. According to Pantilat,

Physicians have an obligation to create the conditions necessary for autonomous choice in others. For a physician, respect for autonomy includes respecting an individual’s right to self-determination as well as creating the conditions necessary for autonomous choice. […]
Examples of promoting autonomous behavior: Presenting all treatment options to a patient, explaining risks in terms that a patient understands, ensuring that a patient understands the risks and agrees to all procedures before going into surgery.

(2008: online 9)

Patients must have all information regarding not only the procedure and its risks, but also the experience of the surgeon and realistic expectations of a procedure’s outcome. It is the surgeon’s duty to balance the patient’s autonomy with the principle of nonmaleficence. However, according to Little (1998: 170), there is a disturbing tendency in the field of cosmetic surgery to commit certain medically unethical actions, which include “[t]he widespread practices of advertising to create demand, of underemphasizing risks and overclaiming results, of suggesting procedures over and above the ones initially requested by the patient”. In these situations, one can safely assume that patient autonomy is not fully respected.

The importance of considering the questionable ethical nature of cosmetic surgery cannot be understated. If, in the case of cosmetic surgery, surgeons and patients are willing to ignore, sidestep or reinterpret the most basic rules regarding risks and benefits of medical treatment, it can only be seen as a reflection of the incredible demand for these kinds of procedures. This demand in turn is an important reflection of the desire and need for physical perfection in modern Western society, since we are willing to accept much higher health risks than are proportionally advisable when compared to the foreseeable benefits of the procedures. It seems that we as a culture are quite literally willing to risk life and limb in the pursuit of beauty.

2.2 Social Theory and the Body

As a starting point from which to analyze the presence of discourses about the body, this chapter will explore various theories concerning the self, body image, beauty, ageing and femininity within our modern society. This theoretical background will serve as the basis for the identification of more specific discourses within the analyzed texts.

2.2.1 Social Constructionism

This analysis has its theoretical basis in social constructionism, which explores relationships between perception, thought and reality. The world around us is not an objective reality, but
constructed by individuals and groups through shared knowledge and language. Although there are many different schools of social constructionism, Burr (2003: 2-4) identifies three key principles that are shared by all:

- A critical stance toward taken-for-granted knowledge
- Historical and cultural specificity
- Knowledge is sustained by social processes

The first point insists that we look more deeply at the world we perceive, because the things that we assume are objectively true about the world are actually constructed by us and by the people around us. More concretely, we as human beings impose divisions and classifications upon our world in order to understand it, which do not necessarily exist in reality. This is contrary to the views of positivism and empiricism, both of which assume that the true nature of the world around us can be revealed to us by observation. (Burr 2003: 3)

The second point seeks to emphasize that these categorizations are specific to different time periods and cultures. The history of Western public perception of cosmetic surgery presented in section 2.1 can be used as an example to underscore this point. Whereas cosmetic surgery is now widely accepted as a legitimate and reputable branch of medicine, just two centuries ago it was seen an immoral pseudo-science that sought to alter what God or nature had created.

The third point emphasizes the origin of knowledge, which does not come from the world as it truly is, but is created through daily interactions between people, which is the reason that language is essential to social constructionists. By communicating with one another, we create webs of meanings that dictate the way we see the world. These meanings, classifications and knowledge are then diffused throughout societies to the point that they are taken for unquestionable truth, and preserved by the members of those societies until new knowledge is created in the same manner to replace it.

2.2.2 Foucault and the Body

In order to apply theories of constructed knowledge to the body, one must first examine some of the meanings assigned to the body, as well as the concepts of attractiveness and body image.
Although many conceptions of the body exist within social constructionism, all agree on two basic tenets:

Social constructionist views are united in their opposition to the notion that the body can be analyzed adequately purely as a biological phenomenon. They also share an approach which holds that instead of being the foundation of society, the character and meanings attributed to the body, and the boundaries which exist between the bodies of different groups of people, are social products.

(Shilling 1993: 70)

One of the most influential approaches is that of Michel Foucault, who focused on the relation between power, discourse and the body. However, “[t]he body for Foucault is not simply a focus of discourse, but constitutes the link between daily practices on the one hand and the large scale organization of power on the other.” (Dreyfus and Rainbow, 1982, as quoted in Shilling 1993: 75) When describing the change in discourse concerning the body and who or what has power over it, Foucault pointed out that the body is no longer controlled by brute force, as was the case historically, but by surveillance and stimulation.

The shift from corporal punishment to surveillance and stimulation is described in detail in his study of historical systems of punishment. Whereas corporal punishment and the ritual physical assault of the body were once the penalty for the most serious crimes, they have been replaced in modernity with the current prison system, in which offenders are subject to constant surveillance. (Shilling 1993: 76) This surveillance is meant to institute increased control over the mind, stimulating offenders to monitor their own behavior. Foucault identifies this as the shift from shared knowledge that identifies the body as flesh to identifying it as the ‘mindful body,’ or the mind as the center of control. (Shilling 1993: 75)

This conceptualization of power over the body through the mind also has implications for those outside of the penal system. In addition to the surveillance system being later adapted to schools, hospitals, army barracks and other institutions (which allowed for greater control by ruling institutions over larger sections of society), it resulted in the individuation of the general populace. Shilling (1993: 78) defines this as “a set of practices by which individuals are identified and separated by marks, numbers, signs and codes which are derived from knowledge of the population and related to the establishment of norms.” This form of control required the establishment of norms against which individuals could be compared, and
instigated the increased control of the population through the stimulation of desires. Suggesting that this new form of control was unquestionably linked to the rise of capitalism, Foucault saw it reflected in modern society’s encouragement of the average person to “[g]et undressed – but be slim, good-looking and tanned!” (Foucault 1980: 57, as quoted in Schilling 1993: 78) The outcome of this dominance is what Foucault calls ‘docile bodies,’ which are subject to the whims of the powerful. According to this view, we as members of society see our desires as natural and commonsensical, but they are in fact constructed knowledge imposed on us by institutions seeking to gain and/or keep control of the populace.

Foucault also pioneered the concept of power through medicalization (although not the term itself), later defined by Conrad (2007: 4) as “a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders.” In accordance with his theories of surveillance, Foucault saw medicalization as one way that medical authorities and institutions controlled societies by using their power over the identification of disease and health to dictate what is and is not socially acceptable behavior. According to White (2002: 41), “[o]ur failure to conform to those expectations may lead to us being labeled diseased and sick. And this may easily lead to legally sanctioned chemical, surgical or electrical treatments to enforce our conformity with social roles.” In short, medical opinion as to what constitutes disease has at times had very little to do with observable biological occurrences, and much more to do with manufacturing compliance with whatever social standards the powerful of a given time and place deem useful to their agenda.

Foucault saw the science of medicine as “the crucial kink at the level of knowledge between the discipline of individual bodies by professional groups (of psychiatrists, dieticians, social workers and others) and the regulation of populations by panopticism (in the form of asylums, factories, schools and hospitals).” (Turner 2008: 36-37) Although we trust it (very often with our lives), the expertise of medical professionals is not and has never been without bias.

2.2.3 Feminist Perspectives on the Construction of Femininity

Although they agree with Foucault’s perspectives concerning power and disciplinary practices and their effects on society and the body, many feminists take issue with his lack of differentiation between female and male bodies, and the differing methods used to control
them. While both are compelled to meet cultural standards of what male or female bodies should be, it is women who are pressured to cultivate uniquely powerless bodies.

When writing about the bodily experiences of women, Bartky (1988: 132) insists that, in an effort to exhibit culturally accepted notions of beauty, women’s bodies undergo disciplinary practices that result in a particular form of ‘docile bodies’ that are easily controlled. In order to be ‘feminine,’ a woman must subject her body to a number of practices, grouped here into three categories: “those that aim to produce a body of a certain size and general configuration; those that bring forth from this body a specific repertoire of gestures, postures, and movements; and those directed toward the display of this body as an ornamented surface.” (Bartky 1988: 132) A woman’s body is not deemed adequate unless she starves, paints, softens, restricts and dresses it in a way that appeals to men, while males rarely face this kind of judgment. Bordo explains:

Through the pursuit of an ever-changing, homogenizing, elusive ideal of femininity […] female bodies become docile bodies - bodies whose forces and energies are habituated to external regulation, subjection, transformation, “improvement.” Through the exacting and normalizing disciplines of diet, makeup and dress - central organizing principles of time and space in the day of many women - we are rendered less socially oriented and more centripetally focused on self-modification. Through these disciplines, we continue to memorize on our bodies the feel and conviction of lack, of insufficiency, of never being good enough. At the farthest extremes, the practices of femininity may lead us to utter demoralization, debilitation, and death.

(1993: 166)

Because the standards for this feminine transformation are so high, a measure of shame is added to a woman’s sense of her body when she inevitably fails to produce the desired result, and it is through this ‘quest’ for the gaze and approval of the male that women are therefore controlled. These findings can easily be applied to the desire for the perfect body through cosmetic surgery, especially when the disproportionate number of women who undergo cosmetic procedures is considered. Achieving the ‘perfect’ body is a surefire way to attract the male gaze, although this in no way guarantees a woman any respect or social power. What is more, the subsequent trivialization of the feminine quest for beauty (by men) undoubtedly strengthens societal power over women by increasing the level of shame they experience in connection with their bodies.
This view is echoed by Jeffries (2007: 19) when describing the modern construction of the female body as a problem created by magazines, cosmetics companies and plastic surgeons who wish to sell products and services: the more technological means we discover of making the body ‘perfect’, the more blame is attached to female bodies that do not meet this standard. Perhaps even more interesting are the ways in which the different narratives of established waves of feminism have allowed patriarchal producers to rationalize whatever position they wish when it comes to selling body-altering products to women. “If selling diets or plastic surgery is the aim, then the control of the body by technology and mediated willpower can be framed within a first-wave, rationalist perspective, where women, just as much as men, can ‘rise above’ the dictates of their bodies.” (Jeffries 2007: 20) Second- and third-wave feminism offer perspectives that are equally easy to commandeer:

However, and without any sense that it is contradictory, these texts simultaneously use the second-wave argument that the female is different, and should be valued as such, to underpin the selling of sexual technique, the rationale for the search for perfection (to attract a mate) and the excuse for women being at times ‘at the mercy of’ their bodies’. […] The rise of ‘third-wave feminism’, first as a reaction to the dominance of white women’s experience and later as younger generation’s reaction against second-wave feminism (see Henry 2004), provides the media with the opportunity to serve both their commercial interests and also to pay lip service to feminist concerns.

(Jeffries 2007: 20)

More concisely, not only is western society’s construction of the female body used in such a way so as to make women feel ashamed of their perceived imperfections, the arguments of all three waves of feminism are adopted in order to do so.

2.2.4 Feminism and Cosmetic Surgery

It is not difficult to imagine that, given feminism’s well-documented rejection of cultural norms that serve to oppose women and promote gender inequality, feminists would be staunchly opposed to a practice such as cosmetic surgery, which seeks to alter the body to meet externally imposed standards of attractiveness. However, the argument as to whether or not cosmetic surgery should always be seen as negative exists within the ranks of feminism as well. While some insist that cosmetic surgery and the ideals of feminism are incompatible, others counter that the traditional view of it as simply another tool used to force women to submit to sexist and patriarchal forms of power is not true in all cases.
The evaluation of cosmetic surgery as a form of dominance over women is not difficult to comprehend. With science advancing to the point that radical bodily modification is possible, some argue that what is ‘natural’ is no longer ‘good enough,’ and with our ability to meet our ideals comes the exaggeration of those ideals to previously unheard-of extremes, with even more time, effort and money being spent to comply with them. Commenting on the evolution of the ideal of thinness, Bartky (1988: 132) describes current fashion as “taut, […] narrow-hipped, and of a slimness bordering on emaciation; it is a silhouette that seems more appropriate to an adolescent boy or a newly pubescent girl than to an adult woman.”

For the majority of women, there is no healthy method of achieving this standard of slimness, especially when combined with the cultural ideal of large, firm breasts that sit high on one’s chest: “The norm is contradictory, of course. If breasts are large, their weight will tend to pull them down; if they are large and round, they will tend to be floppy rather than firm. In its image of the solid object this norm suppresses the fleshy materiality of breasts, this least muscular, softest body part.” (Young 1992: 153) These criteria can themselves be traced to the intervention of cosmetic surgeons, as they are so infrequently found in nature. Cosmetic surgery also advances this narrative of impossible beauty by positioning itself as the ‘solution’ for women who have not been genetically endowed with ‘perfect’ bodies, thus shifting more blame onto the shoulders of those who are imperfect because a method of fixing their imperfections does exist.

Feminists also take issue with the fact that cosmetic surgery quite literally transcribes cultural meanings onto the bodies of its (mostly female) patients. According to Balsamo,

> [c]osmetic surgery is not simply a discursive site for the “construction of images of women,” but a material site at which the physical female body is surgically dissected, stretched, carved, and reconstructed according to cultural and eminently ideological standards of physical appearance.

(1999: 58)

The outcome of cosmetic surgery therefore has everything to do with the aesthetic judgments of the cosmetic surgeon as to what constitutes femininity and beauty, which have changed considerably even since the popularization of cosmetic surgery. They decide what constitutes a normal, healthy or beautiful body or face, which is overwhelmingly reliant on Caucasian standards. This is obviously problematic for nonwhite women, with concrete examples of the
desire to comply with these standards being requests for the alteration of black noses and the ‘westernization’ of Asian eyes.

This discourse of cultural meanings also extends to aging, which is treated by many cosmetic surgery professionals as a medical condition. In an effort to market their particular brand of healing to older patients that have “more money than time to spend on body maintenance” and are “just beginning to experience the effects of aging en masse,” surgeons equate the qualities of youthful eyes to functionality, thereby medicalizing the naturally looser skin of older eyes as a deformity. (Balsamo 1999: 63) Indeed, the changes that a normal body undergoes throughout the years such as looser skin, wrinkles and less firm breasts are discussed using the same language as disfigurement, or the ‘complications’ of getting older. This troublesome relationship between medically unnecessary procedures that are, at the same time, ‘essential’ within society is also problematic for the surgeons themselves.

Apparently this creates a bit of tension for cosmetic surgeons who on the one hand are keenly aware of the fact that the service they provide is often an entirely elective endeavor, but on the other also realize the potentially serious physical consequences of their medical service. This tension is managed discursively when both physicians and patients construct “curative” justifications for the voluntary submission to general treatment. (Balsamo 1999: 64)

The discourse of cosmetic surgery as ‘curative’ is common in the descriptions of a vast number of procedures, but is particularly present when marketing the cultural value of youthfulness.

Finally, feminist scholars have addressed what they see as the colonization of women’s bodies through cosmetic surgery, thus identifying those who exercise power in the relation between the two. The term ‘colonization’ is used here to describe the act of viewing and treating women and their bodies not as complete human beings, but “as a ‘primitive entity’ that is seen only as potential, as a kind of raw material to be exploited in terms of appearance, eroticism, nurturance and fertility[…]” (Morgan 1991: 173) The idea that women, by choosing to have cosmetic surgery, are rejecting the fixedness and restrictions of their natural bodies does exist, but Morgan (1991: 173) believes that “they are in danger of retreating and becoming more vulnerable, at the very level of embodiment, to those colonizing forms of power that may have motivated the process in the first place.” It is the transformation of the female body in order to attract the approval of the Other.
But the question remains: who exactly is this Other? In modern heteronormative society, the answer is, more often than not, men. According to Burton et al. (1995: 61), physical attractiveness has historically been more important for women than for men, due to three factors: Firstly, the female social role has traditionally been defined outside the realm of the workforce, with men filling the role of provider. This means that physical attractiveness is a more important evaluative cue due to the perceived lack of more ‘objective’ criteria available to assess stereotypical role fulfillment. Secondly, women are much more likely than men to use beauty to attain social power, since they choose mates on this basis, while men choose mates based on attractiveness. Thirdly, beauty has a stronger implication for women, as rewards for physical attractiveness are much higher for them than for men. This has historically put men in a privileged position when it comes to deciding what is and is not attractive in women. This explicit power, however, is obscured by the rhetoric of plastic surgery being something that women do ‘for themselves,’ or in order to ‘be the woman they have always wanted to be.’

On the other hand, there are exceptions to feminism’s usual rebuke of cosmetic surgery. One specific case is that of the French performance artist Orlan, who was the first artist to turn cosmetic surgery into an artistic medium. (orlan.net 2012: online 10) Orlan first created a computer-generated amalgamation of the features of famous women in art (the forehead of Da Vinci’s *Mona Lisa*, the chin of Botticelli’s *Venus*, the mouth of Boucher’s *Europa*, etc.) and has cosmetic surgeries in order to recreate them, using her own body as a canvas. These models are not chosen for their beauty, but for the stories associated with them (e.g. Mona Lisa’s transsexuality) However, Orlan is not fully anesthetized during her operations; in fact, she only chooses surgeries that require local anesthesia so that she can be awake during them, reading out loud from literary, psychoanalytic or philosophical texts while being filmed. After the surgeries, Orlan sells surgical ‘mementos,’ such as “pieces of her flesh preserved in liquid, sections of her scalp with hair still attached, fat cells that have been suctioned out of her face, or crumpled bits of surgical gauze drenched in her blood.” (Davis 2003: 108)

Nevertheless, Orlan’s goal is not to be beautiful, although she takes her inspiration from historical beauties. For example, she sports silicone implants at her temples in order to resemble the Mona Lisa, and is planning to get the largest nose possible for her next and last surgery. Her work explores the social pressures faced by women in terms of their bodies, as well as cultural beauty norms and identity. By constantly changing her looks, Orlan as a
person is constantly changing, never static, and her project “represents the postmodern celebration of identity as fragmented, multiple, and—above all—fluctuating [...]” (Davis 2003: 109) She, and not the male gaze of the Other, determines what she does with her body and how it should look.

Orlan’s project is not about a real-life problem; it is about art. She does not use cosmetic surgery to alleviate suffering with her body, but rather to make a public and highly abstract statement about beauty, identity, and agency. Her body is little more than a “vehicle” for her art, and her personal feelings are entirely irrelevant. When asked about the pain she must be experiencing, she merely shrugs and says: “Art is a dirty job, but someone has to do it.” Orlan is a woman with a mission; she wants to shock, disrupt convention, and provoke people to discussing taboo issues. “Art can and must change the world, for that is its only justification.”

(Davis 2003: 111)

Orlan’s art requires the transformation of her body through surgery, but it has very little in common with the normal goals of making oneself appear younger and more beautiful in the conventional sense. She makes and remakes her body in the image of her own creation, thus exerting her own power over it while simultaneously subverting archetypal patriarchal power. Orlan’s work can therefore be seen as a revolutionary use of cosmetic surgery in order to bring issues of identity and control to the forefront.

2.3 Methodology and Approach

In order to investigate the presence of the aforementioned discourses in advertisements for cosmetic surgery, this analysis employs a Critical Discourse Analysis approach. It is therefore the purpose of this chapter to describe what Critical Discourse Analysis is, identify the key concepts necessary for understanding this method, and explicitly state the approach taken in this particular analysis.

By definition, Critical Discourse Analysis, or CDA, is a research approach used to examine and expose the ideologies, power structures and the socio-political problems that are inherent in discourse. Before going further into the description of CDA, it is essential to define ideology, power and discourse as a social practice within this context.
2.3.1 Ideology, Power and Discourse as a Social Practice

Ideology, defined by Blommaert (2005: 159) as “the ‘cultural’, ideational aspects of a particular social and political system, the ‘grand narratives’ characterizing its existence, structure, and historical development”, can more succinctly be described as ideas or biased knowledge about the world. This knowledge is shared by a group of people or a culture, and is understood by that group to be common sense. Ideologies affect what we do, how we view things, people, events, and generally how we understand and make sense of the world around us. We often forget that these values and beliefs are not universally shared, and that they are used to “sustain social relations and power structures, and the patterns of power that reinforce such common sense.” (Blommaert 2005: 159)

In their book *Power and Language*, Ng and Bradac offer a concise definition of power:

At the simplest level, one can distinguish between two senses of the concept: power to and power over. [...] In the positive sense, “power to” is the realization of personal or collective goals. In the negative sense, it is the hindering of other individuals’ achievement of goals for the sake of hindering. “Power over,” on the other hand, is the relational facet of power. One person has power over another person when the two stand in a relationship of dominance and submission; this may occur in institutional (e.g., the military) or noninstitutional (e.g., a hostage situation) settings, legitimately or illegitimately, between friends or between enemies. (1993: 3)

If one person or social group has power where another one does not, it automatically implies an inverse or asymmetrical relationship. The act of exercising this power is called dominance, defined by van Dijk (1993: 249-250) as “the exercise of social power by elites, institutions or groups, that results in social inequality, including political, cultural, class, ethnic, racial and gender inequality.” The possession of power and the ability to exercise dominance allows some members of society to shape outcomes and influence thinking in different ways, which include force or coercion, social and institutional structures, and consent. Although all three are important, CDA is mostly concerned with the exercising of power through consent through the use of ideologies.

The third mainstay of CDA is the idea of discourse as a social practice. Norman Fairclough, one of the founders of CDA, defines ‘discourse’ as it pertains to the research approach in the following manner:
Discourse is used in linguistics to refer to extended samples of either spoken or written language. In addition to preserving the emphasis upon higher-level organizational features, this sense of ‘discourse’ emphasizes interaction between speaker and addressee or between writer and reader, and therefore processes of producing and interpreting speech and writing, as well as the situational context of language use.

(1992/2008: 3)

This interpretation of the meaning of the word ‘discourse’ places an emphasis on its interactive aspects rather than its production or its grammatical units, i.e. purely linguistic description.

According to this definition, the producers and consumers of any discourse, whether written or spoken, are necessarily positioned within a social context. For example, in the case of this analysis, the positions are usually that of medical practitioner and potential patient. This social positioning is crucial to understanding how and why discourses are framed and carried out in the ways that they are, because they help determine the language used within them, with that language inversely helping to define the social positions of the actors themselves.

This understanding of discourse has prompted the proposition of a three-dimensional conception of discourse analysis that focuses on the most important elements of a discursive event: the ‘text’ dimension, the ‘discursive practice’ dimension and the ‘social practice’ dimension. (Fairclough 1992/2008: 4) The first dimension focuses on a linguistic analysis (or description) of the product of communication, or the text. The dimension of ‘discursive practice’ centers on the text production process, including “which types of discourse (including ‘discourses’ in the more social-theoretical sense) are drawn upon and how they are combined.” (Fairclough 1992/2008: 4) The third dimension, ‘social practice,’ is concerned with how the social context shapes discourse and what the effects of that discourse might be.

2.3.2 Critical Discourse Analysis

CDA as a discipline examines the interrelation of ideology, power and discourse by investigating not only language itself, but also the role it plays in the creation and maintenance of social orders, ideologies and dominance. (Marko 2009: 1) Its focus is on exposing underlying meanings of discourse that might not be immediately obvious in order to assess whether or not the beliefs inherent in them could be used to conserve existing
relationships of power, as well as to take away any assumptions of ‘naturalness.’ Fairclough describes how CDA works as a form of language critique:

1. Focus upon a social problem which has a semiotic aspect. Beginning with a social problem rather than the more conventional ‘research question’ accords with the critical intent of this approach—to produce knowledge which can lead to emancipatory change.
2. Identify obstacles to it being tackled, through analysis of
   a) the network of practices within which it is located
   b) the relationship of semiosis to other elements within the particular practice(s) concerned
   c) the discourse (the semiosis) itself
      (i) structural analysis: the order of the discourse
      (ii) textual/interactional analysis—both interdiscursive analysis, and linguistic (and semiotic) analysis
   The objective here is to understand how the problem arises and how it is rooted in the way social life is organized, by focusing on the obstacles to its resolution—on what makes it more or less intractable.
3. Consider whether the social order (network of practices) in a sense ‘needs’ the problem. The point here is to ask whether those who benefit most from the way social life is now organized have an interest in the problem not being resolved.
4. Identify possible ways past the obstacles. This stage in the framework is a crucial complement to stage 2—it looks for hitherto unrealized possibilities for change in the way social life is currently organized.
5. Reflect critically on the analysis (1-4). This [requires] the analyst to reflect on where s/he is coming from, how s/he herself/himself is socially positioned.

(2003: 209)

This is a basic description of CDA as a research method, which also draws on research from other fields such as sociology, critical linguistics and gender studies.

In order to accomplish its goals, the actual analysis of a text is carried out in three stages, which correspond to the three-dimensional conception of discourse analysis described in section 4.1. The first of these stages, description, is a delineation of the lexical and grammatical features of a text. It should be noted that, at the description stage, it may be just as important to draw attention to linguistic features that are not present in the text as to explain those that are, as both strategies can contribute to the concealment of information and intentions. In short, this stage is concerned with labeling and identifying.

The second stage of CDA is interpretation. According to Fairclough (1989: 140), it is impossible to come to any sort of conclusion about the relationship between a piece of text and society based on the formal features of text alone, so one must interpret these features based on a foundation of common-sense assumptions that provide their context. It is the task
of the critical discourse analyst at this stage to use these common-sense assumptions as a basis to assign meanings to the features examined in the *description* stage. The analyst theorizes what meanings they could have, as well as what meanings will be most likely assigned to them by those that see/hear/read them. (Marko 2009: 11) This second stage connects the text to participants and their cognitive processes.

The third stage, *explanation*, seeks to link the ideas and meanings of the text to social practices and relations of power, as well as determine the effects that the discourse could have on these practices and relations. This stage focuses on the placement of the discourse within a socio-political context, and is “…a matter of seeing a discourse as part of a process of social struggle, within a matrix of power.” (Fairclough 1989: 163)

### 2.3.3 CDA and Corpus Linguistics

In order to analyze the language of websites advertising cosmetic surgery, this analysis takes an approach that combines CDA with corpus linguistics. The use of a corpus in combination with specifically designed computer software offers numerous advantages, the first of which undoubtedly being the ability to analyze much larger volumes of data than would be possible using a strictly manual approach. According to Baker, (1995: 11-12), a common problem in discourse analysis is the presence of cognitive and researcher bias. Using a corpus restricts these biases by making it more difficult to be selective with sources and information by increasing the amount of data analyzed. Although it is impossible to eliminate all bias, using a wider empirical base helps to minimize this problem.

Another key advantage of a corpus-based approach is the fact that it offers the researcher the opportunity to conduct both qualitative and quantitative analyses. According to Mautner, computer software accomplishes this by

> […] computing frequencies and measures of statistical significance, as well as presenting data extracts in such a way that the researcher can assess individual occurrences of search words, qualitatively examine their collocational environments, describe salient semantic patterns and identify discourse functions.

(2009: 123)
The benefits of using programs designed for linguistic analysis cannot be understated when using larger corpora, in particular because it allows the analyst to see the cumulative effect of linguistic features or constructions after compiling multiple examples.

2.4 Research Questions and Data

The next section of the paper will establish the main focus of the analysis, as well as more specific information about the corpus that was compiled in order to do so.

2.4.1 Research Questions

With the theoretical background now firmly established, the next step in the analytical process is to identify the research focus of the analysis. Although any discourse relating to cosmetic surgery will inevitably involve that of beauty as well, this analysis will use an inductive approach, starting with the linguistic details of the text in order to evaluate whether or not the ideologies found within this particular corpus can be argued to support the previously-discussed interpretations of cosmetic surgery as a cultural practice by social and feminist theorists. Conceptual strategies that the analysis will seek to investigate include medicalization, aesthetization and the construction of authority.

The main question that it will seek to answer is that of how the practice of cosmetic surgery is constructed within the text, and secondarily, what kinds of power relations and conceptualizations of beauty are prevalent. In order to do so, the analysis will examine particular discourses relating to gender, beauty, age, and the cosmetic surgeons and patients themselves. This focus has been formulated to guide this analysis in its aim of uncovering the underlying ideologies of medical authority, the possible framing of unattractiveness as a medical problem and the increased importance of beauty for women inherent in cosmetic surgery discourse.

2.4.2 Data

This particular analysis employs a corpus analysis approach in order to conduct a farther-reaching examination than would have been possible with the analysis of fewer websites. Though any body of electronically encoded text can be called a corpus, the focus on websites specifically advertising cosmetic surgery means that the corpus used in this analysis is a
specialized corpus, or a corpus “used in order to study aspects of a particular variety or genre of language.” (Baker 1995: 26)

The corpus used in this analysis consists of 25 websites of cosmetic surgery clinics or professional websites of cosmetic surgeons themselves. These websites include descriptions of surgical and non-surgical procedures, descriptions of cosmetic surgery clinics and facilities, the professional biographical information of the plastic surgeons advertised, testimonials written by former patients and frequently asked questions. Although the websites vary in how much information they provide for each section, all of them include wide-ranging information about multiple aspects of cosmetic surgery. This broad topical scope combined with the large number of websites compiled help to establish a more accurate description of what kind of discourse is ‘normal’ within the parameters of the discourse of cosmetic surgery advertisements.

Data used in the corpus was restricted to websites advertising services in the English-speaking world, including websites from The United States, The United Kingdom, Canada, New Zealand and Australia. This limitation was placed in order to ensure some degree of cultural cohesiveness by focusing on cosmetic surgery within the Anglophone world. The corpus itself consists of 562,191 tokens, or running words, with 15,222 types, or distinct words. It should be noted that the texts that comprise the corpus are highly specialized in nature, and refer nearly exclusively to cosmetic surgery procedures, the surgeons who perform them and the patients who have them done. This implies a high degree of repetition within the corpus, which accounts for its low type/token ratio of 2.71.
3. Empirical Analysis

The section that follows is the empirical analysis itself, in which the corpus is examined using the analytical framework of the previously discussed social theories and research questions.

3.1 Initial Analysis: Frequently Occurring Words

The first step in analyzing the corpus was to create an initial wordlist using the linguistic analysis software program WordSmith Tools 5.0 (Scott 2008). Multiple forms of words (e.g. make, makes, making, made) were combined using a lemma list (Someya 1998: online 11), and function words such as articles, prepositions, conjunctions and pronouns were excluded using a self-compiled stoplist. The resulting words were compiled into one wordlist, and the 200 most frequently occurring words were then categorized based on their semantic function, which was established by the analyst. The resulting salience of certain semantic categories was then used as a starting point for analysis, as it is the first indication of the prevalence of specific conceptualizations within the overall discourse of cosmetic surgery. The ten most salient semantic categories, their type/token statistics and examples are as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Type/Token Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Operation (32 types/33,443 tokens)</td>
<td></td>
</tr>
</tbody>
</table>
| General: rhinoplasty, lift, augmentation, procedure, correct, undergo (24 types/28,459 tokens)  
| Foreign bodies: implant, Botox, collagen, silicone, filler, anesthesia (8 types/4,984 tokens) |
| All Body Parts (31 types/28,638 tokens) |  
| Specific: breast, nose, face, eye, forehead, buttock, (20 types/16,178 tokens)  
| Unspecific: skin, scar, tissue, wrinkles, blood, fat (11 types/12,460) |
| All Healthcare (22 types/20,160 tokens) |  
| Healthcare/Therapy: treatment, office, recovery, heal, hospital, option (16 types/10,493 tokens)  
| Healthcare/People: patient, doctor, Dr., candidate, surgeon, White (6 types/9,667 tokens) |
| Evaluation (22 types/10, 545 tokens) | smooth, normal, important, natural, better, common |
| Transformation (14 types/7,293 tokens) | change, effect, aging, increase, become, result, |
| Mental Cognition (9 types/4,853 tokens) | need, like, want, desire, consider, expect |
| Shapes and Forms (7 types/3,235 tokens) | size, shape, contour, side, part, form |
| Mental Perception (3 types/2,455 tokens) | look, experience, see |
| Uncertainty (4 types/2,030 tokens) | usually, depend, possible, generally |
| People (4 types/1,971 tokens) | women, people, man, Mr. |
Considering the subject nature of the texts, the results of the initial analysis are not particularly surprising. The texts have highly specialized subject matter, focusing on surgeries and their results, so it was expected that categories like operations, body parts and evaluation would be prominent. However, this is not to say that these results are not meaningful; if the semantic category of Healthcare/people is more closely examined, for example, it becomes apparent that doctor, Dr. and surgeon appear a total of 5,083 times, nearly double the number of times that patient and candidate occur (3,196). This could be seen as indicative of the focus on the authority of the medical professional rather than the treatment and concerns of the patient.

3.1.1 Pronouns and Proper Names

In order to more accurately assess the presence of certain properties, individuals and relations within the text, an in-depth description of the textual world and its populations is necessary, one of the most important aspects of which is the presence of social actors. More specifically, the next section will seek to establish who addresses whom in the text, whether or not social actors are classified and how authority and gender are constructed in the text. It will attempt to do so through the examination of pronouns and proper names, which should indicate the established roles of the social actors. An initial analysis of these aspects yielded the following results:

Figure 2

<table>
<thead>
<tr>
<th>Personal pronouns, possessive determiners and possessive pronouns</th>
<th>Number of appearances in the text</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First person singular</strong></td>
<td></td>
</tr>
<tr>
<td>I, me, my, myself, mine</td>
<td>4,545</td>
</tr>
<tr>
<td><strong>First person plural</strong></td>
<td></td>
</tr>
<tr>
<td>we, us, our, ours, ourselves</td>
<td>2,203</td>
</tr>
<tr>
<td><strong>Second person singular/plural</strong></td>
<td></td>
</tr>
<tr>
<td>You, your, yours, yourself</td>
<td>12,203</td>
</tr>
<tr>
<td><strong>Third person singular, male</strong></td>
<td></td>
</tr>
<tr>
<td>He, him, his, himself</td>
<td>1,599</td>
</tr>
<tr>
<td><strong>Third person singular, female</strong></td>
<td></td>
</tr>
<tr>
<td>She, her, herself, hers</td>
<td>869</td>
</tr>
<tr>
<td><strong>Third person singular, neutral</strong></td>
<td></td>
</tr>
<tr>
<td>It, its</td>
<td>3,540</td>
</tr>
<tr>
<td><strong>Third person plural</strong></td>
<td></td>
</tr>
<tr>
<td>They, their, theirs, them, themselves</td>
<td>2,956</td>
</tr>
</tbody>
</table>
The first striking feature of the text was the frequency of third person singular male pronouns, which is nearly double that of third person singular female pronouns. One would assume that because women make up such a vast majority of cosmetic surgery patients, these words would appear more frequently in the corpus. However, upon closer inspection, the reasons for this perceived discrepancy are made clear.

The personal pronoun she in the text, which appears 402 times (taking into account contractions like she’s, she’d and she’ll), refers to a doctor or medical staff member 157 times and a patient, candidate for surgery or other female 245 times. Some examples are as follows:

1) She has in depth knowledge of the soft tissue, nerves, muscles, cartilage and bones under the skin.
2) You and she will decide on a date for surgery and a date for your preoperative appointment, which will be approximately one to two weeks prior to your surgery date.
3) She had tried exercise, sit-ups and numerous creams but saw little improvement.
4) For about a month after the operation she had to strap her nose every three days with flesh-coloured strips but says that she recovered quickly.

However, when the word he (in addition to the contractions he’s and he’d) is examined, the results are found to be much less balanced. Out of the 818 times that the word appears in the corpus, it refers to a doctor or medical staff member 791 times, and to patients and other males only 27 times. Examples include the following:

1) During this time, he carefully evaluates each patient’s overall health and facial structure, and learns about his or her aesthetic desires.
2) Following further specialized training in cosmetic surgery, he commenced practice in 1978 in Toronto, where he quickly became a recognized authority in his field.
3) He has run his own private practice specialising in Cosmetic Surgery since 1997.
4) About thirty days after the operation, he came home from school with a headache.

The fact that he is used more than twice as frequently as the pronoun she, as well as the fact that the ratios of reference to male and female doctors and patients are even more unbalanced, seems to confirm the assumption that, although it is women who are lining up to have cosmetic surgery, it is men who maintain the highest position of power within the industry. Indeed, as Singer (2006: online 12) observes, “Of 7,003 doctors in the United States who are board certified in plastic surgery — meaning they have passed examinations to demonstrate their competency — just 623 are women, according to the American Board of Plastic Surgery”, or roughly 8.9 percent. This is certainly evidenced in the text, and leads to the even more problematic question of these male doctors being the final authority on their female patients’ appearance after surgery. According to Balsamo (1999: 58), “[t]he discourse of
cosmetic surgery offers provocative material for discussing the cultural construction of the
gendered body because women are often the intended and preferred subjects of such discourse
and men are often the agents performing the surgery.”

An important point to consider is the types of social relations between text interactants, in this
case plastic surgeons and potential patients. According to Fairclough (2003: 75), “[s]ocial
relations are relations between social agents, which can be of different types: organizations
[…] groups […] or individuals. Communication can be between organizations or groups or
individuals, or combine different types of social agents.” This communication can differ on
two levels, namely social hierarchy and social distance. Although the communication in the
text would seem to be between a single surgeon/clinic and their patients, closer inspection
shows the intention of the texts’ creators of invoking the authority of health institutions,
lending them increased power within the social hierarchy.

The high position of the doctor within the social hierarchy is confirmed within the text
through the use of proper names, which almost exclusively refer to cosmetic surgeons
themselves. Of the 500 most frequently used words in the text, eight of them are the surnames
of individual surgeons, namely White, Tavaloki, Greenwald, Middleton, Hochstein, Klein,
Karidis and Barnouti. In fact, the surnames of surgeons appear 2,956 times throughout the
Corpus in combination with words like Dr. (2,627), Mr. (323), Doctor (3) and Mrs. (3). This
Reference to social actors as individuals is known as individualization, and generally signifies
elite persons (van Leeuwen 2008: 37). Individualization is only afforded to medical
professionals, as patients (for example, in the testimonial sections of the websites) are only
referred to using first names or a last initial (e.g. Ms. H). This lends the medical professionals
more authority, indicates their expertise (in the case of Dr.) and distances them from their
Patients in terms of their institutional power.

This authority is itself fraught with issues of whose judgment takes precedence when deciding
what the patient will look like post-surgery. “Cosmetic surgery is predicated upon definitions
of physical normality. It was developed to alleviate deviations in normal appearance, and,
indeed, the recent ‘revolution’ in cosmetic surgery attests to plastic surgeons’ increasing
authority to distinguish between normal and abnormal bodies.” (Davis 2003: 5) Surgeons are
the ‘gatekeepers’ of what is considered possible, impossible and aesthetically pleasing, an
authority granted to them by the medical institutions to which the title of Dr. corresponds.
By far the most commonly used personal pronoun in the corpus is the second-person you, appearing a total of 6,287 times (including the contractions you’ve, you’ll and you’d). The fact that this pronoun appears in lieu of more impersonal references such as ‘patients’ or ‘candidates’, as well as with such a high frequency, indicates a personalization of the discourse in the corpus, creating the impression of closeness and directness between addressee and addressee. One way that the text accomplishes this personalization is through the use of the question-and-answer format in FAQ sections of many of the websites, as in the following example:

- What should I expect from my recovery?
- You will come out of surgery wearing gauze and a support bra. You should be up and around the day of surgery to prevent blood clots in the legs.

This clearly shows that the implied addressee is singular through the posing of questions using the first-person singular pronoun, and the response may therefore also be assumed to be singular. This implication of a more personal relation is described by Fairclough (1989: 62) as synthetic personalization, or the “compensatory tendency to give the impression of treating each of the people ‘handled’ en masse as an individual.” This exchange also mimics the more intimate atmosphere of a one-on-one consultation, invoking a sense of trust in the reader, and could be seen as having the effect of implying more personalized attention from the surgeon.

Another specific context in which you frequently occurs is in combination with the word will:

1) During your consultation with Dr. Hochstein, you will learn which implant is most suitable for your body.
2) Following this you will be examined and your breasts will be measured with a tape measure in order to obtain an idea of the degree of droop present.
3) You will be shown several before and after treatment photographs of patients having similar breasts, and Dr. Middleton will explain the treatment you can expect to receive.

This use of this combination, which occurs 745 times (you will + you’ll), places the reader in the role of the cosmetic surgery patient more concretely than if the sentences had been constructed with the conditional form would, which only occurs 132 times (you would + you’d). It implies a certain degree of finality in terms of whether the reader will or will not have cosmetic surgery, which could be seen as a technique employed to make the potential surgical candidate feel like the decision has already been made. The combination of the individualized surgeon and the personalization of the addressee creates an unequal relationship between them that nonetheless seeks a certain degree of trust. In establishing an
An important communication function of the interview is to initiate the development of effective health-care relationships and the development of provider and consumer health communication rules. The relational messages interview participants send one another establish the guidelines for an implicit contract between health care provider and consumer. In effective interviews, care is taken by practitioners to put patients at ease so they feel comfortable about sharing personal health information and are receptive to health information provided to them.

(1988/2012: 247)

The synthetic personalization in the text combined with the use of will could be seen as serving the purpose of putting the patient at ease and making them receptive to the information provided by the surgeon, perhaps making them less likely to question it or the authority of the doctor providing it. However, the surgeon maintains the position of power as well as the control of the information that the addressee seeks about their surgery, as the roles of doctor-and-patient are simultaneously those of provider-and-consumer.

Another interesting use of personal pronouns is that of the first person singular I, which is only used in one of two contexts: the question-and-answer format in the FAQ sections of the websites, or the testimonial sections. It occurs 2,712 times, and refers almost exclusively to patients; it is extremely rare that the I refers to a surgeon, again reflecting the distance between the two.

1) Can I become pregnant and breast feed afterwards?
2) Now I can truly look at myself in the mirror and feel that this is the way I want to look and I feel so very comfortable.
3) I want to look as good as I can for as long as I can

This is, however, not the case with the first person plural pronoun we, which is sometimes used exclusively and sometimes inclusively. The following examples show exclusive use:

1) In our practice we are committed to providing our patients with the highest quality plastic surgical care.
2) In order to maintain the treatment results, we highly recommend you apply a moisturising cream to the treatment area every day.
3) At SurgiCare we are the experts in Vaser Lipo, a revolutionary non-surgical treatment for fat removal.

This accomplishes the same goal as the individualization of the cosmetic surgeon, which is to separate them from potential patients in their hierarchical role as the medical authority. Their
increased authority in turn gives their opinions, suggestions and recommendations more weight, hopefully convincing the addressee to choose them over other providers of the same service by implying superior knowledge and experience in the surgical field.

The inclusive use of the personal pronoun we, found elsewhere in the text, is quite different from that of its exclusive counterpart:

1) However, as we age, the effects of the sun, wind, time and hormones begin to take their toll.
2) Too much removal of the fat pad can mean a gaunt look as we grow older, as the fat pad becomes too thin.
3) Dynamic lines and wrinkles are caused by contractions of the delicate underlying muscles every time we smile, laugh or frown. The more emotion we show the deeper these lines and wrinkles are likely to be.

In these examples, the pronoun is employed with the intent of relating to the cosmetic surgery candidate through the shared experience of aging. Generally speaking, the inclusive ‘we’ “reduces hierarchy and distance by implying that all of ‘us’ are in the same boat, and uses expressions […] which evoke everyday experience and language.” (Fairclough 2003: 76) The range of inclusiveness is extremely wide, as the implication of the text is that everyone ages; therefore, everyone sees and feels the affects of this process. This in turn reduces the social distance between textual interactants, thereby mystifying the social hierarchy established by the individualization of the surgeon. In addition to this, the use of the inclusive ‘we’ assumes a certain degree of agreement with the evaluation of the effects of aging as negative (which will be dealt with at a later point in the analysis), which would hopefully (from the point of view of the surgeons) motivate the addressee to consider cosmetic surgery.

3.1.2 Construction of the Gendered Reader

As highlighted in section 3.1.1, the personal pronoun he in the text is used more often in reference to a surgeon or medical professional, and the personal pronoun she is used more often in reference to a prospective patient. This establishes that male participation within the discourse of the websites is almost exclusively in the role of surgeon (also the more active, ideologically powerful role), while female participants are more likely to be found in the role of the patient (the more passive, less powerful role). This is also the first indication that the target or ideal reader of the text is female, given that the purpose of the text is to convince prospective patients to have surgery. It is the aim of the following section to investigate
additional ways in which the reader of the text, or the social actor addressed by the text producer, is constructed as female.

An initial indication of the assumption of female readership is the higher frequency of words relating to the female body and the experiences of women within the text. A prime example of this is the fact that the most frequently mentioned body part in the text is breast, which appears a total of 4,450 times (combined singular and plural forms). This should come as no surprise, as breast augmentation and breast lift surgery regularly account for two of the five most frequently performed surgical procedures. While a procedure for male breast reduction is advertised on every website, only 129 occurrences of the word breast(s) are found in a contextual environment that indicated a male body. Interestingly, when it does occur in this collocational environment, the combination is almost always male breast(s) (reduction, surgery, etc.), indicating that any mention of breast that does not refer to women had to be specified as such. More specifically, the collocations female breast(s) or woman’s/women’s breast(s) are found a combined total of 24 times in the text, while male breast(s) is found 108 times. The collocations men’s breast(s) and man’s breast(s) never occur (although the collocation man boobs appeared 9 times).

1) Up to 90% of adolescent boys will develop some male breast enlargement, which resolves in the majority as they grow into adulthood.
2) In Los Angeles Male Breast Reduction has become a necessity for thousands of men who suffer from Gynecomastia, or male breast growth.
3) Though certain drugs and medical problems have been linked with male breast overdevelopment, there is no known cause in the vast majority of cases.

An interesting point raised by the specifically gendered references to male breasts as opposed to the largely unmarked references to female breasts is the implication that men do not have breasts. This assumption is inherently false, as men have breast tissue and nipples, and can even suffer from breast cancer, albeit in rare cases. The need to refer to male breasts as such might imply that there is something strange or uncommon about them, since breasts described without gender are assumed to be female. Gilman describes the main problem associated with male breasts:

The male body, too, has its specifications, which define its masculinity. For male bodybuilders in contemporary American culture, “pecs” are fine; breasts (“bitch tits”) are not. […] Having breasts precludes a man from “passing” as truly male among his peers; it is seen as androgynous in a world that divides the sexes into clear antithesis-those with breasts (female) and those without (male).

(1999: 259-260)
It seems logical that this binary difference would be highlighted on cosmetic surgery websites in order to feminize any appearance of breast tissue. The fact that men are not supposed to have breasts frames their existence as a medical problem, and surgery is portrayed as the only solution. As seen in the example “In Los Angeles Male Breast Reduction has become a necessity for thousands of men who suffer from Gynecomastia, or male breast growth,” the presence of any growth of the breast is medicalized, and surgery is portrayed as essential rather than simply desirable. However, this medical ‘condition’ is highly unspecific; how large must a man’s breasts be in order to be considered ‘feminine’? What is the fat-to-muscle ratio that changes their size from ‘normal’ to ‘abnormal’? Gynecomastia (quite literally “woman-breast” [Gilman 1999: 260]) is variously described in the text as ‘male breast overdevelopment,’ ‘enlarged, female-like breasts,’ ‘excessive breast growth’ and ‘abnormal glandular breast overgrowth,’ but what constitutes this overgrowth and ‘feminization’ is left to the reader’s imagination. The gender-related frequency of the word chest is more evenly distributed, although it still refers to females more often than it does to males. Out of 219 occurrences, 107 refer specifically to female bodies, 72 refer to male bodies and 40 occurrences are found in a gender-neutral environment.

All other occurrences of the word breast, as well as all 381 occurrences of the word nipple (even though having nipples is not a uniquely female condition), occur in a contextual environment describing surgeries performed on women.

1) We believe that a proportionate breast profile is important to a woman’s sense of femininity and can enhance her self-confidence.
2) Whilst all women have some degree of size difference between their breasts, asymmetry refers to an obvious inequality.
3) The nipple is then moved to its new site in the reduced profile breast.

Breast and nipple also occur within three words of the possessive pronoun your a total of 311 times, which accounts for roughly 5.28% of the 5,892 appearances of your. When considered in light of the fact that breast is much more likely to refer to female anatomy, this possessive description of female attributes not only characterizes the reader as much more likely to be female, but echoes the established cultural preoccupation with the female breast: “The female breast as a source of eroticism, as a symbol of femininity, as a determinant of fashion, and as a measure of beauty has for centuries assumed an importance far out of proportion to the natural purpose of the glands - the nourishment of an infant.” (Sloane 2002: 194)
The discrepancy between distinctly male- and female-associated words continues when sex organs, procedures to alter them and adjectives derived from them are examined.

**Figure 3**

<table>
<thead>
<tr>
<th>Body part, adjective or procedure</th>
<th>Appearances in the text</th>
</tr>
</thead>
<tbody>
<tr>
<td>vagina</td>
<td>29</td>
</tr>
<tr>
<td>clitoris</td>
<td>5</td>
</tr>
<tr>
<td>labia</td>
<td>81</td>
</tr>
<tr>
<td>vaginal</td>
<td>31</td>
</tr>
<tr>
<td>clitoral</td>
<td>11</td>
</tr>
<tr>
<td>labial</td>
<td>27</td>
</tr>
<tr>
<td>vaginoplasty</td>
<td>21</td>
</tr>
<tr>
<td>labiaplasty/labioplasty</td>
<td>123</td>
</tr>
<tr>
<td>penis</td>
<td>42</td>
</tr>
<tr>
<td>penile</td>
<td>12</td>
</tr>
<tr>
<td>testicular</td>
<td>1</td>
</tr>
</tbody>
</table>

In the text, the total number of words related to male sex organs is 55; words relating to the female sex organs total 328. This is in spite of the fact that the number of procedures that can be performed on the female sexual organs (vaginoplasty, labiaplasty/labioplasty, clitoral hood reduction) is identical to the number of procedures that can be performed on the male sexual organs (penile lengthening, penile thickening, penile prosthesis). All of the procedures exhibit a focus on their appearance and, less centrally (in the case of vaginoplasty), their function.

With regard to gender-specific surgeries, most readers of this analysis will be aware of the prevalence and popularity of breast-enhancement surgeries; however, cosmetic intervention meant to alter the appearance of the labia and surrounding structures is a fairly new phenomenon. According to Davis, labiaplasty is

“…a relatively recent plastic surgery procedure that involves trimming away labial tissue and sometimes injecting fat from another part of the body into labia that have been deemed excessively droopy. In contrast to the tightening operation known as “vaginal rejuvenation,” labiaplasty is sheerly cosmetic in purpose and purports to have no impact on sensation (unless something were to go terribly awry).”

(2002: 7)

Purely from point of view of frequency, the high rate of words describing female genitalia could be seen as indicative of an assumed readership that is predominantly female. In addition to implying female readership, it should be noted that the development of non-function-related cosmetic procedures whose purpose is solely to ‘beautify’ female genitalia reflects an
increased concern for the aesthetic nature of even the most private of body parts. This preoccupation also echoes the ‘colonization’ of the female body described by Morgan in section 2.2.4, especially with regard to the erotic. Although there seems to be wide variation in the appearance of clitoral and labial length, width, color and wrinkledness (Lloyd et. al. 2005: 645 as quoted in Tiefer 2008:472), Tiefer explains that

wide variations may not be represented in pornography or other public information sources, however. Women who are feeling insecure about their genitals as a result of the new genital visibility in skimpy underwear and oral sex practices may succumb to marketing blandishments by authorities in white coats to give them what’s proper and normal.

(2008: 472)

It seems that there is now no part of the body that cannot be judged and evaluated according to aesthetic criteria, which gives credence to warnings issued by feminist scholars that cultural standards of beauty are becoming increasingly restrictive.

Another way that female readership is implied in the text is through the inclusion of experiences that are socially accepted as being uniquely female. Examples of this include:

1) You will come out of surgery wearing gauze and a support bra. You should be up and around the day of surgery to prevent blood clots in the legs.
2) It will probably always be covered by any clothing—even the smallest of bikini tops.
3) Following a thread vein removal procedure, you could soon be wearing shorts or skirts in summer without the embarrassment you previously experienced!

If the text were constructing a male reader, it is unlikely that it would refer to wearing such decidedly feminine articles of clothing as sports bras, skirts and bikini tops without some sort of explanation or qualification, although this does not, by definition, rule out the experiences of men. Pregnancy and childbirth, on the other hand, categorically exclude men, as they and the bodily changes that accompany them can only be experienced by biological women.

1) A study by UK Mother & Baby magazine found that the joys of childbirth are often soured by the toll it takes on mothers’ figures.
2) Many women find that after weight loss, childbirth or simply due to gravity that their breasts begin to droop, if this is the case then you may be suitable for a breast uplift.
3) Los Angeles and Beverly Hills mothers whose abdominal skin has stretched out with pregnancy are now seeking a new solution.

The same can be said of menstruation and menopause:

1) Aggravation of acne in later life may occur with menstrual periods, use of birth control pills, use of oil-based products and stress.
2) This change accelerates with menopause, and the gradual reduction of estrogen levels.
3) Hormonal changes in your body—whether you’re going through puberty, pregnancy, or menopause, taking birth control pills, or undergoing post-menopausal hormone replacement therapy—can also cause visible veins to develop.

While some of the experiences mentioned are found in the descriptions of ‘female’ procedures like breast augmentation and breast lifts, many others are found in non gender-specific procedures like acne treatments, the removal of varicose veins, liposuction and abdominoplasty. Specific references to men are almost entirely restricted to male breast reduction and penile enhancement surgeries.

It seems that the overall construction of the female reader in the text is accomplished indirectly through the use of specific body parts and experiences rather than through direct appeal to a specific gender to have cosmetic surgery (unless the surgery can only be performed on one sex, like labiaplasty or penile enhancement). The fact that this construction is accomplished largely without explicit reference to the reader’s gender seems to establish a kind of ‘default position’ for cosmetic surgery as being intended for women. This view is further solidified by explicit references to men in the context of procedures like breast surgery, while the female equivalent is not to be found within the corpus. Even a simple search for the collocation male cosmetic surgery/procedure yields 11 results, while the search for female cosmetic surgery/procedure yields none, indicating that male cosmetic surgery is outside the norm and must be specified.

Although this construction is to be expected due to the fact that women make up the vast majority of cosmetic surgery consumers, it should still be seen as troubling due to its perpetuation of the narrative of women’s societal value being connected to their level of attractiveness. If the text is constructed to relate more directly to female readers, the only logical assumption that can be drawn from this is that the services advertised are also intended overwhelmingly for women. In the case of cosmetic surgery websites, those services are intended to make people more conventionally beautiful, and therefore seems to confirm the socially constructed ‘beauty myth’, or the idea that a woman’s looks are the key to her social power and value.

As it appears in the text, a woman’s looks have an effect on her perception of herself and many important events in her life; in the examples used in this section, breast size is linked to femininity, a woman’s figure can dampen the joys of motherhood and wearing skirts can be
an embarrassing experience if dark veins are visible on her legs. If physical attractiveness were as important to men’s self-perception, one would assume that it would be addressed within the text with at least similar frequency. This reflection of the increased importance of physical beauty for women necessarily places them in a less powerful position, as they are at the mercy not only of society, but of their own bodies, to a degree to which men are not subjected.

### 3.1.3 Use of Determiners

One linguistic strategy employed by cosmetic surgery websites is the varying use of definite articles and possessive pronouns. Despite the fact that the reader is constructed and highly personalized in the texts through the use of the personal pronoun *you*, the body parts that this constructed reader would theoretically wish to change are quite often referred to using the definite article *the* instead of the possessive pronoun *your*. This can be seen in the following examples from the corpus:

1) Before long *the* skin has stretched so much that it becomes too big for *the* frame it once covered. As a result, bags, wrinkles, pouches and jowls appear on *the* face and neck.
2) Anyone can look at a picture of someone’s profile and recognize if *the* chin is too small or underdeveloped. When *the* chin is undersized, it undermines *the* entire face.
3) Many women consider having breast augmentation to improve their size or shape because they think *the* breasts are too small, uneven in size or shape, or unattractive.

The technique of using definite articles serves to disassociate the body part from the person, which has the effect of impersonalizing criticism. According to Jeffries,

> This psychological distancing by the use of deictic terms […] has the interesting effect of producing simultaneous but possibly conflicting implicatures that the reader *has* these features […] but also that these features are not an integral part of the reader […].

(2007: 81)

If the possessive pronoun ‘*your*’ had been used in the above examples, the tone of the text would seem much more blunt or harsh, which would most likely only serve to alienate readers. This linguistic strategy seems to keep the description of the ‘problematic’ body parts both abstract (they are not referring to *your* chin or *your* face), general (this is not a problem that only I have; everyone will suffer/is suffering from this problem), and non-insulting.
The careful use of determiners can also be found in the descriptions of surgical procedures on the sites. When describing how each surgery is performed, the pronoun ‘your’ is noticeably absent.

1) Incisions usually begin above the hairline at the temples, follow the natural line in front of the ear, curve behind the earlobe, into the crease behind the ear, and into the scalp.

2) Once the incision is made, a pocket is created for the implant. This pocket is made either beneath the pectoral muscle or directly behind the breast tissue.

3) In a suture method eyelid procedure, a crease is created by burying permanent non-reactive sutures (prolene, used in heart valve surgery) pinching a bit of the undersurface of the eyelid skin to the deep tissue.

In these examples, determiners are used to distance the patients from the possibly alarming thought of being operated on. Imagining these procedures actually being performed on oneself could put off potential patients who find the idea of being cut open wholly unappealing. Using more general determiners can therefore be said to have the effect of detaching the surgical act from the reader in order to avoid alienating those who may be more squeamish.

3.2 Further Quantitative Analysis: Semantic Fields

Having considered the various relationships between and assumptions about the textual participants, the next section of the analysis will turn its attention to patterns within the text in the form of semantic fields, defined by Finegan (2004/2008: 196, online 13) as “a set of words with an identifiable semantic affinity.” In section 3.1, semantic categories were established by starting with the words themselves and creating semantic categories into which they fit, thus using a sort of ‘bottom-up’ approach to semantic categorization. In this section, the semantic categories were established first, after which the corpus was examined for words that fit into them. This could be described as a ‘top-down’ approach, and seems to have resulted in semantic categories with slightly narrower conceptual meanings, as all words in the corpus were considered instead of simply those that appeared more frequently.

The ways in which meanings are assigned to concepts through the use of specific words will be analyzed in view of Fairclough’s classification (directly related to ideology), in which “preconstructed and taken-for-granted ways of dividing up parts of the world continuously generate particular ‘visions’ of the world, ways of seeing it, and acting upon it.” (2003: 213). The questions explored in this section will be, what kind of visions of the world does cosmetic surgery discourse engender, and what kinds of problems do these conceptualizations entail?
3.2.1 Semantic Field: the Surgeon as Artist

When examining the texts, the presence of words seemingly more related to the semantic field of visual and plastic arts than medical intervention became apparent, which led to a more purposeful search for and recording of words that fall within this field of meaning. In addition, because beauty through cosmetic surgery is quite literally created by cosmetic surgeons, it seems logical to use these medical professionals as a starting point for an examination of specific classifications constructed in cosmetic surgery discourse. These descriptive words are found in nearly all sections of the websites, and the following table shows the presence and frequency of words in the text somehow related to art:

**Figure 4**

<table>
<thead>
<tr>
<th>Word</th>
<th>Freq.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ART</td>
<td>33</td>
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<td>ARTFUL</td>
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<tr>
<td>ARTISAN</td>
<td>117</td>
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<tr>
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<td>2</td>
</tr>
<tr>
<td>ARTISTRY</td>
<td>8</td>
</tr>
<tr>
<td>ARTWORK</td>
<td>1</td>
</tr>
<tr>
<td>CLASSIC</td>
<td>12</td>
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<td>3</td>
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<tr>
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<tr>
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<td>156</td>
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<td>4</td>
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<tr>
<td>MOLDS</td>
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<td>RECONTOURING</td>
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<tr>
<td>SCULPT</td>
<td>116</td>
</tr>
<tr>
<td>SCULPTOR</td>
<td>3</td>
</tr>
<tr>
<td>SCULPTURE</td>
<td>12</td>
</tr>
<tr>
<td>SMOOTH</td>
<td>328</td>
</tr>
</tbody>
</table>
One trend in the text evidenced by these words is the equation of plastic surgery to art, which necessarily places the cosmetic surgeon in the role of the artist. Bodies are smoothed, recontoured, molded and refined through the intervention of these artists, thereby making them more likely to be accepted as beautiful within society; post-surgical bodies are transformed into works of art. In this case, the texts are making use of metaphor, which is “a means of representing one aspect of experience in terms of another, and is by no means restricted to the sort of discourse it tends to be stereotypically associated with.” (Fairclough 1989: 119) This metaphorical construction of the surgeon-as-artist is further echoed by the surgeons themselves when providing personal information in the biographical sections of their websites:

1) Dr. Rajagopal brings exemplary experience, training and skill - along with a woman's insight and sensitive touch - to the art of plastic surgery.
2) Leading edge cosmetic plastic surgery requires years of advanced surgical training with an artistic appreciation for the human form.
3) Like a sculptor, Dr. Tarshis carefully modifies and reshapes the bones and the cartilage.

The connotation of art and sculpture as being beautiful, desirable and requiring skill is a very useful one for cosmetic surgeons to appropriate. Portraying themselves as artists elevates the concept of beauty beyond something frivolous desired by the patient to a form of creation that requires extensive knowledge and talent on the part of the surgeon. The implication of skill also makes the surgeons’ agency very clear, firmly placing power in their hands.

Fine art is defined as “creative art, especially visual art whose products are to be appreciated primarily or solely for their imaginative, aesthetic, or intellectual content,” (Oxford Dictionaries 2012: online 14) which fits the view of plastic surgery as a medical procedure performed for the contentment of the patient. However, this portrayal is problematic in view of the fact that cosmetic surgeons are alternately portrayed as healers, and the surgeries themselves as necessary for the patient’s psychic well-being. In their role as artists, surgeons would assume priority the aesthetic results of surgery, placing their concern for the resulting form and beauty of the patient above all else. In their role as providers of a health service, surgeons must prioritize the health and wellbeing of the patient. This
juxtaposition is troubling, especially when considering the nature of the ‘deformities’ of patients’ bodies: are bodies that are not aesthetically pleasing a medical problem? Is unhappiness with one’s appearance a medical problem?

The danger of seeing cosmetic surgeons as artists is also inherent when assessing the risks of surgery, which are often minimized in consultations. By concentrating on their function as providers of beauty, surgeons prioritize the desired outcome of a change in physical form that (usually) has very little to do with improved function. In order to convince patients of the desirability of such surgeries, surgeons must downplay the seriousness and potential problems associated with them and highlight aesthetic outcomes. It can therefore be said that the equation of cosmetic surgeons with artists flies in the face of medical ethics, specifically the principles of nonmaleficence (doing no harm) and respect for patient autonomy (creating the conditions necessary for autonomous choice). Zimmerman describes the surgeon-as-artist ideology through the experience of Karen, a woman who was misinformed about the risks of breast augmentation surgery, and whose breast implants later caused severe health problems:

After Karen realized that her deteriorating health could be related to her implants, she came to view plastic surgeons not as healers but solely as “artists” whose presumed role is to enable women to adhere to ideal beauty standards: “I don’t think that [implanting women with a potentially dangerous medical device] was a malicious or calculated effort on the part of plastic surgeons. It was more, ‘Well, women want bigger breasts, and this is my role.’ A lot of plastic surgeons see themselves as these artists, and we, as women, become an extension of them—a trophy for them.” The perception of plastic surgeons as artists enabled Karen to understand these doctors’ practices within a larger cultural context. Within this context, the female body is just a piece of art or a “trophy” for those who possess the ability to sculpt and mold her.

(1998: 113-114)

Another way to view the metaphor of surgery-as-art would be as a strategy to mask the unpleasantness of the thought of being operated on by using words that are not associated with the pain of some medical procedures. The following examples show how the semantic sub-field of sculpture is used to substitute those of the semantic field of surgery:

1) Dr. Jennifer Levine uses the most advanced surgical techniques to sculpt the nose for an attractive and natural appearance.
2) It should be noted, however, that liposuction is not a weight loss program, but a procedure used to contour the body.
3) Fine lines and wrinkles around the eyes and mouth can be smoothed.

The physical actions that these surgical procedures actually entail have very little to do with fine art; however, ‘techniques to sculpt the nose’ is much less jarring than ‘using a surgical hammer and chisel to chip away the cartilage of the nose.’ Liposuction is hardly less violent; a
straw-like metal rod is inserted under the skin and manually pushed and pulled through a layer of fat by the surgeon in order to forcibly separate fat cells and suction them out of the body. In the case of a surgical face lift, incisions are made behind the hairline and the skin is pulled back over the skull and re-sewn in place in order to remove wrinkles. According to Machin and Mayr (2012: 185), metaphor “can be used as a tool to help us make sense of things. But it can also be used strategically as a tool for abstracting processes and agents in order to recontextualize practices and to foreground and background.” It is clear that the metaphorical language used here is not used to help patients make sense of the described surgeries; rather, it is used to recontextualize the practice of cosmetic surgery as an artistic endeavor as well as background the actual surgical processes.

3.2.2 Analysis of Beauty-Related Adjectives

The next step in establishing semantic patterns within the text was to analyze the presence of adjectives related to beauty. This analysis was performed in order to scrutinize the presence of beauty standards in the text, as well as identify different ways in which beauty is conceptualized in cosmetic surgery discourse. In order to do this, a list of adjectives synonymous with and including beautiful was examined for frequency and collocational environment. In order from most to least frequent, the adjectives that appeared in the text were beautiful (131), attractive (71), pleasing (35), desirable (27), pleasant (19), pretty (17), appealing (7), lovely (2) and handsome (1).

Figure 5

Adjectives relating to beauty
As evidenced in figure 5, the adjectives *beautiful* and *attractive* comprise roughly two thirds of all adjectives found to be synonymous with beauty within the text, making them the most prominent and therefore ideologically powerful words in this semantic category. *Beautiful* is defined as “having qualities of beauty” or “exciting aesthetic pleasure,” (Merriam Webster 2012: online 15) and *attractive* as “having or relating to the power to attract” or “arousing interest or pleasure”, (Merriam Webster 2012: online 16) and while the two words have very similar denotations, their connotations are nonetheless distinct.

The word *beautiful* carries a heavily aesthetic denotation; although it could be used to describe a wide variety of nouns and concepts (a beautiful poem, beautiful music, a beautiful person, with the latter describing one’s personality), it is more often used to describe something which brings pleasure through the sense of vision. Things that are beautiful are, more often than not, meant to be seen and appreciated for their physical form. It is also arguably the strongest adjective of those found in the corpus in the ideological sense. Describing a person or their outward appearance as *beautiful* is much more potent in terms of quality than describing the same person as *pretty*, *lovely* or *appealing*.

The meaning of the word *attractive*, in contrast, is markedly more social in nature. From an evolutionary point of view, organisms that attract others do so with some sort of intent, whether it be for food, pollination or reproduction. There is some level of interaction implied by the word, with one being doing or displaying something in order to appeal in some way to another. In the case of modern humans, *attractive* carries a strong relationship/sexual connotation of somehow finding or attracting a mate. It is a less potent adjective than *beautiful* in terms of the aesthetic judgment of a person, but seems to have more purposeful social associations.

If these two words are more closely examined in their collocational environments within the text, it becomes clear that they are conceptually linked to very different nouns. Figure 6 shows the frequency of the words that collocate with *attractive*:
The most frequent noun to be described as *attractive* in the text is *contours*, which itself refers to the shape of the body, usually created through liposuction. In addition to this frequent reference to the body’s curves, nouns referred to as *attractive* are highly likely to be body parts, but the distribution of *attractive* among its modified nouns is otherwise fairly even.

One point that could be argued would be a focus on modifying body parts traditionally considered to be sexually alluring, such as *buttocks, breasts, lips* and *contours*:

1) Designed to give you a naturally *attractive* and sensuous *pout* without surgery, temporary lip fillers are one of the most popular cosmetic injectables available.
2) The result is a resculpting of bulging areas into more *attractive contours*.
3) In order to regain a youthful, *attractive bust*, many women turn to breast surgery.

Considering the fact that the word is used in this context in 32 out of *attractive*’s 71 occurrences, it would seem that the word *attractive* is, to some degree, conceptually linked within the text to these ‘sexualized’ body parts. However, it would be more accurate to say that the word is conceptually linked to body parts in general, since *attractive* collocates with body parts in 53 of its 71 occurrences (74.64% of occurrences)

In the case of *beautiful*, conceptual linking within the text is quite different. One would assume that, in the context of cosmetic surgery, this word would also be used to describe body parts almost exclusively. However, the following figure showing the frequency of words that collocate with *beautiful* illustrates that this is not the case:

<table>
<thead>
<tr>
<th>Collocate</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>contours</td>
<td>15</td>
</tr>
<tr>
<td>face/facial features</td>
<td>9</td>
</tr>
<tr>
<td>bust/breasts</td>
<td>7</td>
</tr>
<tr>
<td>buttocks(s)</td>
<td>6</td>
</tr>
<tr>
<td>person</td>
<td>5</td>
</tr>
<tr>
<td>lips, skin</td>
<td>4</td>
</tr>
<tr>
<td>appearance, results</td>
<td>3</td>
</tr>
<tr>
<td>eyes, nose, cheek(bone)s, figure</td>
<td>2</td>
</tr>
<tr>
<td>female body, belly button, prices, tummy, procedure, silhouette, physique</td>
<td>1</td>
</tr>
</tbody>
</table>
Rather surprisingly, what is most likely to be referred to as *beautiful* in the text is not the patient or their body parts, but the results of the surgery. This tendency is not only evidenced by the use of the word *results*, but also by *work, job* and *effects*, which together make up 54 of *beautiful*’s 131 occurrences (41.22% of occurrences), with references to body parts constituting 43 of its occurrences (32.82%). It should be noted that the word *results* is not lemmatized, as the word *beautiful* and the singular *result* do not appear within five words of each other at any point in the text. Although the singular *result* is used in a wider range of contexts (something referred to as the *result* of a botched surgery, or used as a verb if something can *result* in a specific complication), it was never modified by *beautiful* within the text. The following examples show collocations of the word *beautiful* and words relating to the results of surgery:

1) At Pure Aesthetics, Dr. Steve Merten specialises in breast enlargement with *beautiful* and natural *results*.
2) Here at SurgiCare, we believe in achieving *beautiful effects* through cosmetic surgery.
3) We consistently deliver *beautiful, natural-looking results* to individuals striving for a more youthful and charming appearance.

Although this is not as strong a conceptual link within the text as body parts with *attractive*, it would seem that the unlikelihood of *beautiful*’s collocation with *results* in normal speech makes the ideological link much stronger. Because body parts could and would be described as attractive in everyday speech situations, it is not surprising that they would be referred to as such in a text that focuses on beauty and bodies. However, results are unlikely to be described as beautiful in normal speech, making it an unlikely collocation and therefore more salient in
the text. This linkage also places an increased emphasis on the post-surgical body, as opposed to the pre-surgical body. This is also the case for other nouns modified by beautiful, which refer almost exclusively to post-surgical bodies (with the exception of children, setting, treatments, possibilities, definition and artwork).

The use of these two adjectives and their conceptualization accomplish different ideological aims. In the case of body parts, they are constructed as attractive, which points to their social role in attracting a mate. This is compounded by the fact that body parts referred to as attractive are more likely to be sexual; therefore, if a person decided to undergo cosmetic surgery, their body parts would make them more competitive in the search for a relationship partner. The effect of this discourse is the sexualization of the body, accomplished through the emphasis on its ability (or inability) to draw the attention of a prospective mate.

Alternatively, the repeated description of the results of surgery as beautiful places an ideological focus on the work of the surgeon rather than the body parts themselves. The denotation of beautiful as a purely aesthetic judgment and the shifted focus to the effects produced by the surgeon combine to construct the post-surgical body as something to be visually appreciated, not unlike a painting or sculpture. This also returns ideological focus to the aesthetic aspect of the surgeon’s role, or the surgeon-as-artist metaphor. While the function of cosmetic surgery for the patient is the increased ability to attract a mate, the artistic accomplishment of the skilled surgeon is equally important and should be appreciated as such.

The importance of this second conceptualization should not be underestimated, as it demonstrates one of the key criticisms of cosmetic surgery, namely the incredibly powerful position of the cosmetic surgeon in deciding what is beautiful and what is not. It is ultimately the surgeon who decides what is both possible and impossible to change about the patient, to what degree and how many times (in the case of multiple surgeries on the same body part). More specifically, surgeons are the authorities on exactly what the patient’s body part(s) will look like after surgery; if they deem something unattractive, they have the power (due to their role as the medical authority) to convince the patient that different results would be preferable, or even to decline to do the surgery. When discussing the influence of the surgeon’s views of beauty and what that means for patients, Jordan (2004: 338) explains that “[d]espite the surgeon’s subjective interpretation of the body, applicants must find ways to
articulate their augmentation desires against a subjective standard over which they have little, if any, influence.” The results of surgery (as well as the patient’s expectations) must therefore comply with the surgeon’s ideas of beauty.

Another interesting aspect of the use of these two adjectives is their placement in sentence construction. In most occurrences, the adjective precedes the noun that it modifies, making it less of an explicit description. This presupposes that the results of surgery will be beautiful, and that certain body parts will be attractive, allowing the reader to take this for granted. In addition to making the conceptual link seem like common sense, this type of implicit description has yet another ideological function:

Producers in mass communication thus have a rather effective means of manipulating audiences through attributing to their experience things which they want to get them to accept. Because the propositions concerned are not made explicit, it is sometimes difficult for people to identify them and, if they wish to, reject them. 

(Fairclough 1989: 153-154)

The placement of the adjectives encourages the reader to take for granted the fact that the results of surgery may not always be as beautiful and attractive as promised.

3.2.3 Adjectives Modifying the Results of Cosmetic Surgery

Having discovered an ideological focus on the results of cosmetic surgery, it seemed logical to examine other adjectives that modify the nouns result, results, work, job, effect and effects as they related to the finished products of cosmetic surgery in the text. In order to do so, all occurrences of these nouns were examined, disregarding usage as verbs as well as instances that did not refer to cosmetic surgery (i.e. the use of blood work and nose job were disregarded due to their reference to a specific procedure and not the general results of surgery). If an adjective was used to modify the word, it was recorded; the 52 most frequently used adjectives (those with a frequency of 5 occurrences or higher) were then grouped by meaning. It should be noted that the most frequently occurring adjective was side, which collocated strongly with effect and would have made the medical category the second most salient. However, because this part of the analysis focuses on the intended results of surgery, the use of this adjective was discounted in the final categorization. The following figure shows the results of this analysis.
It becomes clear from examining the first two categories that there is an overwhelming focus on the positive results of surgery, as the most salient adjective categories are those of positive subjective evaluation. In fact, the vast majority of adjectives that appear five or more times in relation to the effects of surgery are positive, with only three negative adjectives (adverse, bad, poor) appearing with such high frequency. The analysis of the use of subjective adjectives identifies a curious trend in the text:

1) With the use of SkinMedica® and Obagi skin care products, you will optimize your in-office skin care treatments as well as maintain your amazing results.
2) You may be surprised at the pleasing results that can be gained from this procedure.
3) In as little as twenty minutes, this gentle, abrasive technique efficiently produces satisfying results.

The evaluation of the results of surgery could be different from patient to patient; one person’s amazing might be another person’s unimpressive. However, these adjectives are used with a very low degree of modality, which is defined by Fairclough as
including any unit of language that expresses the speaker’s or writer’s personal opinion of or commitment to what they say, such as hedging (I believe/think/suppose), modal verbs, modal adjectives and their adverbial equivalents. There is ‘high modality’ and ‘low modality’. […] These [structures] indicate our judgment of probabilities and obligations, signal factuality, certainty and doubt.

(1992, as quoted in Machin and Mayr 2012: 186)

This mix of subjective adjectives and absent modality presents a very specific evaluation of the results of surgery as a given, which is that of the results being amazing, pleasing, satisfying, and so on. With this usage, there is no mention of the patient’s opinion, only the fact that the surgeries have unequivocally positive results. The lack of modals implies a degree of certainty that would have been missing had the examples been phrased differently. For example, the text producers could have written ‘we believe that the results of your abdominoplasty will be amazing,’ but that has a very different implication to stating ‘the results of your abdominoplasty will be amazing,’ which would underline the certainty of the statement. One could argue that this kind of modal-free yet subjective evaluation has more in common with advertising language than medical discourse. It is another way of using presupposition to present the opinions of the text producers, or at least what they would like receptors to believe, in a way that is difficult to disagree with or question. By assigning the qualities of being excellent, desired and remarkable to surgical effects in a way that backgrounds their subjectivity, the text producers have conceptually linked them in the minds of the reader, which makes them seem like common sense.

Another interesting aspect of the adjectives that modify surgical results is the use of the possessive adjectives my and your:

1) When should I see my results and how long will they last?
2) In a matter of a short week, my results were natural yet dramatic.
3) Your results will begin to show after approximately three or four days.

In examples 1 and 3, this has the effect of personalizing the reader and placing him or her in the position of the patient. This synthetic personalization, previously dealt with in section 3.1.1, establishes a more personal relationship between the reader and the text producer by simulating individual treatment. In this case, it also implies that the patient has already decided to have cosmetic surgery by designating the results as theirs. In example two, a satisfied patient has written a testimonial, which is used to corroborate the text producers’ claims that the results of surgery will be positive. The patient even describes their results using two seemingly semantically opposed adjectives, natural and dramatic. This would seem to denote the possibility of even better results than those promised by the surgeons; the effects
in this case were both quite noticeable but also natural. This statement would probably be seen as unrealistic if stated by the surgeons themselves, but because the patient lacks medical authority (as well as responsibility for the surgery’s performance), the use of their personal testimonial allows the surgeon to both raise expectations for the surgery and simultaneously avoid the responsibility of producing promised results that are seemingly difficult to achieve (patient testimonials will be analyzed more thoroughly using a separate corpus in section 3.3.2.1).

It should also be noted that the negative subjective adjectives *adverse*, *bad* and *poor* are rarely used to describe surgical work done by the surgeon advertised, and instead used to distance the surgeons from the possibility of poor surgical results. They are quite often attached to another plastic surgeon or the existing conditions of the patients’ bodies that would make positive results unlikely, or even simply negated, as in the following examples:

1) Sometimes, though, *bad results* occur. The good news: Dr. Leonard M. Hochstein, a board certified Miami plastic surgery specialist, has many years of experience in breast revision in Miami, correcting unfavorable breast enlargement results done elsewhere.

2) Patients with average weight, localized fat collections, and healthy elastic skin are the best candidates for liposuction. Obesity, cellulite, or loose sagging inelastic skin are several problems that would tend toward *poor results*.

3) Mr. Karidis does not use drains routinely. He has deemed these not necessary and has stopped using them for a number of years, without any *adverse effects*.

This description of negative results not only distances them from the surgeon doing the advertising (and attributes them to other surgeons), but also implies that any results that are not optimal are the fault of the patient/the patient’s body. This could be interpreted to mean that, although these negative results may occur, they have nothing to do with the doctor’s skill. The first example implies a level of skill greater than that of other surgeons by stating that that particular surgeon has been correcting their mistakes for years. By attaching the negative adjective to competitors, this surgeon inspires a greater level of trust in prospective patients due to his experience dealing with one of the patients’ worst fears: cosmetic surgery gone wrong. The second example in turn states that there are indeed factors that could cause poor results, but none of these factors involve the surgeon. It is the imperfect body of the patient that could lead to problems, thus absolving the surgeon of responsibility for them, even if he or she still performs the surgery. The third example mentions adverse effects, but in the context of informing the patient that they will not occur. This negation reassures the patient of the capabilities of the surgeon, as he or she is able to avoid the problem of adverse
effects. All three examples show different ways that the surgeons distance themselves from less than optimal results through the use of negative adjectives.

3.2.4 Analysis of Age-Related Adjectives

While conceptualizations of and ideologies relating to beauty occupy an understandably conspicuous place within the discourse of cosmetic surgery, a related focus on age and ageing is hardly less apparent. This section of the analysis will investigate the construction of age in cosmetic surgery discourse, and the following list shows the frequency of words in the text directly relating to physical age and aging, as well as whether they are conceptually linked to being younger, older or neutral.

### Figure 9

<table>
<thead>
<tr>
<th>Word</th>
<th>Freq.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Younger</strong></td>
<td></td>
</tr>
<tr>
<td>adolescence</td>
<td>4</td>
</tr>
<tr>
<td>adolescent(s)</td>
<td>14</td>
</tr>
<tr>
<td>child</td>
<td>46</td>
</tr>
<tr>
<td>childhood</td>
<td>7</td>
</tr>
<tr>
<td>children</td>
<td>124</td>
</tr>
<tr>
<td>young</td>
<td>68</td>
</tr>
<tr>
<td>younger</td>
<td>164</td>
</tr>
<tr>
<td>younger-looking</td>
<td>18</td>
</tr>
<tr>
<td>young-looking</td>
<td>1</td>
</tr>
<tr>
<td>youth</td>
<td>31</td>
</tr>
<tr>
<td>youthful</td>
<td>268</td>
</tr>
<tr>
<td>youthful-appearing</td>
<td>2</td>
</tr>
<tr>
<td>youthful-looking</td>
<td>8</td>
</tr>
<tr>
<td>youthfulness</td>
<td>4</td>
</tr>
<tr>
<td><strong>Older</strong></td>
<td></td>
</tr>
<tr>
<td>adult-onset</td>
<td>2</td>
</tr>
<tr>
<td>age</td>
<td>372</td>
</tr>
<tr>
<td>aged (adjective)</td>
<td>19</td>
</tr>
<tr>
<td>aged (verb)</td>
<td>1</td>
</tr>
<tr>
<td>age-related</td>
<td>5</td>
</tr>
<tr>
<td>ages (verb)</td>
<td>17</td>
</tr>
<tr>
<td>ag(e)ing (adjective)</td>
<td>38</td>
</tr>
<tr>
<td>ag(e)ing (noun)</td>
<td>446</td>
</tr>
<tr>
<td>baby boomer(s)</td>
<td>6</td>
</tr>
<tr>
<td>mature (adjective)</td>
<td>11</td>
</tr>
<tr>
<td>maturity</td>
<td>1</td>
</tr>
<tr>
<td>middle-age</td>
<td>1</td>
</tr>
<tr>
<td>middle-aged</td>
<td>5</td>
</tr>
</tbody>
</table>
Words conceptually linked to being younger total 759, words conceptually linked to being older total 1,146 and words that were age-neutral total 102. While this in itself is not conclusive, a closer look at the adjectives within these semantic fields, as well as the nouns they modify, produces much more telling results. When the three most commonly-occurring adjectives that describe a state of being younger (*young, younger, youthful*) or a state of being older (*aging [British/American English spelling], old, older*) are examined in their collocational environments, they show marked differences in use.

In light of the fact that one of the goals of cosmetic surgery is often to make patients look younger, the first collocation analyzed was that of *young, younger and youthful* with the verbs and nouns *look* (as well as *looking, looks, looked*, *appear* (as well as *appearing, appears, appeared and appearance*) and *feel* (as well as *feeling, feels and felt*). Using the concord function of WordSmith, the corpus was examined for the appearance of these adjectives within five words of the verbs and nouns mentioned. The results show a clear link between the two concepts: of *young*’s 68 appearances, it collocates with a form of *look, appear* and *feel* 32 times. In the case of *younger*, it collocates with *look, appear* and *feel* 82 out of its 164 appearances, in addition to the 18 appearances of *younger-looking* as a separate adjective. The word *youthful* also collocates quite strongly within five words of *look, appear* and *feel*, with these words appearing together in 171 of *youthful*’s 268 occurrences, in addition to *youthful-appearing* and *youthful-looking* appearing as separate adjectives a total of 10 times. Some examples are as follows:

1)  Our society places a high value on *looking young* and fit. Today, men of all ages and all walks of life are requesting plastic surgery for cosmetic reasons.
2)  And when you look in the mirror and see a brighter, happier, *younger-looking* face smiling back, you may *feel younger* too.
3)  Restoring lip fullness with fat filler will result in a more *youthful appearance*.

The importance of youth as a component of beauty is clear within the text, but the question of why the two concepts are so strongly linked within our common perception remains,
especially when we consider their increased social importance for women. When describing women’s relationships with their bodies as they age, Powell states the following:

Women’s stories are often about their relationship to their bodies; men’s are not. Women “use” their bodies as an asset to accomplish their goals more than men do. Therefore, according to Shilling (1993), they are more likely than men to develop their bodies as objects of perception for others. The downside of this conscious embodiment of women is that as they age, they tend to lose a key asset, and thus come to think of themselves, and to be thought of, as invisible. If beauty and sexual allure are perishable values, men’s power is embedded in status and wealth, more enduring values that tend to increase, not diminish, with age. The impact of the diminished assets of female identity is undeniable. (2006: 80)

The benefits of looking younger, and therefore more sexually attractive, are quite clear in the case of women. Increased attractiveness equals increased social power, and increased youthfulness equals increased attractiveness. The textual examples make no secret of their perpetuation of this ideology, and even go as far as explicitly linking youth and happiness in example 2. This can also be linked to the concepts of docile bodies put forth by Foucault and Bartky, which were examined in sections 2.2.2 and 2.2.3, respectively: at the first level, society is controlled through the stimulation of desires and the establishment of norms, which results in docile bodies. The norm in this case is a body that does not show its age, even as the years progress and inevitable bodily changes take place, such as the loss of collagen and elastin in the skin. Although these changes are natural, they are seen as undesirable, and a stigma is put on those who do not acquiesce to societal pressure to comply with its norms.

At the second level, women are expected to meet much more stringent standards than men with regard to physical beauty. While men are rewarded for acquiring attributes associated with power such as age and experience, woman must mimic a very specific physicality associated with those who have little to no experience in the world: young girls. Desired features include a slim waist and hips, specific fat distribution (high, firm breasts and a fuller face), taut skin and a lack of body hair. According to Bartky,

The requirement that a woman maintain a smooth and hairless skin carries further the theme of inexperience, for an infantilized face must accompany her infantilized body, a face that never ages or furrows its brow in thought. The face of the ideally feminine woman must never display the marks of character, wisdom and experience that we so admire in men.” (1988: 141)
Example 3 indicates one way of making the face appear more youthful, which is to inject a filler into the lips to give a plumper appearance. Although lip augmentation is not a procedure that is performed exclusively on women, according to the American Society for Aesthetic Plastic Surgery (ASAPS 2012: online 1), only 174 lip augmentations were performed on men in the USA in 2011 (2.1% of all procedures), compared to 8,285 lip augmentations performed on women (97.9%). This demonstrates a clear difference in which gender is expected to exhibit the youthful feature of full lips.

The fact that there is greater pressure on women to look young than on men does not mean that there is no pressure on men at all; on the contrary, the rate at which men get cosmetic surgery is steadily increasing. As we can see in example 1, they are even addressed directly in cosmetic surgery discourse. However, their desire for youthful looks is framed differently within that discourse. While women are often portrayed within the cosmetic surgery narrative as being dissatisfied with their bodies or having low self-esteem, a man’s rationalization for undergoing surgery is more often linked to employment. According to Balsamo, (1996: 67) “the increase in male cosmetic surgery is explained as a shrewd business tactic: ‘looking good’ connotes greater intelligence, competence, and desirability as a colleague.” In other words, men have cosmetic surgery to in order to be seen as equals or more capable workers, while women have surgery to fix things that are ‘wrong’ with them. In the case of men, “[c]harges of narcissism, vanity, and self-indulgence are put aside; a man’s choice to have cosmetic surgery is explained by appeal to a rhetoric of career enhancement: a better looking body is better able to be promoted.” (Balsamo 1996: 67) The double standard of women having surgery due to vanity and men having surgery to advance their careers expressed by Balsamo is repeated nearly word-for-word within the corpus, as we can see from the following excerpts:

1) Worn down, tired looking executives who appear "over the hill" may get passed over for promotions and raises in favour of younger, healthier-looking colleagues. At least, that's what many men believe. This notion seemed to be confirmed by a major North American study, which had some interesting findings, including these:
   - 84% of the men surveyed believed physical attractiveness was important for power and success on the job.
   - 42% felt that improving one thing about their face would help their career.
   - 32% agreed that if they had a more youthful appearance it would positively impact their job success.
   - 22% agreed with the statement, "I use my personal appearance to my advantage in getting things accomplished on the job."

"In business today, men wear their resumes on their faces. It's not enough to be qualified for the job: you have to look qualified too."
The message comes through loud and clear. The way you *look* can have a substantial impact on your job and your career, and this is the primary reason why interest in cosmetic surgery among men has risen so sharply over the last decade.

2) Image isn't everything. But, in today's hectic, competitive environment, it can make a big difference. Studies have shown that the male cosmetic surgery trend is closely tied to career advancement. In a recent nationwide survey on the importance of *appearance* and job success, 84% of men believe physical attractiveness was important for power and success on the job, and 32% of men agreed that if they had a more *youthful appearance*, it would positively impact their job success.

You may have tried to diet and exercise on a regular basis, only to find that those "love handles," fatty breasts, belly, and that fatty pouch under your chin just won't go away. Your reasons for choosing to have liposuction may be as simple as just wanting to *look* better at the beach or on the job. While liposuction is not a replacement for a healthy lifestyle, it can make you *look* and *feel* better.

The excerpts were found through concordance searches using the words *men* and *surgery* or *men* and *career*, which were performed in order to identify any explicit linking of the two concepts within the text. This gives credence to Balsamo’s assertion that male and female motives for cosmetic surgery are constructed as different. Because women seem to be the default patients for cosmetic surgery, it seems logical that men would be specifically referenced in order to distinguish them from the feminine norm in both their motives for having surgery and the surgeries themselves. As expected, when similar searches were performed using the words *women* and *surgery* and *women* and *career*, no such rationalization for having cosmetic procedures was found, as female cosmetic surgery patients do not need to be explicitly referred to as such. Perhaps the concept of women changing their appearance to suit the norms of attractiveness is so ingrained in our cultural psyche that it does not require explicit justification, while men having to do the same requires some degree of rationalization.

After examining the collocational environments of the words *young*, *younger* and *youthful*, a similar search was conducted using the adjectives *old*, *older* and *ag(e)ing*, and the various forms of *look*, *feel* and *appear*. It should be noted that the 38 occurrences of the word *old* when used to describe a specific age (i.e. thirty-year-old, 16-year-old, etc.) are not considered in the analysis. The word *old* appears with some form of *look*, *feel* or *appear* in 13 of its 79 occurrences, while *older* appears with some form of *look*, *feel* or *appear* in 42 of its 104 occurrences. The word *ag(e)ing* appears with some form of *look*, *feel* or *appear* in 18 of its 38 occurrences as an adjective. The following are some examples of the collocations as they appear in the corpus:
1) Together these micro-treatments cause a change in the collagen and elastin below your skin's surface, which gradually improves the appearance of your aging and sun-damaged skin.

2) Loose skin over your eyes and fat bags under your eyes can make you look more tired and older than you feel inside.

3) With aging process, the skin of the upper eyelid tends to sag. This not only appears aesthetically displeasing but also makes one appear old and tiresome.

One observable aspect of the appearance of the age-related adjectives is that they tend to focus heavily on specific bodily aspects: the skin and the face. This seems particularly true in the case of adjectives that describe a state of being older, as evidenced by the above examples.

In order to determine the presence of a pattern, the presence of old, older and ag(e)ing in conjunction with skin, face, lip(s), eyelid(s) and eye(s) was analyzed. Of the adjectives’ combined 183 occurrences, they appeared within 5 words of skin- and face-related words 97 times.

1) In some older patients where skin is inelastic, it may not redrape completely and skin excision may be required.

2) As we age, the elasticity of the skin and it’s supportive elements diminish, this results in deflated and narrow lips with fine lines and pulled down corners that create an angry and old appearance.

3) Facial fat grafting or micro-fat transfer is another relatively new technique that helps to rejuvenate an aging face by replenishing the lost volume of the hollowed lower eyelids, cheeks, and the mid face.

In both these and the preceding examples, the effects of aging are problematized by the text creators; the body parts described in some way as being older are also described as tired-looking, angry, hollowed, inelastic and aesthetically displeasing. The text completely neglects to consider that the facial and bodily features of older people might be evaluated as something other than unattractive, presenting its evaluation as universal and thus discouraging disagreement or even thought about whether or not this might actually be the case. This is expressed in the above examples, as well as throughout the text, through a high degree of epistemic modality. There is a low frequency of modal auxiliary verbs like might, may and can, as well as modal adverbials like possibly and probably, signaling the text producer’s commitment to the truth of what they are saying. The effect of this epistemic modality is that the stated opinions are presented as fact rather than a specific group’s evaluation of the features of aging faces. For instance, the following example sentence from the text describes candidates for facelifts:
This treatment is mostly sought after by those who are aged over 40, however, the procedure is increasingly being carried out on younger patients, who prefer to maintain their youthful appearance rather than going through a period of looking old and tired.

The sentence appears to not only expressly equate looking older with looking tired (and thus unattractive), but also to state that many people younger than 40 are also likely to look somewhat old and tired, and would thus be in need of a facelift. This construction of the intersection of age and unattractiveness in 30-somethings is extreme, as a facelift is itself a rather drastic procedure that requires removing sections of skin and pinning the remaining skin of the face back farther in order to eliminate wrinkles. It is difficult to imagine that a person in their thirties could show signs of aging that are so extreme that they would require such an invasive procedure, and it is also difficult to imagine someone having such an extreme procedure as a ‘preventative measure.’ However, this is exactly the ideology put forth by the text, with little room afforded to question it.

While it is clear that, according to this discourse, visible signs of aging are considered unattractive, they are (rather surprisingly) not medicalized. In contrast to the characterization of excess fat in the chest area in men, which was described in section 3.1.2 as a medical disorder (gynecomastia), aging is presented as an aesthetic problem rather than as a disease. One expected outcome of the analysis was that the text producers would frame certain cosmetic procedures as aiding in bodily function, i.e. the framing of eyelid surgery as a way to improve eyesight, or the removal of body fat to increase the patient’s range of motion. It seemed logical that cosmetic surgeons would use their medical authority to, at least to some degree, elevate the necessity of the procedures they perform by equating the symptoms of old age to those of illness. However, it seems that the effects of aging are portrayed as a purely aesthetic issue rather than one of function. There are some cases in which the effects of aging, as well as other ‘problems’ that cosmetic surgery seeks to correct, are linked to a lack of function in the text. When examining the word function, for example, the following examples give a general idea of how it is portrayed within the text:

1) Abdominoplasty (“tummy tuck”) is a plastic surgery procedure that removes loose skin and excessive fat from the lower abdomen, as well as tightening the abdominal muscles for improved contour, tone and function of the abdomen.
2) Scar revision is surgery to improve or reduce the appearance of scars, or restore function, following an injury or previous surgery.
3) Every year, hundreds of thousands of people throughout the United States elect to improve the appearance and/or function of their noses through nose surgery or rhinoplasty.
Of function’s 62 occurrences, 23 appear in the context of the end result of surgery, as in the above examples. The majority of these 23 occurrences appear in the context of reconstructive surgery or scar revision surgery, which could itself be argued to be a reconstructive procedure if scars reduce the function of a body part. Similarly, only 1 of the word impaired’s 10 occurrences describes a pre-surgical, function-related condition that could be corrected by a cosmetic surgeon, while 2 of impair’s 3 occurrences described the same. The word affect appeared 82 times, but only 6 of those occurrences referred to problems related to physical function that could be alleviated through cosmetic surgery. Although these are certainly not the entirety of words related to function in the text, they do show a pattern of de-emphasizing bodily function in favor of aesthetics.

The central ideological message that the text seems to convey is that youth is synonymous with beauty, while age is synonymous with unattractiveness, which is certainly reflected in the age distribution of cosmetic surgery procedures: 79% of all surgical procedures are performed on people aged 35 and older in the United States in 2011, with the main demographic being those aged 35-50, who accounted for 43% of all procedures. (ASAPS 2012: online 1) While the features socially accepted as being beautiful (slimness, smooth skin, high, firm breasts, etc.) are quite difficult for the average twenty-something woman to achieve, they become nearly impossible as that woman grows older, making beauty standards even more restrictive.

But why is the appearance of youth so important in society? The answer may lie in the concept of ageism, which is defined by Johnson and Slater as “the offensive exercise of power through reference to age. This accommodates both institutionalized ageism, including legislative discrimination against people over specific ages […] and internalized ageism such as offensive interpersonal action […].” (1993: 205) Standards linking unattractiveness and aging would thus be considered internalized ageism, which is itself a social construct. Conditioning through media, advertising and social interaction have convinced us that the physical changes that accompany growing older somehow make a person less desirable and less viable.

By giving us views of young, heavily retouched models, they create a critical, ageist, comparative eye. That eye is rapt only by the tall anorexic youthful body. It frowns contemptuously at the average American woman, five foot four inches tall and a hundred and forty pounds, whose median age is in the upper thirties.”

(Morganroth Gullette 2011: 33)
This social construct affects women in particular, whose viability in society has long been linked to their physicality. Aging also inflicts a kind of ‘double handicap’ on women, as they are then simultaneously members of two less-powerful groups in society: women and older people. In the text, the adjectives old, older and ag(e)ing are presented as hyponyms of ‘bad,’ while young, younger and youthful are presented as hyponyms of ‘good,’ blatantly confirming suspected bias towards youth. The text not only supports the idea that looks affect one’s self-esteem, career and family life, but also that the older we get, the more our attractiveness inevitably fades. More examples of the equation of aging and unattractiveness are as follows:

1) In addition, as we age, our faces tend to drop, and what little triangular shape we did have diminishes. Sagging and excess skin, heavy jowls and double chins can round off the bottom of our faces, often making us look older and less attractive.

2) We all age, yet none of us wish to see the signs of aging. Even if we eat right and exercise, the skin on our bodies grows looser and laxer, losing the firm, toned look of youth.

3) Your tissues sag over with the years and your lips lose their substance. They retract giving a sad tired appearance. Lipstick runs... you look at yourself one morning in the mirror; the crow’s feet in the corner of your eye, these hollowed out nasal furrows which give you a tired look...

In example 1, it is implied that most people do not meet standards of beauty (a triangular face shape) in their youth, a condition that is exacerbated as they increase in years. According to example 2, efforts to delay the aging process through diet and exercise are ineffective, which positions cosmetic surgery as the only alternative to looking old (and therefore ugly). Example 3 goes as far as to personalize the discourse by placing the reader in the role of the older, unattractive patient (who is most likely female, as we can infer from the use of the experience of wearing lipstick) through the use of the second-person personal pronoun you. It is of course in the interest of the text producers to advance ageist discourse, as they sell the ‘solution’ to the ‘problem’ of the aging patient. However, this focus on the aesthetic aspects of aging rather than functional aspects again conflicts with the surgeon’s role as a medical professional, and is more aligned with the ‘surgeon-as-artist’ metaphor examined in section 3.2.1. This discourse again prioritizes the aesthetic over all else, which is a troubling evaluation coming from a group of health professionals.

3.3 The Practice of Cosmetic Surgery

The aim of the next section of the analysis is to examine how the text as a whole contextualizes the practice of cosmetic surgery. More specifically, it will more closely
examine the presence of specific discourses within the text relating to cosmetic surgery as a gendered practice, the conceptualization of cosmetic surgery by surgeons and the conceptualization of surgery by those who have had it in the form of patient testimonials.

3.3.1 Cosmetic Surgery as a Gendered Practice

As shown in section 3.1.2, the text seems to construct a reader that is more likely to be female. While it is true that women are much more likely to get cosmetic surgery, the text is written in a way that, for the most part, tries to avoid addressing either women or men directly when procedures that could be performed on either gender are described. This includes the majority of procedures, with the exception of specific kinds of breast surgery (breast augmentation, breast reduction and breast lift procedures) and genital surgery (labiaplasty, vaginoplasty, penile lengthening, penile thickening, penile prosthesis). The purpose of this section of the analysis will be to investigate whether the text uses other means to characterize cosmetic surgery as a distinctly female practice, as well as identify any gender associations the text might create between cosmetic surgery and females and males.

In order to get an idea of the explicit presence of reference to either gender, the first step was to see how often the nouns woman, women, man and men, as well as the adjectives female and male, appear in the text, as they are the most basic terms of reference for the two genders. The results were as follows:

Figure 10

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>woman</td>
<td>146</td>
</tr>
<tr>
<td>man</td>
<td>37</td>
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<tr>
<td>women</td>
<td>741</td>
</tr>
<tr>
<td>men</td>
<td>362</td>
</tr>
<tr>
<td>female</td>
<td>74</td>
</tr>
<tr>
<td>male</td>
<td>181</td>
</tr>
</tbody>
</table>

It seems logical that, if women are the primary consumers of cosmetic surgery, women would be referred to more often in the text. This is supported by the presence of the nouns referring to each gender, as those referring to women are more than double those that refer to men in both the singular and the plural. However, when it pertains to gender-related adjectives, this trend is reversed, with the adjective male being more than twice as often as the adjective
female. Upon closer inspection, it was shown that, of female’s 74 occurrences, it directly precedes a noun 61 times, while male directly preceded a noun 166 times. When organized into semantic categories, a better idea of how the two adjectives are used is given.

**Figures 11 & 12**

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Body (12 types/36 tokens)</strong></td>
<td><strong>Body (17 types/134 tokens)</strong></td>
</tr>
<tr>
<td>hormone (9), breast (7), body (5), genitals (3) buttocks (2), figure (2), genitalia (2), gluteus (2), brow (1), external genitalia folds (1), facial skin (1), oestrogens (1)</td>
<td>breast (106), chest (8), buttocks (3), body (2), hormone (2) tummy (2), facial skin (1), back (1), beard (1), brow (1), contours (1), faces (1), genitals (1), neck (1), pectoral muscles (1), physique (1), testosterones (1)</td>
</tr>
<tr>
<td><strong>People (4 types/21 tokens)</strong></td>
<td><strong>Surgery (5 types/15 tokens)</strong></td>
</tr>
<tr>
<td>patient (12), plastic surgeon (6), population (2), physicians (1)</td>
<td>Cosmetic procedures (7) cosmetic surgery (3), abdominoplasty (2), liposuction (1), procedures (1), rhinoplasty (1)</td>
</tr>
<tr>
<td><strong>Other (2 types/2 tokens)</strong></td>
<td><strong>People (4 types/12 tokens)</strong></td>
</tr>
<tr>
<td>beauty (1), version (1)</td>
<td>Patients (7), population (3), candidates (1), relatives (1)</td>
</tr>
<tr>
<td><strong>Surgery (1 type/1 token)</strong></td>
<td><strong>Disorders (3 types/4 tokens)</strong></td>
</tr>
<tr>
<td>surgery (1)</td>
<td>pattern baldness (2), baldness (1), gynecomastia (1)</td>
</tr>
<tr>
<td><strong>Disorder (1 type/1 token)</strong></td>
<td><strong>Other (1 type/1 token)</strong></td>
</tr>
<tr>
<td>infection (1)</td>
<td>beauty (1)</td>
</tr>
</tbody>
</table>

One very interesting aspect of the results of this search is the use of the adjective *male* as a modifier of surgical procedures. While *female* occurs only once in this context (in the most nondescript form, *female surgery*), *male* is used in conjunction with *cosmetic procedures* alone 10 times. This seems to confirm earlier findings that indicate a sort of ‘default position’ of cosmetic surgery as a female pursuit, as the use of the modifier *male* differentiates it from cosmetic surgery procedures in general. The fact that *female* is not used to qualify cosmetic surgery positions it as the norm, which does not need to be modified; from this point of view, there are cosmetic procedures as a whole, and then there are male cosmetic procedures as a kind of sub-category. This is also mirrored in the modification of the word *breast*, which is the second-most frequently occurring content word in the entire corpus and appears 4,450 times. As noted in section 3.1.2, the word is only used 129 times in reference to a male body part throughout the text, and as we can see here, it is specifically referred to as such through the use of the modifier *male*.

Another significant aspect of the use of women as the default gender for cosmetic surgery is that this is in difference to the majority of medical texts, which position men as the default. Lupton discusses the phenomenon of male-centric ideology as expressed in medical texts:
For example, contemporary anatomy textbooks designed for medical students, just as those published in the 19th century, still tend to portray the male body as the standard human body, against which the ‘different’ and ‘inferior’ female body is compared. […] Illustrations in current medical textbooks routinely use male bodies to portray specific features shared by the sexes, making it impossible to learn female anatomy without first learning male anatomy, while comparative references to female anatomy make constant use of the terms ‘smaller’, ‘feeble’, ‘weaker’ or ‘less developed’ to demonstrate how women differ from men.

(Lawrence and Bendixen, 1992, quoted in Lupton 1994/2012: 138-139)

If women rather than men are indeed the starting point and norm in cosmetic surgery discourse, it reflects not only the increased rate at which women have cosmetic procedures performed, but also the cultural construction of cosmetic surgery as conceptually closer to women. If this were not the case, texts would almost certainly reflect the more traditional positioning of the male body as the standard human form rather than the other way around. This of course leads to the same questioning of cosmetic surgery as a social practice: Are women’s bodies inherently more imperfect? Are they more improvable? Why has it become so much more normalized for women than for men to risk their lives in order to change their looks?

It is also interesting to note that gender roles seem to be reversed, however, when examining the specific modification of plastic surgeon with the word female. This shows a purposeful emphasis on its deviation from the norm, as the combination male plastic surgeon does not exist within the corpus. Because the majority of cosmetic surgeons are male (as well as the majority of cosmetic surgeons specifically described on the websites used to compile the corpus), it could be that female cosmetic surgeons highlight their gender in order to distinguish themselves from their male competitors. One surgeon even describes herself as “Dr. Wang-Ashraf Board Certified Atlanta Woman Plastic Surgeon” in headings on her website. The following examples show other ways in which female surgeons use gender to differentiate themselves from their male colleagues, as well as relate to potential patients:

1) In a medical specialty in which female physicians are so widely outnumbered, finding an outstanding female plastic surgeon can be difficult. Dr. Rajagopal brings exemplary experience, training, skill along with a woman’s insight and sensitive touch - to the art of plastic surgery.

2) Dr. Levine is one of only a handful of female plastic surgeons in New York City. Dr. Levine knows the face inside and out—she is board certified in both facial cosmetic surgery and ear nose and throat surgery. A working mother herself, Dr. Levine understands the need to multitask.
3) There also aren't many female plastic surgeons and given that many women feel more comfortable having this procedure performed by a woman, so I felt it was important that I offer this procedure in my practice.

The implication that a female cosmetic surgeon has more in common with her female patients than would a male surgeon is put forward through the evocation of socially constructed images and stereotypes; those of a woman’s particular insight, the multitasking mother and feeling more at-ease with members of one’s own gender are all present. In order to relate to patients in this way, the surgeons temporarily position themselves in a less ideologically powerful role, that of the average woman, rather than the powerful position of the surgeon/physician, and use gender-stereotypical advertising language that portrays women as nurturing, maternal, emotional and understanding. However, similar searches for male surgeons relating to male patients through shared gender or gender-stereotypical language experiences did not turn up any results, as there is no need to emphasize the surgeon’s gender if it is already perceived to be the norm.

An additional step was taken in order to assess the presence of gender-related conceptualizations of cosmetic surgery within the text, which was to identify whether gender was linked to specific body parts. In order to do so, the collocates of female, woman’s and women’s, as well as those of male, men’s and man’s were examined to determine whether or not there was a marked difference in the body parts that they modified. The result of this search was that, although the body parts that were modified by the gender-specific adjectives and genitives did differ to some degree, the frequency with which they collocated - both directly and within the span of five words - was so low that the results cannot be said to be conclusive.

3.3.2 Conceptualization of Cosmetic Surgery by Patients

On the majority of the websites used to compile the corpus used in this analysis, patient testimonials occupy a separate area that visitors can browse. They are variably posted in the form of video testimonials, firsthand written accounts by former patients of their surgeries, accounts written in third person by the surgeons or their staff, or even handwritten thank you notes and cards. These testimonials are very important to the websites because of the credibility and trustworthiness they lend to the surgeons they describe, and it is the aim of this section to further analyze them in order to uncover any differences in the conceptualizations of cosmetic surgery by patients and that of the overall corpus.
3.3.2.1 Initial Analysis of Patient Testimonials

With the purpose of examining patient testimonials separately, a second, smaller corpus was compiled using the written firsthand testimonials found on the same websites used to compile the main corpus. Video testimonials, graphics depicting handwritten thank you messages and testimonials written in the third person were excluded, and the resulting corpus contains 5,386 types and 79,248 tokens, and has a type/token ratio of 6.80. This first-person testimonial format therefore makes up roughly 14.09% of the corpus, which is a significantly large percentage (if third-person testimonials had been included, the percentage would have been even higher). Considering the fact that the main function of the websites is that of a source of information about potentially dangerous medical procedures, the inclusion of such a large amount of information provided by people who are, overwhelmingly, not medical professionals seems unusual at first. However, according to Kennedy, there is concrete reasoning behind this:

> What others say about you, your company, your products, and your services is indefinitely more credible than anything you can say on your own behalf. When you make a statement, it’s a claim. When your satisfied customer makes the same claim about you, that’s a fact.  

In other words, former patients are a more believable source to prospective patients about the surgeon’s ability to make their aesthetic desires a reality.

An analysis of the patient testimonials was conducted by first creating an initial wordlist. After using a lemma list (Someya 1998: online 11) and a self-compiled stoplist to exclude multiple forms and function words, a final list of the 200 most common words was semantically categorized. The following table represents the ten most salient semantic categories:
In difference to the general corpus, the semantic categories of communication, time, emotions and intensifiers are more prominently represented in the patient testimonials. This is indicative of the function of the testimonials themselves, which is to substantiate the surgeon’s claim that they are the best choice for the potential patient’s cosmetic surgery. An example of how this is accomplished can be seen in the semantic category of communication.

### 3.3.2.2 Semantic Field: Communication

The prevalence of this category is due in large part to the word *thank*, which occurs 360 times, as the phrase ‘thank you’ is of course repeated quite a number of times throughout the testimonials. However, even without *thank*, words relating to communication are still proportionally better represented in the testimonial corpus than they are in the larger corpus.

One explanation for this might be that it emphasizes personal contact between the surgeon and the patient, which implies a good bedside manner. Charlton explains that good bedside manner includes

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**Table 1: Semantic Categorization**

<table>
<thead>
<tr>
<th>Category</th>
<th>Types</th>
<th>Tokens</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Healthcare (24 types, 4,547 tokens)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare/People:</td>
<td>11</td>
<td>3,128</td>
</tr>
<tr>
<td>Healthcare/Therapy:</td>
<td>17</td>
<td>1,429</td>
</tr>
<tr>
<td>Evaluation (30 types, 2,010 tokens)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operation (12 types, 1,618 tokens)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Cognition (18 types, 1,594 tokens)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication (16 types, 1,551 tokens)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time (11 types, 1,064 tokens)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Perception (4 types, 1,001 tokens)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Parts (11 types, 808 tokens)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotions (7 types, 542 tokens)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensifiers (10 types, 520 tokens)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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*Figure 13:*

<table>
<thead>
<tr>
<th>Semantic Field</th>
<th>Types</th>
<th>Tokens</th>
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<tbody>
<tr>
<td>Healthcare/People:</td>
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<td>3,128</td>
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<tr>
<td>Time</td>
<td>11</td>
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<tr>
<td>Mental Perception</td>
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<tr>
<td>Body Parts</td>
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<td>808</td>
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<tr>
<td>Emotions</td>
<td>7</td>
<td>542</td>
</tr>
<tr>
<td>Intensifiers</td>
<td>10</td>
<td>520</td>
</tr>
</tbody>
</table>

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a doctor’s behavior and attitudes toward a patient as well as how they communicate both verbally and non-verbally with them. All in all, it is being sincere and polite wrapped in the ability to get across to the patient that they have the utmost concern for their welfare.

(2007: 32)

In the following examples, one can see that the surgeon’s ability to explain the surgery and answer the patient’s questions has an effect on their comfort level:

1) Your willingness to take the time to explain the procedure and the outcome in detail made me very comfortable with you and the surgery I was going to have.

2) He spent time during the consultation to inform and educate me about the procedure. Dr. White was very attentive and answered all of my questions.

3) Dr. Hong really listened to my questions and answered them.

In an industry located somewhere between goods and services and medicine, whether or not patients feel that their doctor listens to them and takes their concerns seriously would assumedly be of the utmost importance to cosmetic surgeons. A person with an actual health problem must see a doctor, but cosmetic surgery is, again, elective. Although it is true that there is a growing amount of literature on the effect of good bedside manner on medical patients in general, it seems that its significance to cosmetic surgery patients could be more related to consumer discourse: if a potential patient does not like the way a surgeon treats them, at least during the consultation, they are free to seek the services of other doctors.

Patients first establish contact with surgeons in an initial consultation before the decision to go through with surgery is made, a practice that is much less common in the world of non-cosmetic general medicine. Although patients might meet with several doctors for serious and ongoing treatment, the decision whether or not to go back to a general practitioner is more often made after the experience of treatment. The following excerpt from the corpus demonstrates how communication skills on the part of the surgeon can influence whom a patient chooses as their doctor:

I am a 26 year old male who needed a tummy tuck. The problem was there are few to no 26 year old MEN who have had one. Herein lies the problem: I found thousands of women who have gone through the procedure, but not men. Obviously, this made me very apprehensive. So I performed as much research as I could on my own and studied everything I could get my hands on … but still could not find any research about Tummy Tucks on Men. So, I decided to go on several consultations with several publicly recognized Cosmetic and Plastic Surgeons. Each appointment I went on was the same: Talk to a receptionist in the consult room for 15 minutes about the surgery, anesthesia, recovery, etc… the doctor comes in and looks at me for a minute or two, asks me if I have questions, and I’m done. In and out in about 20 minutes. I thought this was the norm.

I heard about Dr. White through a relative, and went on a consultation. Dr. White spent an hour and a half with me explaining not just about how the surgery is performed, but why it’s
performed the way it is. He walked me through step by step every point during the surgery. He told me that his full tummy tucks are done in a hospital and not in an outpatient center. He told me that he uses real anesthesiologists only. He made me feel like his only patient. This was so inconsistent with the other doctors.

Nowhere in the excerpt does it mention whether or not the patient had seen photographs or other visual representations of the other surgeons’ work, or even the work of the surgeon he chose. Although it is mentioned, the testimonial does not focus on the surgeon’s expertise or skill; instead, it focuses on the fact that the surgeon’s ability to communicate with the patient one-on-one was the crucial difference between him and the other surgeons with whom the patient met. Thanks to the surgeon’s individualized attention, the patient felt well informed and comfortable, which led to him choosing this particular surgeon.

One significant aspect of this more consumer-related discourse is that it elevates the position of the patient within the physician/patient relationship. According to Hanson (2009: 43, online 17), this relationship is “inherently unequal and dependent with regard to three crucial elements: knowledge, power to act in the situation, and ability to debate or negotiate.” The lack of knowledge on the part of the patient is easily understood; unless the surgeon is doing a procedure on a fellow medical practitioner, there is a wide gap between what he or she knows and what the patient knows about the details of any given procedure. For example, if the surgeon tells a patient that there is only one way to do a particular surgery that will be suitable for them, the patient has presumably very little recourse in what they know about the way the surgery is performed. The patient also has little power to act in the situation, as they certainly cannot perform procedures on themselves. That being the case, because the problems they bring to cosmetic surgeons are not serious medical issues, cosmetic surgery patients are likely to be in a better frame of mind to give consent regarding procedures than a person suffering from a life-threatening condition.

However, it is the aspect of negotiation that differs most from traditional physician/patient relationships with regard to cosmetic surgery. Hanson (2009: 43, online 17) states that “the one source of power which all negotiators should have-the ability to leave negotiations if they are not to one’s liking-is not a reasonable move if one believes that one's life is on the line.” This is of course not the case with cosmetic surgery patients, and this is a definite reflection of marketplace/consumerist thought. In spite of the portrayal of cosmetic surgery as a way to heal the psychic wounds inflicted by unattractiveness, the patient is under no pressure to get a fast diagnosis and treatment for a condition that does not affect their health. The above
excerpt highlights the fact that the patient went to see a number of different surgeons, obviously having ‘left’ negotiations with most, seemingly after not getting very much personal contact with, or information from, prospective surgeons. Because the procedures are not medically necessary, patients are in the position to demand more personalized service from providers if they so choose, thus changing the balance of the traditional physician/patient relationship in their favor. Other testimonials exhibit the same focus on their choice of one surgeon over others due to better communication, as in the following examples:

1) So, I read everything I could about the procedure, and then began my search for a plastic surgeon. After considering a dozen or so, I decided to choose you. Why? Because in addition to impeccable credentials, you made me feel right at home the first time we met.
2) After my initial consultation, my husband and I knew who was going to perform the procedures I wanted done. I visited 2 other doctors to be sure my instincts, as well as my husband’s were correct, and they were.
3) I had previously gone to 11 other doctors and always left there feeling like “just another number, and not really positive about the surgery.” Dr. White was very upfront about the entire procedure, before, during and after. I left there feeling knowledgeable, reassured, and excited about the possibility of a new me!

The discourse of the patient testimonials gives the appearance of increased power on the part of the patient, but it bears repeating that this is not necessarily the case in practice. Cosmetic surgeons are under no obligation to provide medical services, and can also refuse any patients they do not wish to operate on. This should be considered with regard to the fact that the surgeon is also the final authority on how the patient will look post-surgery, so it is safe to assume that, while the patient’s power is increased during the process of choosing a surgeon, that power evaporates once he or she commits to surgery.

3.3.2.3 Semantic Field: Emotions

Returning to the initial semantic categorization, one can see that the semantic field of emotions is also more salient in the testimonial corpus than in the general corpus. Because they are not surgeons or doctors themselves, patients are permitted to express their opinions about the results of surgery in terms that would seem out of place or unprofessional if stated by the cosmetic surgeons they describe. This is reflected in the category of emotions, which is coincidentally dominated by words with positive connotations such as happy, amaze, love, impress and thrill. The only negatively connotated words that appear with similar frequency in the text are concern and fear, which account for only 22.87 percent of the category and thus point to an emphasis on the positive emotional payoff of surgery.
If the words with positive connotations are further examined, one can see that the words used are, for the most part, on the more intense side of the spectrum of positive words. They are also quite subjective, as the following examples show:

1) And I know that this too is transitory, so I try not to get too attached to this beautiful person looking back at me from the mirror, but I am amazed by it.
2) Words can't even come close to describe how thrilled I am! Who would have thought a 62 year old woman could look this good?
3) I am so incredibly ecstatic with my results! I love, love, love my new enhancements!

As examined in section 2.2.3, the concept of respect for patient autonomy as understood in the context of medical ethics requires that doctors be realistic about the expectations of any medical procedure they perform. To state that all patients will be thrilled at their results or love the outcome of their procedures would violate this ethical standard, so surgeons are limited in the results that they can claim to have had in their advertisements and consultations. However, this ethical standard does not apply to patients, who are free to describe their results with any language they wish. This in turn allows the surgeons, who choose which testimonials appear on their websites, to 'boast' about the quality of their work without explicitly disregarding medical ethics.

The reason that this is problematic is that the surgeons are still, after all, the text producers. Although they are not making these claims directly, they are still the creators of the websites and choose which testimonials appear on them, making them responsible for any content that appears there. In this light, it could be argued that it is still the surgeons themselves over-claiming the results of cosmetic procedures. It is most likely for this reason that cosmetic surgeons are prohibited from using patient testimonials in their advertisements in countries such as Canada, while the practice is still legal in the United States. (Kennedy 1991/2006: 52)

3.3.2.4 Semantic Field: Intensifiers

One of the most interesting categories that are more salient in the testimonials corpus is that of intensifiers. As stated by Silvia Cacchiani (2009: 32), “intensifiers express the semantic role of degree (Quirk et. al. 1985). They modify their predicates on an imaginary scale of degree of intensity, either downwards (e.g. rather, a bit, little) or upwards (e.g. really, extremely, bloody).” The first questions that arise when examining this semantic category are whether the majority of the words that form the group are of the former category or the latter, and why
they appear more frequently in this corpus than the other. A closer examination of the intensifiers used shows that those that appeared among the 200 most frequently occurring words are upward-modifying. One explanation for the use of words in the upward-modifying category in general is given by Cacchiani (2009: 33): “Intensifiers carry speaker-oriented attitudinal meanings […] and introduce a modification that cannot be measured objectively.” This subjectivity would be inappropriate if expressed by cosmetic surgeons, whose institutional power is based on their medical knowledge, which is assumed to be objective. Medical discourse can be described as an ‘expert language’ unavailable to those who have not studied medicine, and has the social effects of marking out a field of knowledge or expertise, conferring membership and bestowing authority. (Seale 1998: 408) If surgeons used highly subjective intensifiers to describe their own work, it would have an inverse effect on the perception of their authority as medical professionals, making them less trustworthy in their role as ‘experts.’

This is another reason that patient testimonials are so important. As with emotionally-charged words, patients are in no danger of losing authority or prestige if they use intensifiers to emphasize their opinions. In fact, they are the only text interactants in a position to do so, which is itself advantageous to cosmetic surgeons. The following examples demonstrate one way in which intensifiers are used in the text:

1) In talking with Dr. White and his staff, I quickly learned differently. Everyone seemed extremely knowledgeable, which put me at ease immediately.
2) You are truly a perfectionist and a highly skilled surgeon.
3) My husband and I were very impressed with the follow-up from him and staff immediately following my return home. He truly made me feel like I was his only patient.

The effect of this use of intensifiers is that they cement the patient’s positive experience and erase any doubt as to their satisfaction with their cosmetic surgeons and staff, which would come across less positively if stated by the cosmetic surgeons themselves. For example, if a surgeon were to say, in a consultation or on their website, that former patients have been very impressed with his or her follow-up, it would carry undertones of unprofessionalism, as well as arrogance. However, if a patient expresses the same opinion, it is perceived as both more credible and flattering. Because the surgeons are still the text producers, they are effectively paying themselves compliments without the unpleasant stigma of egotism or boastfulness.
In order to maximize the effect of testimonials, it is suggested that business owners do the following: “[make] two lists; one of every claim, feature, benefit, and fact about what you’re marketing that you want to substantiate; second, every doubt, fear, or question that might exist in your prospective customer’s mind. Then collect and use testimonials that specifically substantiate the claims that eliminate the doubts.” (Kennedy 1991/2006: 53) This tactic can certainly be seen in the above examples, which are expressed using intensifiers, as they highlight some of the most important aspects of choosing a cosmetic surgeon: his or her skill and knowledge, good follow-up and good patient relations. In the case of their surgical results, intensifiers are also used in conjunction with words from the semantic field of emotion, signaling and drawing attention to these subjective evaluations and strengthening the idea of the results being exceptional. This can be seen in the following examples:

1) My surgery went smoothly and recovery was a breeze. I am extremely satisfied with the results and feel great!
2) I have never felt as happy with myself as I do now. I look in the mirror and absolutely love who I see looking back at me.
3) I could absolutely, positively not be more pleased with my end result! I have never been happier to try on swim suits, wear sexy tops, or even feel confident as a professional woman.

The combination of intensifiers and emotion words substantiate the claim that the surgical results will be amazing (a claim that the surgeon cannot ethically make). If the other aspect of Kennedy’s suggested use of testimonials (that of eliminating the customer’s doubts) is considered, one can see that intensifiers are generally not used to emphasize these negative aspects of the text, although words with emotional connotations are. These examples show how negatively-connotated emotion words are used to address patients’ fears within the text:

1) Before considering surgery, I was concerned about the hazards and risks involved in breast augmentation. But after consulting with Dr. White, I became confident in having him perform my surgery.
2) I had a full breast lift here at Dr. Hochstein’s office and at first I was a little concerned about the scars but I trusted in Dr. Hochstein and his staff and I can say that I am truly glad that I did.
3) I had many fears about doing a tummy tuck and breast augmentation, but you always put my mind at ease with your confidence in the results to expect.

The only example in which an intensifier is used is the second (a little), and instead of maximizing the adjective it modifies, it minimizes it. The fears and concerns in the examples are also minimized by the conjunction but, which is followed by a contradiction. The patients’ fears are therefore addressed at a superficial level and quickly neutralized by the contrasting skill and professionalism of the surgeon. This downplaying of the doubts of the patients (and
therefore the risks of surgery) and the emphasis on surgical results and skill of the surgeon are themes which are mirrored in the larger corpus, and help to further the ideologies of the surgeon as the authority figure and the focus on the aesthetic results of surgery. The patients’ emphasized delight with the results of their surgeries as well as their assurance of the surgeons’ abilities accomplish the same goals as the high frequency of beauty-related adjectives and the increased focus on the authority of the doctor in the general corpus.
4. Summary and Conclusion

This master’s thesis sought to investigate the construction of cosmetic surgery in cosmetic surgery advertisements in order to gain insight into the power relations and beauty ideals, especially those aimed at women, which are inherent in this specific type of discourse. The analysis was grounded in current social theory, and used feminist social theory in particular as a lens through which to examine the modern practice of cosmetic surgery. An inductive approach was taken, which started with linguistic detail and attempted to uncover insights into the problematic aspects found at the intersection of cosmetic surgery, power and gender. Specific areas of interest to this analysis were those of medicalization, aesthetization and the construction of authority.

Perhaps the most unexpected result of the analysis was the near absence of medicalization in the examined text. If a continuum of the functional role of cosmetic surgeons existed, its two poles would be those of providing a necessary health service and providing a purely aesthetic service, not unlike a luxury good. It was assumed that text producers would attempt to legitimize the practice of cosmetic surgery to some degree by linking surgical intervention with increased function, or by equating the problems of pre-surgical bodies with medical disorders. This would coincide with the role of cosmetic surgeons as providers of a necessary health service, and it was assumed that this characterization would be especially prevalent in sections of text describing surgeries intended to alter the effects of aging, as suggested by Balsamo (1999:63). However, excluding explicit references to reconstructive surgery and gynecomastia in men, the pre-surgical body and its problems were not described as having physical issues relating to function, or as suffering from any sort of medical disorder. This downplaying of the scientific/medical side of cosmetic surgery necessitates an increased focus on the importance of attractiveness, which was shown in the high degree of aesthetization of the pre- and post-surgical body, with the problems of the pre-surgical body portrayed as negatively affecting prospective patients’ quality of life.

Although this anesthetization is accomplished in a number of different ways, the most ideologically powerful is the construction of a conceptual link between cosmetic surgery and fine art. Through the use of words with heavily artistic connotations and metaphor, text producers characterize cosmetic surgeons as artists, frame surgical procedures as artistic endeavors and describe the results of surgery in a way that emphasizes their aesthetic value.
over all else. This practice should be viewed as extremely dangerous, not only because it de-emphasizes the surgical process and its risks, but because, in doing so, it fails to promote patient autonomy by not providing the conditions necessary for autonomous choice. The emphasis on the aesthetic results of surgery is particularly troubling, as it implies a prioritization of results rather than of the health and well-being of patients and reinforces the function of the surgeon as the provider of a more aesthetic and less medical service. The reason that this is such a problematic construction is that the surgeries involved entail a high degree of risk and can have extremely serious health consequences, regardless of whether or not the procedures are performed properly.

In terms of power relations in the text, the analysis explored the construction of medical authority on the part of cosmetic surgeons, as well as the linguistic strategies used to construct and maintain it. The individualization of surgeons through the use of proper names (compared to the relative anonymity of patients) in combination with the indication of expertise through the use of the title of doctor are the most explicit ways through which authority is created, but this is balanced with the synthetic personalization more commonly found in advertising language. More specifically, the implication of treating the reader as an individual and mimicking the atmosphere of a one-on-one consultation through the use of the second-person pronoun you and the future tense will seek to make the reader receptive to the information provided by the website and, by extension, the surgeon. It is in this way that a balance is maintained between distancing the surgeons from prospective patients in the social hierarchy and convincing them that they will receive personalized attention. A balance between maintaining authority and relating to the patient can also be seen in the varying use of exclusive and inclusive we, which are used to separate the medical practitioners from patients and create a sense of common experience, respectively.

With regard to authority and consumer language, a very interesting aspect of cosmetic surgery discourse is that of the position of relative power constructed by patients in the smaller testimonials corpus. Due to their ability to choose freely between providers (as opposed to the average medical patient who can only see physicians who accept their medical insurance or needs to have a procedure performed as soon as possible), cosmetic surgery patients seem to place a high value on surgeons who communicate well and exhibit good bedside manner. This establishes a position of increased power in that they can simply leave negotiations with prospective surgeons if they are not impressed with their communication skills, mirroring
consumer discourse more than medical discourse. However, this must be balanced with an aspect of the surgeon’s authority that is less explicitly stated in the text, which is that of the surgeon’s role in determining the outcome of surgery. As evidenced by the increased emphasis on aesthetics, individual surgeons’ artistic vision and skill decide what the patient will look like post-surgery, placing them in an ideologically powerful position. Surgeons also decide who gets surgery, who does not, how often and in what manner, thus eliminating the slightly increased power of the patient once the decision to undergo surgery is made.

The most socially important aspect of this analysis is that of the importance of beauty for women, which is conspicuous in the text. One of the initial goals of the analysis was to uncover the presence of beauty ideals; while the text showed little evidence of specific standards of beauty (such as an optimal breast or waist size), the overall importance of physical attractiveness for women was quite salient. Firstly, gender roles are assigned through the use of personal pronouns, with female pronouns referring more frequently to cosmetic surgery patients, and male pronouns referring almost exclusively to cosmetic surgeons. This places women in the position of the main consumer of this service, confirming statistical evidence that states the same. Secondly, because cosmetic surgery is performed on both men and women, text producers attempt to make a majority of the language found in their advertisements gender-neutral. However, there is still an increased focus on certain procedures, namely those that are more often or only performed on women, especially with regard to procedures designed to improve the appearance of the genitals. The higher frequency of these procedures within the text, even when compared with their male-oriented counterparts, shows an alarming anesthetization of the female sexual organs, creating new beauty norms for women in addition to those with which most readers will already be familiar.

Perhaps the most effective strategy in accomplishing this ideological goal is the establishment of a sort of default position of cosmetic surgery as conceptually closer to women, which is carefully constructed in the text. A female reader is constructed through the evocation of experiences more likely to be had by women, such as wearing certain articles of clothing or experiencing the physical effects of childbirth and menopause. Even more than this, the positioning of women as the primary recipients of cosmetic procedures is accomplished through explicit reference to men through the use of gendered adjectives and justifications of their motivations for having cosmetic surgery, while no such explicit reference applies to women. This positions women as the ‘norm’ in terms of cosmetic surgery patients,
necessitating explicit mention of the male patients who fall outside of it. This aspect of cosmetic surgery discourse is significant due to its difference to medical discourse in general, in which the male gender is more likely to be the default. This clearly reflects the increased significance of beauty in society’s evaluation of women as opposed to men.

It is the belief of this analyst that these findings do indeed confirm most assertions by feminist scholars discussed in the theoretical background section. The portrayal of women as the default clients of cosmetic surgeons not only confirms the importance of attractiveness, but also perpetuates this ideology by framing it as normal and commonsensical. Women are encouraged to have surgery in order to make themselves aesthetically pleasing to others and themselves, which ensures their happiness and good self-esteem. Beauty standards are also portrayed as impossibly high, which is best reflected in the characterization of the naturally aging face and body as unattractive. Because there is very little (if anything at all) that women can do to avoid or reverse these changes, cosmetic surgery positions itself as the sole alternative to the problem of the aging body. The surgeon-as-artist metaphor is another way that the discourse of cosmetic surgery confirms the observations of feminist writers, in that it places the surgeon (usually a man) in the ideologically powerful position of deciding what patients’ bodies will look like post-surgery. Although the patient may have an idea of what he or she wants, the final decision is left to the surgeon, who has the medical authority, power and ‘artistic eye’ to determine what is truly beautiful. It is in this way that bodies, especially women’s bodies, are seen not as whole and complete, but as canvasses that can be worked on and improved, confirming the suspected colonization of the female body.

In conclusion, the main aim of this thesis was to examine the language of cosmetic surgery in order to determine the linguistic means by which power and ideologies about women and beauty are constructed in that particular field. In doing so, it was found that text producers use a range of linguistic strategies to foreground and background different aspects of the process of cosmetic surgery, establish an unequal social hierarchy with the surgeon in a position of power and elevate the importance of beauty in everyday life. The ideologies put forth by this discourse are problematic in their treatment of gender and medical ethics, and those seeking information about surgery of this nature should proceed with caution and a critical eye when examining text produced by those wishing to ‘sell’ cosmetic surgery.
5. Deutsche Zusammenfassung


Vertrauensverhältnisses zum Patienten kann auch in der häufigen und abwechselnden Verwendung des exklusiven und inklusiven *we* beobachtet werden, welches entweder zur Abgrenzung des medizinischen Personals von den Patienten oder zur Schaffung einer Empfindung der gemeinsamen Erfahrung verwendet wird.


Der sozial wichtigste Aspekt dieser Studie ist die Bedeutung von Schönheit für Frauen, welche im Text sehr deutlich ist. Eine der anfänglichen Zielsetzungen der Studie war das Aufzeigen von Schönheitsidealen; während der Textkörper wenige konkrete Schönheitsnormen (wie etwa optimal Brust- oder Hüftenmaße) enthält, ist die generelle Bedeutung körperlicher Attraktivität für Frauen sehr ausgeprägt.

Zunächst kann festgestellt werden, dass Geschlechterrollen durch die Verwendung persönlicher Pronomen angedeutet werden, wobei weibliche Pronomen häufiger zur Charakterisierung von Patienten kosmetischer Chirurgen und männliche Pronomen fast
ausschließlich zur Bezeichnung der Chirurgen selbst verwendet werden. Dies stellt Frauen hauptsächlich in der Rolle der Konsumentinnen dieser Dienstleistung dar, was wiederum die statistischen Belege bestätigt. Andererseits wird die Tatsache, dass kosmetische Chirurgie bei Männern genauso wie bei Frauen zur Anwendung kommt, in der Texterstellung dadurch berücksichtigt, dass die verwendete Sprache mehrheitlich geschlechtsneutral verfasst wird. Trotzdem liegt der Schwerpunkt des Textkörpers bei chirurgischen Eingriffen, welche häufiger oder ausschließlich bei Frauen zur Anwendung kommen, besonders bei Prozeduren zur Erhöhung der Attraktivität im Genitalbereich. Die größere Häufigkeit solcher Eingriffe im Textkörper, sogar im Vergleich zur entsprechenden männlichen Gegenseite, zeigt eine alarmierende Tendenz zur Ästhetisierung der weiblichen Genitalien, ein Umstand der neue Schönheitsnormen zu denjenigen hinzufügt, welche der Leserin oder dem Leser bereits vertraut sein dürften.


Es ist die Auffassung der Verfasserin, dass die Ergebnisse dieser Studie die Behauptungen feministischer Forscherinnen und Forscher bestätigen, welche im theoretischen Hintergrundteil der Arbeit betrachtet werden. Die Darstellung von Frauen als Norm-
Patientinnen kosmetischer Chirurgen bestätigt die Bedeutung von körperlicher Attraktivität nicht nur, sondern bewahrt und vermehrt diese Ideologie, indem sie sie als normal und Allgemeinweisheit wiedergibt. Frauen werden dazu ermutigt plastische Operationen durchzuführen um sich für andere und sie selbst ästhetisch ansprechend zu machen, was ihre Lebensfreude und Selbstachtung sicherstellt. Schönheitsnormen werden zudem als unmöglich hoch dargestellt, was am offensichtlichsten durch die Darstellung des natürlich alternden Gesichtes und Körpers als unattraktiv ersichtlich wird. Da es (wenn überhaupt) sehr wenig gibt, was Frauen zur Vermeidung oder Rücknahme der altersbedingten Veränderungen machen können, positioniert sich die Schönheitschirurgie als die einzige Alternative zum Problem des alternden Körpers. Die Metapher des Chirurgen-als-Künstler stellt wiederum eine Bestätigung der Beobachtungen feministischer Forscherinnen und Forscher dar, da es den Chirurgen (normalerweise einen Mann) in die ideologisch mächtige Position der Entscheidungsmöglichkeit über das Aussehen des postoperativen Patientenkörpers versetzt.

Obwohl der Patient oder die Patientin eine Idee haben kann, was er oder sie will, liegt die endgültige Entscheidung in der Hand des Chirurgen, welcher die medizinische Autorität, Macht und das ‚künstlerische Auge‘ besitzt um zu entscheiden, was wahrlich schön ist. Auf diese Art werden Körper, insbesondere weibliche Körper, nicht als Gesamtheit und komplett betrachtet, sondern als Leinwand die bearbeitet und verbessert werden kann, was wiederum die vermutete Kolonisierung des weiblichen Körpers bestätigt.

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