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Consumer Logics and the Relational Performance of Selling High-Risk Goods: The Case of Elective Cosmetic Surgery

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Abstract

Methodology: This article is based on ethnographic fieldwork in cosmetic surgery clinics in South Korea.

Purpose: This article investigates how medical specialists as professionals and elective cosmetic surgery tourists as consumers relationally negotiate decisions within the cosmetic surgery clinic. Drawing on a Goffmanian approach, this article explores the processual social structures that shape consumer logics in the clinic as a social space and as a type of professional institution.

Findings: This article identifies two genres of professional strategies (spatial arrangements and dramaturgical performances) are leveraged by medical specialists to assert control over and persuade consumers to purchase cosmetic surgery.

Practical Implications: This article offers recommendations for future policymaking in terms of regulatory oversight of the consumer profiles eligible for surgery and the marketing practices of clinics.

Research Implications: The valorization of surgery captured in this article suggests that surgical modifications may serve as another ground for entrenching class inequality between those able and those unable to afford surgery.

Originality: This article offers a micro-level account of how the high-risk good that is cosmetic surgery is sold by medical specialists in charismatic and affective bids to enhance their legitimacy, authority, and trust.

Keywords: clinics, economic sociology, ethnography, professions and organizations, South Korea

Introduction

Most studies of the social implications of elective cosmetic surgery have methodologically relied on analyses of multimedia material in separation from the cosmetic surgery clinics themselves, such as television programs that advertise surgery, or other social networking sites that spread awareness (Doyle 2008; Elliott 2011; Featherstone 2007, 2010; Gimlin 2006). The motivations for cosmetic surgery consumption have thus been traced to a desire for self-improvement driven by "fairy-tale" narratives: consumers are pushed to seek out surgery to correct the mistakes that nature has made, to better equalize the beauty of their appearance with that of their inner self, and *voila*, their lives will be better on the whole.

These narratives have been argued to percolate into gendered and racialized surgery patterns, targeting and encouraging disempowered minorities to go under the knife more often than others, as a vehicle for gender inequality, postcolonialism, racism, and commensuration processes sweeping across society that herald the destruction of individual identity (Blum 2005, 2007; Bordo 2003; Gulbas 2013; Pitts-Taylor 2009). These claims have gained in force in an age of globalization, with record numbers of consumers flocking to South Korea for surgery more than any other nation (American Society of Plastic Surgeons 2018; International Society of Aesthetic Plastic Surgery 2017).

The clinic, therefore, is a space of social and professional connectivity. So-Yeon Leem (2015, 2016, 2017), for instance, shows how mass media discourses about South Korean elective cosmetic surgery are embedded in "glocal" constructions of national identity. The clinic evokes broader debates not only about medical tourism, but the broader social forces behind the specificity of a place and its practices for cosmetic surgery tourism (Leem 2016). Interdisciplinary scholars have fruitfully applied these insights by using surgery tourism to

illuminate the contours of networks through which flow people and ideas across national boundaries (Chuang et al 2014; Edmonds 2010; Holliday et al 2015; Holliday et al 2019; Parry and Parry 2018; Pitts-Taylor 2009).

However, the theoretical bases of such studies and the emphasis of their critical inquiry have focused predominantly focused on questions that figure around how *consumers* think and act, paying insufficient attention to medical specialists, who are pushed into the background by categorically imagining them as instrumental agents bent on exploiting consumers in exchange for profit within a neoliberal agenda (Edmonds 2010).

This article moves beyond sweeping claims about cosmetic surgery to examine order and action on the micro-level, symptomatically analyzing micro-level interactional dynamics within the immediate context of the clinic as refractions of social order and economic logics of purchase in the clinic. In what follows, this article outlines the application of a Goffmanian approach to examine how medical specialists in cosmetic surgery exert influence to persuade consumers to purchase a high-risk good like elective cosmetic surgery through spatial arrangements and dramaturgical performances. The article then reviews the methods, after which it elaborates on the findings and concludes by discussing their potential implications for policymaking and research.

Theorizing Goffmanian Performances of Professional Control

I draw on Goffman's (1963, 1983) microsociology to theorize professional styles of interaction in the clinic.

Rather than accounting for social interactions and phenomena based on *a priori* concepts, as was common in his era, Goffman (1983) pioneered a systematic inductive approach to

describing social phenomena as constituted by micro-level interactions in bounded social spaces. A cornerstone of this approach was to recognize that these interactions were actively shaped by characteristics of these social spaces, namely, the social scripts or "lines" of action. Within this scope, certain orientations of service enter into view, as the form of how services are marketed and which inform the power relations between consumers and professionals – how, in essence, consumer's micro-level interactions with medical specialists are determined (Johnson, 1972).

Johnson (1972) originally theorized two orientations of service where the professional has greater or lesser influence over the service and client. Freidson (1999) innovatively expanded this idea in his classical account of occupations as "the… control of work" (p.118). Freidson rightfully recognized that control was the core operative of a profession that, despite the vicissitudes that may grip a profession over time, remains an institutional constant. What Freidson was suggesting was the interest of professionals in power and control over the direction of service provision and their clientele, even if interactions were framed as otherwise (1973: 5). That is, the survival of a profession itself is premised on the existence of economic agents who strive to determine what their profession will be able to control and seek to expand it, even if the identity of these agents might change over time (Freidson 1999).

Beginning with the recognition that such economic agents in the South Korean cosmetic surgery profession are medical specialists, this article expands on the Goffmanian micro-level strategies that they employ in asserting the control that Freidson (1999) points out is an institutional constant in professional work. These micro-level strategies work to persuade consumers through a Goffmanian (1983: 3) embeddedness, or

> "the engrossment and involvement of the participants … Emotion, mood, cognition, bodily orientation, and muscular effort are intrinsically involved, introducing an

> inevitable psychobiological element. Ease and uneasiness, unselfconsciousness and wariness are central."

In other words, decisions and attitudes like those toward the purchase of cosmetic surgery is constituted by how individuals think and feel, which in turn, are typically patterned by some social structure that is self-replicating. In the present study, this social structure is sourced to the design of professional strategies to service, through which consumers are made to feel more positively toward the prospect of purchasing surgery.

Two genres of strategies are used by medical specialists to persuade consumers both in-person and on social media: space and dramaturgy. By way of space, the design of clinical spaces is theorized to be embedded with symbols that help actors produce and comprehend meanings (Goffman 1963:18).

(1) *Symbolism*. For Goffman (1959), human interaction is mediated by symbolism and signification, which facilitate the coordination of lines of action through molding the interpretation processes that prefigure them. Symbols provide cues that consumers infer to develop interpretations of what a good represents in calibrating personal assessments of risk, mentally conceptualizing the implications of the purchased good for their lives, and deciding ultimately whether and how to consume it (Nilsson and Ballantyne 2014).

Here, symbols inculcate desire for a good (elective cosmetic surgery) by inducing and fulfilling internalized needs for "self-enhancement, role position, group membership or ego-identification" (Vickers and Renand 2003:466) that prefigure (symbolic) consumer behaviour, when the relational construction of a good during its sale and negotiation is designed to project an association between consumers and a particular role, group, or self-image.

(2) *Ambience*. In-person, these symbols come together to form an *ambience*, a cultural milieu, in which they are experienced through relationally constructed desires that provide not only sensory pleasure and variety, but access to a luxurious lifestyle – a higher-status in-group into which elective cosmetic surgery is portrayed as a gateway. This resonates with marketing, design, and health informatics scholarship that identifies the way that certain scenic arrangements, such as the type and color of health tools (Hopkin et al 2019), the spaciousness and traffic flow of hospital spaces (Pinna et al 2018), or the placement of computers in courtrooms (Bens 2018), affect the emotions of participants enough to play a role in their decision-making. *Symbolism* and *ambience* are strategies of developing luxurious projections that become part of the meanings that consumers associate with cosmetic surgery, but also help to develop *expectations of service*, rather than of membership in a higher-status in-group. On clinics' social media accounts, symbols were commonly used to evoke *emotional proximity* (warmth) to strip away the snobbery of high cultural statuses associated with luxury (the one dimension of luxury that would alienate consumers) and are key to producing emulations of an interpersonal community that, in turn, generate a sense of support, more positive evaluations of the activity (elective cosmetic surgery), and ultimately trust and willingness to participate in it (consumption).

Thus, a narrative of the gains of cosmetic surgery – luxury – and its process – comfort and warmth – is painted for consumers to observe, to be tempted by, and to imagine their bodies fitted within. Inhered within these spatial and scenic arrangements is power where control over the meanings of surgery, despite being impinged upon by medical specialists, is framed to remain with the consumer.

Spatial and scenic arrangements lay the groundwork for dramaturgical strategies in kind. On *dramaturgy,* Goffman (1959) once famously referred to the presentation of the self in social life as a theatrical metaphor where life is a stage upon which individuals put on performances to represent their ideal selves. When performing, individuals attempt to influence their audience in a shared space with continuous co-presence (Goffman 1959:15).

Simultaneously, practitioners use embodied information or information "that a sender conveys by means of his (her) own current bodily activity" (Goffman 1963:14), such as the symbols within the immediate context of the clinical interaction, as well as "disembodied information" or information acquired through channels beyond the immediate context, such as popular discourses and cultural schemas about beauty in mass media and broader social life (Holliday and Elfving-Hwang 2012).

Dramaturgically, medical specialists make use of charisma to generate affect and trust in consumers. Charisma is a category of performative traits through being "enthusiastic and affectively sincere" (Joosse 2018:7) that exemplify leadership, "[revolutionizing] men from within" as Weber (1978[1922]:1116) notes, toward repositioning an individual actor with respect to a broader social order. Here, medical specialists brandish technology, initiate physical contact, and emulate intimate reception to consumer concerns to collectively emphasize their expertise, akin to a type of "extraordinary quality" Weber deems significant for charismatic affectation (Weber 1978[1922]:241).

Charisma is thus socially constructed to encourage the depiction of medical specialists as leaders and participation in elective cosmetic surgery as their brand, mirroring Weber's regard for charisma as constitutive of authority in religion, politics, celebrity culture, and other fields more generally (ibid; Kurzman et al 2007).

For Weber, charisma emerges as dialectical interaction between a given charismatic authority and potential follower (Finlay 2002). Throughout the course of this process, the leader must constantly present "proofs" of their authority (e.g. performances that impress their audience with a sense of the leader's prowess in something) in order to reinforce their charismatic identity as well as convince the follower to believe and possibly subjugate into this identity as well (ibid; Reh et al 2017). Collins (2015) goes further to show that these "proofs" consist of a bodily-and-emotional coordination similar to Durkheim's collective effervescence, such as in boxing where a fighter must prove their prowess in order to convince elite fighting groups that they are worthy of membership. Charisma also helps build affective relationships and improve trust. In a qualitative study of a religious movement, Joosse (2012) finds that charisma accomplishes this by invigorating the emotional content of a relationship. That is, leaders present Weberian "proofs" of their authority and potential followers feel enamored to the extent that they experience emotional attachment to the leader, their identity, and practices.

This resonates with Goffman's depiction of trust as founded upon a normative consensus of some set of rules or identities shared by interacting individuals who feel an emotional attachment to them (Misztal 2001). Blum (2007) extends this trust-building function of charismatic authority in her observation that many consumers become romantically engaged with their medical specialists and physicians, becoming saviours for the transformation they are believed to have created through surgery. Indeed, this kind of affective labor is a powerful vehicle for convincing consumers to purchase elective cosmetic surgery. Accounting for spatial arrangement and dramaturgical performances, Kolehmainen and Mäkinen (2021) argue that commodities need not assume material forms in modern capitalism, but can assume non-material

forms as well, such as information and care, whose production and sale require immaterial (affective) labor.

Understanding the generation of affect through charisma in the sale of services helps us understand that capital can expropriate affect (Oksala 2016; Woodcock 2016). Emotions, therefore, are directly productive in the sale of high-risk goods like elective cosmetic surgery. Alvaro Jarrín (2017:13) argues in *The Biopolitics of Beauty* that affect limns how "resistance is already embedded in our *compliance* with power… [being] affectively attuned to power."

Through this process of affective labor, professionals invoke and monetize affect and diminish the sense of risk involved with cosmetic surgery by building trust between consumers and professionals (p.107). Leem (2015) corroborates this assertion in the South Korean context by documenting a new emotional dimension in mass media discourses and enhancement rhetoric around cosmetic surgery. Medical specialists frame the surgery as an accessible, yet distinguished good. Charismatic invocations of affect by medical specialists thus comprise a dramaturgical strategy to generate *trust* through the emotional sense of personability, enough to frame the surgery as an accessible, yet distinguished good and socialize consumers into believing they need it through bodily and verbal cues (Goffman 1983). This trust, moreover, shields medical specialists from doubt through the sense of personal connection fostered between a medical specialist and a consumer in their identities beyond the social roles assigned by their relationship – connecting with the person behind the coat.

Methodology

The data for this study comes from a larger project on the cosmetic surgery market in South Korea. For six months in 2018, I conducted my fieldwork at six of Seoul's top cosmetic

surgery clinics using a social ecological approach, a theoretical approach to methodology that aims to interrogate how social and physical spaces affect and pattern the social dynamics nested within them using the empirical combination of ethnography and autoethnography (Au 2017).

In particular, it calls attention to the importance of site-shuttling, visiting different sites within a class of cases, in order to "generate variation from within" (Small 2009:17) and ultimately produce deeper theorizations that improve the analytical precision with which they can speak to a phenomenon of study.

I purposively sampled six top-performing cosmetic surgery clinics in Seoul with the widest variety of surgical, non-surgical, and facial or bodily specialties (see Table 2). Cosmetic surgery clinics and hospitals emphasize procedures for aesthetic purposes, even if they have health benefits, and so do not fall under typical health insurance programs. Comparing multiple clinics contributes to the analysis by showing similarities across them, as well as how actors in the clinics conducted social comparisons between themselves and other clinics, and augmenting my own understanding of medical specialist-consumer encounters and decision-making.

---Insert Table 2---

Over six months, I attended every clinic nearly every day and would sit for hours at a time. I sat in the waiting rooms and consultation rooms where consumers met with non-surgical clinical staff who acted as beauty consultants, as well as the medical consultation rooms where consumers met with medical specialists. There, I first obtained verbal consent from all participants prior to making any notes on observed interactions between staff and consumers and between consumers. Though I was not an interested consumer myself and did not purchase any surgery, there were times, most notably at the beginning of my fieldwork, when clinical staff attempted to persuade me to purchase surgery.

In the consultation and medical consultation rooms, I did not speak and was a passive observer, recording my notes without interrupting the ongoing conversations so as not to influence them. I removed all identifying details and documented conversations that usually figured around what the potential consumers wanted out of the surgery, why they were interested, and the ways that clinic staff (surgical and non-surgical alike) sought to "sell" the surgery or convince consumers that they needed to purchase elective cosmetic surgery.

In the waiting rooms, I additionally engaged in conversations and informal interviews in the field with consumers and staff. My notes and questions focused on their motivations for surgery and their reflections on their interactions with staff on matters such as their feelings, satisfaction, fit with the clinic, and comparisons with other clinics to examine the persuasiveness of professional strategies.

Spatial and Scenic Arrangements in the Clinic: Symbolism and Ambience

All the clinics were consistently designed and arranged to give the impression of grandeur, saturated with symbols of luxury. Each clinic or hospital had at least two floors: one as a consultation area and possibly for minor surgeries, such as non-surgical injections (i.e. dermal fillers), and another for larger, more invasive surgeries that made up the bulk of their income and renown.

Waeyo was the largest of all the clinics, located in a towering building on a populous street of Gangnam. Out of the twenty or so floors that made up the tower, Waeyo consisted of eleven. The building itself was a giant hospital, one that dwarfed even regular hospitals in Seoul. They had different (pairs of) floors for different procedures – one for dermatology, a couple for

rhinoplasty, canthoplasty, and injections, one for consultations, one for dentistry, and one for otorhinolaryngology (ENT).

At Waeyo, I first approached the secretary behind a dark mahogany desk. After confirming my identity, a glass door to the left of her slid open. The hallway led into an abundant space of a reception area that sang with the soft, minimalist glow of warm lights bracketing the area. The floors were a spotless white and the walls were painted a gentle cyan that lulled you into a state of relaxation. The entire area, dominated by blue, black, and white, looked like a luxurious model home listed in a designer magazine. Other guests trickled in and comfortably perched themselves in sleek, onyx couches slouched against the walls.

Making my way through to one of a pair of long desks (I later discovered one was for paperwork completion and another was for payment enquiries), I was greeted by an English translator and consultant. "Hello," my guide Julianne[1] greeted me with a bow. "Thank you for reaching out to us. We look forward to helping you."

After retrieving some identification forms from her colleagues, she seated me at an oblong glass table. There, I completed my paperwork under the watch of dangling crystal chandeliers not unlike what you would find at a four- or five-star hotel and surrounded by an array of high-definition, flat-screen televisions broadcasting information about the clinics and the procedures.

The screens blared with the promise of transformation: vivid pictures of before's and after's, physicians explaining the procedures in detail for the cases presented, smiles and happiness pouring from the faces of satisfied clients.

[1] All names changed to preserve anonymity.

Julianne took me into another room for a lengthy consultation, intentionally pointing out pictures of renowned Korean pop idols, stars, and entertainers with medical specialists at the Waeyo hospital that lined the hallway along the way. Julianne beamed as she told me about a long-standing tradition of famous Korean pop stars coming to Waeyo for cosmetic surgery work and "touch-ups" throughout the twenty-five years their hospital had been open.

From the moment consumers enter the clinic, they are elevated from the asymmetrical, crude regularities of an imperfect world into a realm where the cleanliness, the symmetry, the luxury, the price of the space reflected the promise of what they could do for their person. Like how the presentation of deep expertise generates a sense of trust and willingness to conform among consumers (Au 2022a), the grandeur of the space depresses consumers' tendency to doubt and plants an inclination to trust.

Symbolic indicators of luxury in clinical space are most effective for consumption by evoking a sense of social psychological proximity and transforming cosmetic surgery into an *accessible*, yet *distinguished* good. Implicated is how cosmetic surgical practice and indications of an affluent lifestyle combine to signal status in a way that enhances consumption by denoting the abstract existence of a higher-status in-group, into which consumption of cosmetic surgery serves as a gateway.

The social psychological thrust of *accessible luxury*, a projection of potential gains and the means to acquire it, lies at the heart of the interactions consumers have with clinical space itself – for the beauty of the space itself embody the transformations being promised and the luxury it possesses affords itself a legitimacy and assurance that become difficult to refute as a potential consumer. What were essentially endorsements from Korean pop stars, highly respected figures in South Korean society for generating a significant proportion of national

income and bringing cultural recognition to the nation, offered another layer of legitimation to the expertise the hospital laid claim to. As a later encounter with Susan, a top consultant at Waeyo put it, “We are number one in Korea. How could a hospital with our twenty-five-year history and our roster of clientele be bad at what we do?”

Other clinics, even if smaller, had also been designed in a similar manner. At Madeagain, the entire consultation area was an enormous pod bathed in a pale-yellow glow and basked in the fragrant scent of lavender. Plunging the area into an elegant minimalist contrast, a herd of dark couches sat in a corner before the front desk, and around the corner, a row of dark doors that led into consultation rooms. In the front waiting area, three staff were perched behind a massive oblong desk and bowed in unison upon my entry from the elevator.

From there, I was directed to a private waiting room, one of many nested in a long hallway at the side of the clinic away from the front waiting area, prompted by the invitation of a staff member who enthusiastically noted “you should wait in this room. It’s much more comfortable than the general waiting area” – something I also saw her say to another Korean woman who later entered the same room.

In the room was a spotless black couch before a glass coffee table covered with top-line fashion magazines – Vogue, Elle, BAZAAR, Glamour – whose contents, upon perusal, did not reference elective cosmetic surgery. This spatial and scenic arrangement, I discovered, was a common feature in all clinics – each, no matter how small the clinic, was designed with a private waiting space for consumers, distanced from a main reception area and where luxurious symbolism was designed into the space to create a particular ambience.

In even the smallest clinic, at Dr. Wei, this separation was still observed – even if just as a group of desks plainly visible from and pushed off to the side of the front reception, but one

nonetheless perfused with a fragrant perfume, high-end magazines, televisions, where consumers in between consultations and surgeries were sat.

Throughout, the elements of spatial separation and luxurious symbolism thus effected an ambience leveraged to generate more positive evaluations of the clinic, their goods, and their professionals, like how Very Important Person (VIP) programs in a range of industries have been found to bolster attitudinal loyalty and likelihood of goods consumption (Kim et al 2009). Perceptions of exclusivity through ambience, by effecting a subjective type of status distinction among consumers, therefore simulate elevation into a higher social stratum defined by superior cultural tastes and interpersonal reception by others – here, the experience of exclusivity in association with elective cosmetic surgery becomes a performative metaphor for the cultural riches its consumption would bring.

As the professions literature on medical markets demonstrates, ambience is one of the most important cornerstones of interpersonal mentalizing in negotiations for the psychological portrayals of performance it conveys (Harris-Moore 2016). The micro-level design of a consumption environment, for instance, is responsible for creating more positive emotional states that produce intrinsic motivation for cooperation in clinical consultations, just as they do in other negotiations of service (Liu 2018), which becomes particularly salient in the consumption of elective cosmetic surgery.

For the clinic and medical specialist, this is significantly consequential for empowering traditional predictors of consumption, such as consumer satisfaction, in an otherwise uncertain type of good with potential physical risks in consumption that warrant explicit mediation (Pitts-Taylor 2009). Like what Mears (2014) calls aesthetic labor, consumption of elective cosmetic surgery is a form of labor filled with inherent psychic risks that are framed and perceived as

individualized. Ambience, coupled with luxurious symbols that inform psychosocial associations of elective cosmetic surgery with (aspirations for) upward mobility, thus weathers this individualized sense of uncertainty and risk by breeding interpersonal trust through imparting a sense of subjective exclusivity, more positive expectations of service and, by extension, superior confidence in the quality of elective cosmetic surgery sold and willingness to consume.

Social ambience was an equally important part of the design of on the clinics' digital WeChat and Kakao accounts (the most popular social networking sites in China and South Korea, respectively), where all posts were characterized by luxurious and *emotive* social representations. Both in-person and digital accounts leveraged symbols evocative of high cultural tastes and lifestyles where a constant stream of photos commonly included features of Korean pop stars as well as "before and after" depictions of former consumers, particularly those who had gone on to accrue fame as popular social media icons or roles in the modeling industry.

Additionally, captions used to label all posts and photos expressed a positive emotional drive, an upbeat character saturated with emoticons that signal social psychological cues for empathy (Hammond 2015). One post on Skinhealth's page, for instance, reads in Chinese and Korean, "because of you guys/our babies [a term of endearment addressed to the reader in the plural], we're blessed to have treats every day, we're feeling very satisfied and fulfilled [red heart emoticon] [yellow heart emoticon] [orange heart emoticon] [purple heart emoticon]" above a photo of a boxed cake from Paris Baguette, a high-end bakery in South Korea, tied to a helium balloon. The sense of personal affect was bolstered by the thread-based comment structure of these social networking sites in particular that, unlike Facebook, Instagram, Twitter, or other Western social networking sites, is interactively dyadic. That is, *likes*, comments, and responses to comments on posts are *only* visible to the giver and the receiver.

The emotive charge woven into the architecture of the clinics' social media and in-person spatial arrangements, at once projecting personality traits of affective empathy to appear relatable and trustworthy, thus complements the thrust of luxurious symbolism by stripping it of its inherent snobbish dressings and framing surgery as a readily *accessible* luxury for consumption.

Whether and how consumers consume elective cosmetic surgery remains their own choice, only impinged upon insofar as the clinic lowers the individualized risk of its consumption, projects confidence in the product, and ultimately encourages trust. Like with the consultancy profession or the legal profession where professionals rarely reject client cases, there is a dominance on part of the client that characterizes consumer-medical specialist interactions (Liu 2018).

No consumer is turned away from consultations. In contradistinction to professional autonomy, which is key to conveying professional control over the outcome and process of providing or consuming a service (Liu 2018), the clinic was spatially arranged to lionize a sense of consumer autonomy that does not just include deciding on and fulfilling surgical goals, but ascertaining an ambient sense of personal comfort and commitment to interpersonal relationships on an emotional level, persuading consumers to forget, for instance, that medical specialists are working for profit.

Dramaturgical Performances in the Clinic: Charisma and Affect

Segueing with the press for establishing *trust* in spatial arrangements in the clinic, medical specialists were engaged in dramaturgical performances that effected charisma and affect for similar purposes (Misztal 2001). In the clinic, professional and attentive service that

moved beyond consultation-related matters to establish a more personal sense of connection were symptomatic of charismatic and affective performances at different clinics.

Building on Weber's indication of charisma as constituent of intersecting social relations and psychological attributes, William Friedland (1964) classically depicts *touch,* with cultural-cognitive undertones, as a charismatic way of instilling awe in observers, attributing authority to the interlocutors who assume control over this touch, and ultimately creating trust. As Goffman (1983: 3) points out, bodily orientation is a psychobiological process, such that bodily and vocal behaviors have the power to socialize individuals into beliefs and attitudes, like feeling trust toward a medical specialist and valorizing elective cosmetic surgery.

Studies of the phenotypes of cognitive structures in the sociology of culture have since echoed the significance of physical contact for fostering trust (Cerulo 2002; DiMaggio 2002). Trust embodies a somatic, mutual exchange of recognition through which "charisma becomes palpable, the bond with followers enlivened and the authority of the leader reconstituted" (Immergut and Kosut 2014:272).

At each clinic, consultants, surgeons, and medical specialists would often lay their hands on my face and that of other consumers, to emphasize the points they were making about each part and to project a better visualization of what they could do. To further sediment this presentation, consumers were made to hold a mirror, which was always at the ready in every clinical consultation, during which criticisms and promises would be made. As if to amplify personal insecurities during the handwork, lighting in each consultation room blared with a particular brightness none of the other rooms ever had.

At Madeagain, John held a consultation with the head surgeon. He beamed confidently at John as he entered his office. "So, what can we do for you today?"

John demurred, after which the head surgeon said, “hold this.” The surgeon placed a mirror in John’s hands, wrapped his hands around his, guided his hands with the mirror as if teaching a child to hold a pencil. “Look here, tilt this way. Do you see this?”

They looked at the underside of his right jaw.

“This is your jaw, you know. Your bones here on either side of your jaw are too big. They protrude too much, like a square. What we can do for you is shave it down on either side and all along the jaw to the chin to make your face slimmer and better. But we won’t touch your chin – this way, your face will look sharper.”

The surgeon then retrieved his hands and covered the sides of John’s face. “Here, doesn’t this look good? This is what you might look like afterwards. This would really match with something else as well…” He then inserted a pen lightly into his nostril and pulled his nose forward. “Your nose can look smaller at the tip and more pronounced this way. If you want your nose to be higher as well, we can also insert some plastic – ah, silicone – at the bridge.”

As a kind of Weberian “proof” that embodied charismatic authority, the surgeon impressed upon John the magnitude of his authority as a professional. Seizing John’s exposed insecurities, he painted with his hands a visualization of my surgically modified face. Through touch, a physical emulation of a highly personalized connection, it was hard to shake the feeling of control he had over one’s bodily appearance and with it, *trust* in his expertise. The assertive power charisma as *performance* had for trust was true for other consumers as well, who felt less uncertain after seeing the same visualizations John did, such as Elaine, an American in her 20s at the same clinic. Elaine stressed,

> “I felt safer seeing how expert the surgeons were. I mean, they’re doctors after all. And they should know better. They pointed out things I didn’t see before in me, which is

good, because if they see it, who knows how many other people have seen it! Now I can fix it hopefully."

In the social space of the clinic, the performance of charisma drew on more than touch, for enjoined in the consumption of cosmetic surgery was an inherent risk that inspired consumer hesitation and required professional dissuasion.

In response to this sense of risk, medical specialists legitimated their authority by way of charismatic leadership, bringing their own selves into the negotiation with deep references to *personal* experiences encounters, recollections of their own worldviews, dilemmas, and resolutions seemingly independent of the clinic, to embolden their extraordinary qualities as persons worth investing faith in (1978[1922]:242). At Waeyo, Kyle, a consumer from America, engaged in a consultation with Susan, during which he expressed hesitation about the prospect of elective cosmetic surgery itself in face of this risk:

"I've checked out other clinics as well, and I don't know which surgical style or clinic is best."

Susan leaned against the table. "Look, I've even done work on my own face. *Look* at how young I look. Go on." She turned her head from side-to-side for Kyle to observe. "See? I'll even tell you how old I am – I'm *forty-seven*. But do I look like it?"

"No," Kyle remarked, eyes scanning either side of her face. "And your skin is really nice."

"I don't look forty-seven, right? And *look*." Susan swiveled over to her monitor, opened a folder from an array of others, maximized a headshot of a woman. "This is me! Before surgery! You can see the difference. So, *you too* can trust us. You can trust *me*."

Commercialized medicine is sold to consumers by making use of personalized marketing (Sullivan 2001:141). Here, the social construction of charismatic authority in medical specialists like Susan was powerfully sustained at a micro-level using rich dramaturgical performances presenting miraculous Weberian "proofs" (to others to assume authority (Weber 1978[1922]:266, 441).

By laying bare her own transformation under the hands of the clinic's surgeons, Susan provided a powerful "proof" that "stage-manag[ed] the charismatic process" (Glassman 1975:618; see also Leem 2016) in a performance of charismatic authority. Her positionality as a former consumer further exemplifies a charismatic conversion process, where an incipient follower learns to act like a group member by outwardly conforming to a prescribed set of role expectations – after which others thereafter are swept up by the emotive power of personal testimony into trusting the charismatic actor and placing faith in the practice represented (Joosse 2012).

Like charismatic institutional entrepreneurs (Abrutyn and Van Ness 2015), medical specialists at once socialized consumers into generalized expectations of the heightened rewards and lowered risks of consumption through a salvo of dramaturgical presentations to express an affect tempered with an indispensable self-certainty.

At Madeagain, as I spoke with one of the staff members at the front desk, a male consultant took the initiative to approach me and asked to connect with me on WeChat. This invocation brings up affect as a dramaturgical strategy to generate *trust* through the personability of the connection between Xin and each individual medical tourist, a connection superseding their roles as medical specialist and consumer to foreground their persons. What results is an accentuated ability to condition compliance by "attuning" the consumer to trusting and investing

in the medical specialist, lowering barriers, like a sense of unfamiliarity and risk, to consumption (Jarrín 2017:13, 106-108).

Keeping in contact afterwards, the WeChat account Xin added me on was a hybrid personal/professional account, named "Beauty clinic, working hours from 10AM to 7PM" and all posts were made in Chinese, indicating that it was designed to target potential Chinese consumers. The account presented professional, work-related content, but with personal captions and occasional posts of himself and, as I discovered later, that of other Chinese staff who used the account. Posts commonly included pictures of occasional packages and promotions for cosmetic surgery procedures offered by Madeagain clinic. Like emotional cues in Madeagain's spatial arrangements on social media, this account imbued content with personal affect and extended this thrust to incorporate more subjective content that explicitly involved actors in the clinic.

Xin, for instance, posted a picture of the clinic from behind the desk and a caption that read: "ahhh~ work life requires that I stay up till very late." In another post, videos of rain falling outside the window of the clinic were paired with the caption "it's raining a lot! We're still here working." Other posts more directly blended professional content with personal emotion: one included a video of one of the clinic's surgeons working, noting "someone really wanted a live video of the procedure, so today let me satisfy you haha. Please be reminded: the clinic will be closed from May 5th to May 10th. We'll be up and running on the 11th." In another, nearly two months later, the account posted a picture of the head surgeon with a client whose face was blurred. The surgeon was pictured holding a basket of flowers from the client, under the caption: "what else do we need to say? [three smiley emoticons] [she] especially bought flowers and sent them to the director to thank him [four prayer hand emoticons]."

The depictions of surgeons and medical specialists working closely with previous consumers, all of whom appeared satisfied – and compliant in endorsements for the clinic's expertise, a symptom of a clinical exercise of power –, performed traits that emulate enthusiastic and sincere *affect*, portraying a type of *charismatic authority.* Recognizing the significance of "followers" for the construction of charismatic authority, Weber asserts that "it is recognition on the part of those subject to authority which is decisive for the *validity* of charisma" (1978[1922]:242, emphasis added). These interpersonal endorsements thus work to pattern capitulation to medical specialists in interactions within the clinic, which, through the medium of social networking sites, expand to broader potential audiences.

Whilst the reception of online reviews in medicine by practitioners is resisted because of the potential harms it does to their reputations (Menon 2017), participation in online communities discussing medical practice remains increasingly popular, particularly as a way of tapping into experiential knowledge to weather personalized risks (Conrad et al 2016). The findings here open dialogue on how practitioners themselves have begun to create their own web presence, going so far as to create communities of their own centered around social networking sites specific to different nationalities of medical tourists; channels to directly contact consumers and in the skin of a highly personalized connection to exert a soft power in shaping encounters with consumers. Their dramaturgical a gravity to attract online traffic away from other online discussion sites, over which they exert little control, to one that they *do* hold control over.

"Why," as Ming, another Chinese medical tourist, explains,

"would I contact another site when the clinic itself can be contacted online? I mean, I could find a review site to look at what other people have experienced generally, but for

specific treatment inquiries about a practice that I want for myself, I ultimately have to contact the clinic directly."

The present findings indicate that consumers develop more positive attitudes toward elective surgery through the clinic's social media dramaturgy: interactive endorsements are dramaturgically presented in styles of personalized expression specific to particular ethnic communities on social media that improves receptivity – one defined by sedimented patterns of exchanges designed to evoke affect, a sense of trust owing to an interpersonal common identity, and taken altogether, a social space presented as a home away from home.

In similar fashion, medical tourist consumer standards of beauty and stated bodily expectations are splitting across national boundaries to form objectives of surgery specific to different ethnic groups; social media allows the clinic to take advantage of this transborder shift by dramaturgically marketing such expectations in a communication style targeting cultural sensibilities of particular ethnicities, as with Xiao Wu and Ming.

The WeChat account provided information not otherwise available face-to-face to build trust with consumers by humanizing the clinic and projecting personal, affable characteristics onto the clinic's interactions.

In addition to charismatic and affective dramaturgy from social media being replicated in-person, dynamics on social media actively *spilled over* in-person to actionize an immersive *affect*. There was much continuity between online-offline thresholds to sustain the dramaturgical work presenting the clinic as a "home away from home" by offering personal support and professional benefits framed as "gifts to a friend."

This was a common strategy targeting consumers, even during times of altercation. Xiao Wu, a female consumer, was at the Madeagain clinic on one of her scheduled visits. She was to

undergo a procedure that day, but her next earliest visit was a week away. Xiao Wu became visibly upset. Dressed in a nightgown, she left her procedure room and ventured into the hallway, where she quickly encountered a harried Xin.

"Why can't my next visit be on Friday [a few days from the day]?

Xin: I'm sorry. Our schedule is really tight. We can't put you in for Friday. The earliest we can do is next week. We have a lot of clients this week.

Xiao Wu: [throws her arms up in the air and shrieks] I want it on Friday!

Xin: [raises his arms to gesture for her to calm down] Please, the next available time is next week. But… maybe there's something we can do.

Xiao Wu: Make sure it's Friday!

Xin: Come with me this way…"

They proceeded to a private consultation room, where Xin made a few calls and checked back with other staff members at the front desk. Then, he told her that he had persuaded another client, whom he called a friend, to postpone his appointment and offer up his spot "just for Xiao Wu." Xiao Wu, now satisfied, returned to the procedure room.

The series of exchanges in this dramatic scene highlight how Xin and the clinic staff constructed a sense of community about the clinic, and one that was restricted and esoteric. Consultations and arrangements were framed as occurring among an esoteric network of friends, with whom leeway could be given – even if every consumer was called a friend by clinic staff, this knowledge was not made known to consumers. Professional benefits were always framed as concessions made at the cost of the clinic, but which willingly did so out of sincerity and good will.

Through a rich array of intermingling dramaturgical presentations of charisma and affect, medical specialists in elective cosmetic surgery wield control over the body and the negotiation through the same micro-interactional dynamics used to market their craft (Sullivan 2001:143). Unlike spatial arrangements where consumers retain control over the meanings of surgery, dramaturgical performances express professional control – nuanced presentations of superior expertise to impress the consumer into believing the fact. Cross-cutting these relations are a set of personalized styles of expression designed to tap into affective meanings sedimented in ethnic network cultures, spilling fluidly across in-person and social media to inspire trust in the medical specialist and reduce the risk of surgery – under the careful watch of the professional.

Charisma and affect operate as vehicles to enforce this trust to the medical specialist to legitimize their authority. Indeed, emotive expressions by professionals provide a particular persuasive power over their clients (Taylor-Alexander 2013). Medical specialists' emphasis on their excitement and anticipation for a potential operation in meetings leading up to a surgery date is what often creates more positive evaluations of surgery among consumers (Blum 2005:128).

Furthermore, confronted with an esoteric barrier of professional expertise, consumers are forced to trust that their medical specialist is "competent and skilled and will not abuse [their] superior position to promote [their] interests at the patient's expense" (Atiyeh, Rubeiz, and Hayek 2008:835) since expert systems like law, medicine, money, and so on "lack… viable alternatives for [consumers] who 'have' to trust them" (Layder 1997:64). Thus, the trust-producing mechanisms part of a professional institutional workplace like the clinic operate by asserting normative pressure and creating conformity in micro-level actions (Reed 2001:203), all

in service of legitimating professional authority and in a way that affords them control over the consultation process.

Discussion

This article draws on a Goffmanian approach to investigate the orientations of service that are at play during clinical consultations. This article contributes to the sociology of professions by ethnographically interrogating the micro-level consultations negotiated between consumers and medical specialists towards the decision of obtaining elective cosmetic surgery in the immediacy of the clinic (see also Abbott 2016; Liu 2018).

Medical specialists are shown to leverage two genres of professional strategies (spatial arrangements and dramaturgical performances) to socialize consumers into believing elective cosmetic surgery is a good that they need and a resolution for their problems. The present findings demonstrate the malleability of consumer logics, how they are shaped to the interests of clinics and institutions in the cosmetic surgery industry. In light of the damage to self-esteem that has been linked to desire for cosmetic surgery (Walker et al 2019), the present study raises important implications for research and policy.

First, greater regulations are needed to vet the consumers being matched to elective cosmetic surgeries for aesthetic purposes. Though the risk of purchasing elective cosmetic surgery is different for every individual and beyond the scope of this article as a sociological study, the fieldwork evinced how assurances of safety made by medical specialists are tinged with the motivation for profit. It is in the financial interest of the clinics that they are a part of, therefore, to theoretically exact as many elective surgeries as possible, in spite of the general health risks of surgery itself.

Second, greater regulations are also needed for vetting the marketing practices of these clinics and medical specialists. As demonstrated in the fieldwork, consumers did not necessarily enter the clinics believing they needed surgery to begin with, but were nonetheless socialized into these beliefs by medical specialists. These strategies are not entirely uncommon for the sale of privatized goods and services, like luxury goods, but elective cosmetic surgeries espouse a level of health risk that *is* uncommon, making it worthy of additional scrutiny and serious reconsideration of the marketing practices permissible of for-profit clinics in capturing new clients.

Finally, the findings imply that cosmetic surgery serves as an important ground for symbolic violence against individuals without surgically modified appearances, suggesting another dimension for aggravating already-wide wealth inequality at large. In this manner, future research in sociology, economics, and health might examine the repercussions of cosmetic surgery for inequality in social capital (e.g. others willing to connect and help you) and policies that enable this inequality, such as the practice of attaching headshots to resumes that might introduce appearance biases or prematurely disqualify surgically unmodified individuals (Au 2022b; Hakim 2010; Verhaeghe et al 2013).

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Tables

Table 1. Descriptive summaries of the clinics attended and their specialties.

Clinic[2]	**Specialty**
Dr. Wei	Non-incisional surgical practices for eyes and nose.
KODA	Non-surgical injections and surgical practices for eyes and nose.
Madeagain	Facial contouring and skeletal restructuring.
Liberal	Skincare maintenance
Skinhealth	Non-surgical injections and skincare maintenance.
Waeyo	Incisional surgical practices for eyes, nose, lips. Non-surgical injections. Stem-cell hair treatments. Facial contouring.

[2] All clinic names have been changed.