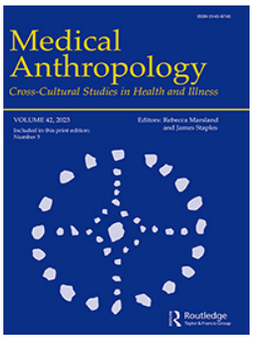

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Pricing the Priceless Surgery: Professional Expertise and the Marketing of High-Risk Surgery in South Korea

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ABSTRACT

Through ethnographic fieldwork in cosmetic surgery clinics in Seoul, South Korea in 2018, in this article I investigate how professional clinicians persuade consumers to purchase surgery during consultations. Enamored by the ascendancy of the Korean cultural industry, many non-Koreans are drawn to Korea for the storied, domestic brand of surgery believed to be inextricable from the aesthetic appeal of their idols. Clinical professionals capitalize on this Korean ascendancy by transforming the meanings of surgical success (as symbolic attainment of moral-existential satisfaction) and failure (as deficiency of its symbolic rewards) to trust in their moral authority and expertise.

KEYWORDS

South Korea; consumers; cosmeticsurgery; high-risk goods; medical professions; purchases

The ascendancy of Korean culture and surgical expertise in a global field

Cosmetic surgery is among the fastest growing of privatized medical services worldwide, most of all in South Korea, where the domestic market reached a value of US$11.8 billion in 2021 (Roh 2021). As a nation with one of the highest numbers of cosmetic surgery tourists and the highest ratio of surgeons to the general population (International Society of Aesthetic Plastic Surgery 2021; Korea Health Industry Development Institute 2021:22), South Korea is an ideal research setting in which to deepen our understanding of the nuances of the upsurge in global consumption and medical tourism for cosmetic surgery.

Examining clinician discourses in the clinic, I theorize the ascendancy of Korean surgical expertise that is structured in professional discourses, through which professionals exert influence over the meanings that clients ascribe to cosmetic surgery. I argue that the success of the Korean cultural industry has globalized the appeal of Korean aesthetic standards, which now influence beauty ideals worldwide and attract clients from disparate parts of the globe to domestic cosmetic surgery clinics. There, clinical professionals construct narratives about their surgical expertise with reference to the Korean cultural industry to persuade consumers to purchase surgery.

To begin with, cosmetic surgery is aptly summarized by Jarrín, who remarks that it engenders new forms of objectification "from one's very self" (Jarrín 2017:105). This kind of objectification is embedded in a miscegenation that informs the aesthetic ideals that guide cosmetic surgery expectations. This is corroborated by recent anthropological work that has also identified the social construction of cosmetic surgery ideals based on hierarchies of gender, race, and national belonging (Liebelt 2019). Holliday and Elfving-Hwang (2012) argue that globalization brings with it ideal standards that

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Media teaser: Why are so many tourists going to South Korea for cosmetic surgery? I argue that Korean clinicians curate and use a repertoire of discourses to persuade consumers to make purchases.

do more than influence obeisance, but which enmeshes with South Korean Confucianist norms. They contrast accounts of women as both subjects and agents to identify norms that deceive local women to perceive cosmetic surgery as an empowering act, to resist against patriarchal ideals, without realizing their addiction to the practice as yet another form of dependency. Implicit in their argument is the idea that globalization is a force that introduces new aesthetic ideals from which individuals draw inspiration for surgical goals and psychological empowerment.

Indeed, the decision to purchase cosmetic surgery is shaped considerably by a confluence of micro-level interactions in consultations leading up to surgery and of broader cultural scripts that transcend national borders. Though the boundaries of nationhood are blurry, there is an evident stratifying order in the global arena of ethnonational aesthetics, one that typically places Western cultural imagery over Asian countries. For instance, in a systematic review of Asian cosmetic surgery in the humanities, Aquino and Steinkamp (2016) unearth the critical appraisal of colonial, Western-inspired beauty ideals as a common theme in humanistic studies of cosmetic surgery in Asia.

Originating in the desire for the physical appearance believed to be typical of another race or national identity, these Western-inspired beauty ideals are similar to Jarrin's account of the desire for "European noses" in Brazil (Jarrín 2015). This ethnonational standard of beauty derived from globalization matters, as Jarrín (2017:157) puts it eloquently, because it is "intrinsically associated with a series of promises – the hope of upward mobility, the promise of social inclusion, and the utopian possibility of a more egalitarian society."

In South Korea, this held true in some respects. Clinical professionals refer to these cultural scripts in affective bids to persuade consumers to purchase surgery. While Western features retained some influence over ethnonational conceptions of beauty (e.g. a tall nose), Leem (2017) examines how surgical goals on the whole shifted away from simple mimicry of the Western body. Professionals in Korea developed a roster of innovative surgical techniques to create a new science of beauty that has the potential to reconfigure – and hybridize – with Western norms for a distinctly Korean set of bodily standards.

Linking these arguments is the recognition that appearance – and beauty, specifically – is an expression of larger social constructs like ethnonational belonging and femininity, closely following contemporaneous forms of cultural dominance (e.g. Western or Korean ascendancy). Surgery renders "beauty" attainable and ultimately a vehicle of repositioning oneself into ethnonational categories and, by extension, improving chances of inclusion in competitive labor markets and social recognition as "properly modern and urban" (Liebelt 2019:688; see also Aizura 2009; Balogun 2012; Edmonds 2010; Hoang 2014).

These prospects of multiple forms of upward mobility are key, as Au (2023a) finds in a recent study of South Korean cosmetic surgery consumers, in a macro level backdrop of debilitating economic anxieties amid stagnating wages and an unstable labor market. Even in advanced capitalist economies, rising global inequality is creating economic insecurity among the middle-class and below. Surgeons in South Korea capitalize on this by increasingly appealing for citizens to access cosmetic surgery, much like they do in Brazil, under the guise of "public health," such as by "rais[ing their] breasts and [their] self-esteem" (Edmonds 2007:367; see also Au 2023a, 2023b). Indeed, clinical professionals are constantly striving to expand their foothold in an increasingly crowded market not only through the innovation of surgical techniques, but through strategies to broaden their appeal and consolidate power in consumer-clinician consultations.

Building on this work, I focus on the rare case of non-Korean cosmetic surgery tourists from the U.S. to Korea to examine the contemporary shifting dynamics of ethnonational aesthetic standards. I argue that the winds of globalization and cultural dominance now blow the other direction, from Korea outward: South Korean media products have not only flooded regional markets like Malaysia, China, Singapore, but international markets that include even the U.S. In 2020, leading Korean boyband BTS received the first Grammy nomination by a Korean artist. In a 2021 survey of the reception of K-pop (Korean pop music) in 18 countries, Statista found that 65.5% of respondents rated it "very popular" or "moderately popular" (Statista Research Department 2022).

Coupled with media depictions of cosmetic surgery that regularly frame it as a tool for conforming with the bodily expectations laid down by these cultural constructs (Edmonds 2010; Greco 2016; Leem 2017), the ascendancy of Korean artistry as a repertoire of cultural images was a starting point of interest in the *Korean* brand of surgery among my non-Korean participants.

English social media personality Oli London was sufficiently enamored with BTS' Jimin to begin identifying as Korean and obtaining cosmetic surgery in an attempt to look like the idol. U.S. pop singer Gwen Stefani more recently identified as Japanese, citing a deep interest in their fashion aesthetics and culture. Both cases represent extreme, but heuristic (and relatable, for my research participants) cases to examine the agentic meaning-making behind the non-Korean desire for Korean cosmetic surgery.

Examining another kind of human commodity (egg donations), Deomampo (2019) argues that individuals subject their bodies to medical procedures in affective bids to render malleable and reposition one's racial identification. Similarly, citing a deep interest in Korean media and attraction to their artists, participants seek to emulate (though not mimic entirely, as in the case of Oli London) them in appearance, bound up in the conspicuous consumption of Korean cosmetic surgery. Theirs is akin to Kaw's (1993) classic argument about how Western aesthetic standards are adopted by women to "refine their features," but Korean standards are now being adopted by non-Koreans.

So common is cosmetic surgery in Korea, especially among K-pop and K-drama artists that non-Koreans adore, that Korean plastic surgeons' "aesthetic sense and technical expertise" are valorized (Menon 2019:2; see also Leem 2016). This valorization is further institutionalized by a national government eager to invest in the domestic music and cosmetic surgery industries to expand its global soft power, such as by offering tax refunds for cosmetic surgery tourists that remain in force today. Chinese tourists, for instance, regularly pay more for surgery in South Korea than they would in China because of quality issues and trust in South Korean expertise (Holliday et al. 2019:13).

Methodology

This study comes from a larger project on cosmetic surgery. In this article, I report on six months of ethnographic fieldwork in six purposively sampled, top-performing cosmetic surgery clinics in Seoul in 2018. Their clinical specialties represented the greatest diversity of types of techniques and bodily areas of interest to map out the structural commonalities in the consultation process among different clinics (see Table 1). Additionally, their particular surgical expertise that focused on the nose, skin, eyes, jawline, and mouth best tapped into beauty standards in Korea, which, unlike in countries such as Brazil and the U.S (Holliday and Elfving-Hwang 2012), are more preoccupied with the face than the body.

Throughout, I attended each clinic once a week and remained for the day's operations to observe interactions between clinicians and consumers and between fellow consumers, as well as to engage in conversations and informal interviews with both. The medical tourists from America hailed from different ethnic backgrounds, but they spoke of a common journey of navigating ethnonational standards of beauty that consistently valorized the expertise of Korean surgeons.

Ethical approval for this study was obtained from my home university's Research Ethics Board, an R1 university in Canada. I additionally obtained permission to enter clinics from clinicians. I initially

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

Clinic	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. This referred to surgeries that shaved, (re)moved, or cut facial bones.
Liberal Skinhealth	Skincare maintenance. This referred to skin surface lasers and non-surgical injections for improving the skin's appearance.
Waeyo	Incisional surgical practices for eyes, nose, lips. Non-surgical injections. Stem-cell hair treatments. Facial contouring.

approached clinicians by outlining the goals of my project and discussed how they might benefit from agreeing to allow me to observe in their clinics, namely, that they might learn more about their own clientele through my research.

For private, one-on-one consultations, I additionally obtained written and/or verbal consent from consumers. During the consultations where I was an observer, the clinician introduced me and asked if they consented for me to be there, and whether they would prefer to indicate this in a signed consent form or verbal agreement. Most chose the verbal option. Clinicians simply noted that I was a social researcher who was interested in cosmetic surgery in Korea. I took notes about how the clinicians discursively "sold" surgery to the consumers, or persuaded them to purchase surgery, and how they navigated consumers' anxieties about the advantages and disadvantages. I also took notes on what consumers themselves wanted out of the surgery – and why.

My informal interviews were effectively field interviews, which I conducted in English. For clinicians, I followed up with questions about their practice in the consultation rooms after consumers had left. I sometimes asked, for instance, whether their marketing practice was standard or whether the responses of the consumer they had just seen was typical of their clientele. For consumers, I approached them in the waiting rooms, the only space they could sit without the presence of a clinician. I would briefly introduce myself as a researcher interested in cosmetic surgery and asked if I could ask them some questions. Once they agreed, I would ask about their motivations for getting surgery, what their impressions were of the clinic and clinicians, what they desired out of surgery, where they were from, and, if time allowed, how ethnonational ideations were layered atop of these answers. All names of clinics and participants have been replaced with pseudonyms.

I identify as an Asian-Canadian man. Having been born and grown up in Canada with ancestral roots in China, I was well-positioned to discuss with consumer participants, who were medical tourists from the U.S., were not fluent Korean speakers, and relied on English to navigate the clinics. Most clinicians had some working proficiency in English, and for those who did not, I occasionally spoke to through the same designated translators that the clinic employed to mediate between clinicians and medical tourists. For my field interviews, I report on discussions with nine clinicians (all of whom were women) and 12 medical tourist consumers (ten women and two men).

On Kakao (the most popular social media in Korea), I sometimes followed up with some questions from the field interviews that I did not have time to ask. Furthermore, clinics regularly sent targeted advertisement messages to each consumer on their client roster. Having enlisted my name, I received such messages and would often follow up by asking some consumers (who I had permission to add as contacts) and clinicians on Kakao about their thoughts on the latest advertisement. This was another way to hold conversations with participants and ask them follow-up questions, while building trust and rapport.

Cosmetic surgery clinics and hospitals in South Korea are defined by their emphasis on surgical modifications for aesthetic purposes. Indeed, they are not referred clients from general hospitals and health insurance programs do not cover services at these cosmetic surgery clinics, all of which are private institutions meant to provide cosmetic surgery as a paid service.

Your body, our project: canvases and craftsmen

Surgery is a risk-fraught procedure with the potential to create lasting health effects, even after a surgery concludes. The risk of a surgery going wrong is felt both by clinical staff and prospective clients.

In one case, for instance, Mia, a 38-year-old Filipino-American, told me she witnessed a case of failure with another consumer (not a participant) who had received a rhinoplasty. A common follow-up measure for rhinoplasty is to block the client's nasal passageways, to allow time for the wounds inside to heal. To facilitate this process, the consumer was instructed not to breathe through her nose, but through her mouth, for one to two weeks. However, while in the recovery room, she was found to

have internal bleeding in her nasal passageways that was entering her airways and which the clinical staff could not stop. As a result, the staff called an ambulance that transported her to the emergency room of a hospital.

This kind of case is rare, but an illustration of the health risks involved with surgery. Cognizant of these cases, clinical staff and even the design of the clinic were intended not merely to minimize the prospect of risks, but to recast these risks as routinized matters under the auspices of their clinical expertise. Striving to offer predictability and security, clinics stressed that the success of a surgical procedure fell to a matter of intimate familiarity with the *specialized knowledge* needed to navigate the esoteric world of cosmetic surgery.

In this respect, consumers' bodies were not just their own, but shared with the clinic as canvases on which clinicians and surgeons gave life to their artistic craft. Explaining the case, for instance, a clinician stressed to Mia that "it was because [the consumer] had breathed through her nose, disobeying our instructions" that the unfortunate ordeal had occurred.

This, however, did not deter Mia from trusting the clinic, nor from purchasing surgery for herself. As she later recounted,

> in that case [of the consumer she witnessed bleeding out], I think it was her own fault. The doctors tell us very clearly that you cannot breathe through your mouth. It's like pottery. They molded a perfect clay product and told you, you have to let it cool down before moving it and stuff. They wouldn't be doing this if they weren't good! I know that I have to do my part too. I got the same rhinoplasty, and I know fully that if I breathe through my nose, I will bleed out too.

Evident in Mia's recollection is her trust in the clinic's expertise, which is rooted in a conception of clinicians and surgeons as craftsmen and consumers' bodies as their "clay." Constructed as charismatic authorities that helped elevate the Korean cultural industry, Korean clinicians and surgeons implied a demand for compliance from consumers. Cases of surgical failure like that described in the above vignette, then, were individualized to place responsibility for success and failure on the shoulders of the consumer.

Indeed, this reimagination of the body as a canvas begins visually from the moment that consumers step into the clinic. Deborah Tannen (2007:174–176), in studying the role of language in human relationships, calls attention to imagery as a foundational mechanism through which meanings are constructed and reconstructed for audiences in discursive systems encapsulated in literary discourse and everyday conversation alike. In every clinic, screens reimagined the face in terms of medial, lateral, and upper parts of the eye, nasolabial folds, oral commissures, brow droops, mental creases, marionette lines, and other foreign names. Each isolated part was labeled with imperfections and the promise of being improved.

The design of the clinics themselves resembled luxurious hotels. The hallways were tributaries into an ocean of a reception area that glowed under the watch of crystal chandeliers. At Dr. Wei, animated photos beamed from the television screens around the clinic detailing, for instance, how an oversize nose could be "fixed" by having the cartilage bone inside it bound with "schmal" ropes in what was called the Jupiter technique. The technique involved needling small threads at several locations around the nose tip, nostrils, alar nasal sulcus (the outer sides of the nose), and tightening the entire nose into a smaller shape. The densely packed screen was then replaced with another visual just as dense. Three pairs of animated eyes stared out in the visual, each with different parts of the skin around the eye cut (medial, lateral, and upper parts) – marketed as ways to "largen and brighten" the eyes.

The imagery at the front was consistent with displays of specialized knowledge clinicians presented during consultations. As Eunjoo, a consultant, remarked to Rae, a 25-year-old Korean American, at Dr. Wei: "what do you mean you want to fix your *nose*?"

Rae replied, "Well, um . . . I think it's too big."

Eunjoo scanned Rae's face, turning her head left and right. After a long pause, Eunjoo noted, "it's your nasal tip that needs fixing. It looks a little droopy; it makes you look older than you are.

Rae: I thought it was just the size of my nose.

Eunjoo: Yes, *however*, this is part of a finer problem. You'll need an advanced threading procedure in your nose to reshape the angle of your nose – it should be upward more, closer to 40 degrees. We can *fix* this and also shrink the bulb of your nose too, but this is really the main reason why your nose looks big.

Rae: Can I see some pictures?

Eunjoo: Of course. But you have to pick what is best for *you*. This is why you need to pick the right clinic. Our methods are non-incisional, so there's much less risk in general than incisional methods, because there's no general anesthesia needed, although we can provide that if you prefer.

After we had left Eunjoo's office, Rae confessed, "I don't see what all this is about myself right now, but maybe she's right. Maybe it's just something I've missed and it's something I'll see later on. They seemed like they knew what they were talking about [laughs]. And they've done this before. I think it's a good idea. It feels more *targeted* this way, without having to do more [surgery] than I need to." It bears noting, however, that since non-incisional surgery is a recent invention, there is no evidence that it poses less health risks than incisional surgeries, especially in the long-term.

Rae had discovered the clinic through browsing online review sites about cosmetic surgery clinics, which she vetted on forums about cosmetic surgery and contacts she knew in Korea. However, even though she was from North America and her objective was to appease gatekeepers back home, she had chosen South Korea because of a techno-ideal imaginary she had constructed of the nation and its cosmetic surgery expertise. This imaginary was fueled, in her words, through her exposure to K-pop music:

> Seeing [K-pop stars] as a Korean American made me feel pride and knowledge that Asians can be so beautiful. I think others feel the same way, like when BTS won the MTV Award, it proved they were visible and famous even in America.

The success of K-pop and its valorization of the surgically modified appearances that K-pop and K-drama idols had were not unknown to the clinics themselves, which capitalized on this association in the design of their clinical space. At every clinic were photos or advertisements that displayed some association with K-pop.

At Waeyo, which was the largest clinic of the sample, photos of renowned K-pop and K-drama entertainers shaking hands with clinicians lined the hallway. There, consultants would often gesture toward these photos when touring consumers, speaking to their tradition of stars who had been regular purchasers of surgery during the 25 years of their operation. Dr. Wei, though much smaller than Waeyo, replayed clips from cosmetic surgery programs starring ordinary citizens, idols, and trainees who spoke about their cosmetic surgery journeys. The waiting area where consumers sat was lined with magazines about the K-pop industry, K-drama actors, idol gossip, beauty, and youth.

This was yet another way to assuage consumer doubts. When consumers like Rae were taken to the consultation room from the reception area by Eunjoo and other clinicians, they walked through the hallways lined with photos that clinicians would gesture toward. "As you can see," Eunjoo remarked on separate tours with me, Rae, and other consumers, "We have a distinguished history of working with entertainers. And this is just the ones who agreed to have their photos taken! Many more are with us behind the scenes." This was a simple, strategic, and powerful endorsement for their expertise: if Korean idols, who were the epitome of beauty, were satisfied with these standards, why shouldn't

consumers be? When I discussed the subject of uncertainty with consumers, this was one of the most commonly identified sources of their consolation.

When asked about what she was uncertain of, Mia noted:

> I'm not sure about [Dr. Wei], only because it's non-incisional. I figure that I want to do something that is effective and lasts a long time, which is typically incisional . . . my main reason for coming [to Korea] isn't to have one surgery or another, but to fix my nose in general. I only know what I can search online, but I honestly don't know everything about surgery. It may be that other options like non-incisional are better and more natural. Look at the actors that have had [non-incisional surgery]!

Mia, like Rae, did not have a concrete image of what she wanted to be; she only wished to look *more like* Korean entertainers, at times pinpointing a specific artist whose features she wanted to emulate. Thus, although consumers came with concrete bodily dissatisfactions, the solutions they sought for them were malleable. So deeply entrenched were consumers' valorizations of K-pop and K-dramas, the standardized appearances of their idols, and the Korean cosmetic surgery industry, that they willfully entrusted whatever surgical solution(s) the clinician chose.

Brandishing the depth and "fit" of a clinic's expertise with intricate demands of cosmetic surgery was a persuasive strategy for clinicians to encourage consumers to trust in their expertise. Reimagining the body as a set of interlinked parts, clinicians like Eunjoo reimagined the body as a set of interlinked parts and created an uncertainty amongst consumers to assert control over the negotiation (Dent and Whitehead 2013). For consumers, this created a sense of "targeted" care – a highly personalized gateway to surgery that, corroborated by Bleier and Eisenbeiss (2015) observations of the pronounced effectiveness of personalized marketing for trust, fosters more positive consumer perceptions of how closely a good reflects their interest and ultimately more confidence in the clinic and trust to proceed with surgery.

It was extremely rare for surgeons to dissent from consumers' ideas, but they at times did when consumers were affixed to surgical solutions they deemed inappropriate for their bodily dissatisfactions. In another case at Dr. Wei, Mary was a 28-year-old white American consumer who was dissatisfied about the appearance of her skin and acne scarring, and specifically wanted fraxel lasers. She conveyed these expectations to Jenny, a dermatologist and consultant, who invoked similar strategies as she spoke about an array of fraxel lasers meant to reverse scarring in a consultation.

> Fraxel lasers are great for scarring, but they typically don't do anything after one treatment. You might need four or five treatments to remove the scars, so it penetrates most deeply. But what we do is apply three different lasers in different areas. They each respond to a different layer of the epidermis.

When asked after about her consultation, Mary spoke about the persuasion she felt from her time in the clinic. Though she first disagreed with fraxel lasers, but she eventually changed her mind once she saw an expert in-person, believing also that "the K-pop aspect . . . [is] like an endorsement" since Korean expertise and the wide availability of procedures like stem cell treatments is what attracted [her] in the first place.

Like with Rae, Mia, and others, Mary was unwilling to compromise the bodily area of surgery (e.g. to resolve her dissatisfaction with her skin), but was willing to negotiate the type of procedure she would receive. The fluidity of these accounts speaks to the influence that the social construction of the domestic cosmetic surgery expertise, empowered by the global success of the Korean cultural industry, wielded over transnational flows of beauty ideals.

Corroborating, yet expanding Menon's (2019) identification of such flows to Malaysia, my findings reveal that even for consumers coming from the U.S., Korean entertainment-inspired appearances and expertise wielded considerable influence. Rather than defying clinician recommendations when disagreements about the right course of surgery arose, consumers second-guessed their original decisions and accepted clinicians' advice. Moreover, as Mary recalled, her American home society was juxtaposed against the Korean one to emphasize the disparity in the availability of technologies.

I spoke about this separately with Jenny, who confirmed that lax Korean regulations gave rise to more inventive techniques like non-incisional surgery compared to America. Jenny further noted that

she accepted what bodily issues clients wanted to fix, but sought to persuade them on how they were to fix them, selling inventive surgeries that clients did not know about because of the limited variety they had gotten used to in America.

Jenny's frustrations with the American system and praise for the technical innovation in Korea gain credence from similar claims that Jarrín finds in Brazil. There, American doctors ventured to Brazil and praised the domestic cosmetic surgery industry for relieving itself of stringent guidelines by government bodies like the U.S. Food and Administration (FDA), which they claimed had stifled innovation (Jarrín 2017:160).

In similar fashion, Jenny and other clinicians became what Leem (2017) calls "scientists of beauty," agents who coax consumers into taking up bodily ideations (like the shape of one's nose) that rely on cosmetic surgery to achieve. Clinicians establish their expertise in the process by valorizing their models of appearance, mystifying the body and cosmetic surgery, aggrandizing nuanced risks and how the clinic's particular technological prowess was the exact key to navigating the labyrinthine complexities barring a consumer from the upward mobility that cosmetic surgery represents. Though clinicians regularly sought consumers to speak up about their bodily dissatisfactions, the choice of a surgical solution was often massaged into the language and expertise of their "science of beauty."

Consumers were thus encouraged to trust in the professional when their bodies were reduced to a canvas with issues to be rectified by the expert clinician. The body was framed as a project that falls under the exclusive specialized knowledge of the negotiating clinician. At Liberal clinic, the director (who was also a registered nurse) confidently spoke with control and expertise about what has long been seen as an almost irreparable problem – deep facial scarring from acne – to Joanne, a 40-year-old interested consumer. The director made explicit reference to a gamut of esoteric in-house technologies.

> Well, your scars *do* look deep, but … we can treat acne scars with cutting-edge technologies. We have one treatment using [injectable] platelet-rich plasma … that encourage[s] collagen growth in the skin itself. But we don't stop there. We also mix in *Secret* – a proprietary chemical formula that enhances the stem-cell-like platelet-rich plasma effects. I also recommend we inject a polyrevitalizing solution … we call it *Chanel*, and it'll help you regenerate even more collagen. *This* is what makes us unique.

Subsequent discussions with Joanne revealed that, she "wasn't entirely clear on what the clinicians would do, but the technologies were impressive. And they really knew what they were talking about. There were a lot more things involved with skin problems and treatment than [she] realized." Though clients came to clinicians with dissatisfactions, the process of cosmetic surgery – the completion of the bodily project – was made esoteric by discursive displays of specialized knowledge. The implication was clear: to complete this project and navigate this journey, clients could only rely on the clinic' expertise.

Joanne did not end up receiving treatment at Liberal clinic, but her consultation there did inspire her to seek treatment elsewhere (at a clinic that I did not attend). Prompted to reflect on her decision, she noted that,

> I chose to get skincare [in Korea] rather than back [in America] because Koreans have greater care for skin than Americans do, for sure. Look at the dewy skin that [entertainers and clients of clinics] have! I ended up at another clinic, but that wasn't because Liberal was [bad] … it's just because the other clinic had a better package deal. They also advertised a unique type of formula that's kinda similar to … [Liberal].

Though technology was not the deciding factor in Joanne's case, it was crucial to her decision to have procedures done in general and in Korea. Building on the globalized success of the Korean cultural industry, clinicians market their technologies as products used by entertainers to socialize consumer expectations of beauty outcomes, like dewy skin for Joanne. Clinicians further assert their authority by arranging their offices and clinics like a laboratory, laying out "devices, tools, and labor" key to producing "metrics" about consumer bodies and faces (Leem 2017).

Faces and bodies are relabeled into parts with scientific nomenclature and, just as important, scrutinized as an object of investigation, dissection, operation. Each part is further subdivided into

proportions with precise "metrics" that quantify the body and inform the standards with which clinicians cross-compare consumers to ascertain individual needs (i.e. tailoring parts of the body or face to specific proportions, as with Rae).

Indeed, there always appeared something *more* to a problem, a procedure, an outcome that consumers did not know, but which clinicians did (Leem 2017). But unlike regular physicians, cosmetic surgery clinics and surgeons drape this knowledge in the skin of imperfection; body parts that are inescapably flawed, but unquestionably reparable. It emerges that clinicians capitalize on this sense of imperfection using an array of discourses that substantiate their expertise and offer them a way of obtaining consented control over consumers.

Constructing surgical specialization: comparison and control

Another strategy adopted by clinicians was surgical specialization. Each clinic adopted an area and approach of specialization (Table 1) under which all their aesthetic diagnoses and medical recommendations were framed. In this manner, the same issue presented to different clinics generated radically different recommended approaches and treatments.

Edward, a 29-year-old Black American man, came to South Korea for procedures to shrink his nose. At Dr. Wei, Edward met with Eunjoo, who recommended for his case "schmal" ropes, just as she had prescribed for Rae. At Madeagain, however, whose specialty was contouring and skeletal restructuring, the head surgeon told her instead that "it's a matter of fixing the proportions of your head. Even if you shrink your nose, it won't change the size of your head." There, the surgeon told him that Madeagain would shave his zygoma cheekbones to shrink the width of his head relative to his facial features. I later asked Edward about which of these approaches he felt was better. He responded:

> I'm not entirely sure. They *both* seem like good options. I have a slight preference for [Madeagain], because of how structural it is. But I also like the low-risk option with Dr. Wei. But they both seem like they know what they're talking about and have experience working with idols, so it's really hard [to decide] . . .

Though Edward was subject to myriad influences, he further noted that he felt most swayed by the globalized Korean culture (e.g. 2NE1, T-ara, SNSD, and other K-pop groups), which had become a part of his coming-of-age cultural socialization during his university studies with his friends. He thus filtered his bodily dissatisfactions with his nose into standards of beauty propounded by the K-pop idols he revered and believed to be made possible by Korean surgical expertise, which explained his later willingness to compromise on his desired surgical solution for his self-identified bodily dissatisfaction.

Calling them cosmetic citizens, Jarrín (2017:164) argues that consumers partake in this form of rationalization by relying on comparisons. Surgery consumers from economically poorer backgrounds knew they were experimental guinea pigs for advertising new surgical techniques, but likened the risk of death to the violence they witnessed in their everyday lives and ignored it in the hope of grasping some strand of upward mobility through beauty (Jarrín 2017:199).

Ackerman (2010) finds in her research in Costa Rica that clinicians carefully manage both the surgical and non-surgical elements of their image: they strove to expunge the clinic and surgical practices of imagery linked to local hardships, such as gun violence, slums, and poverty, striving instead to bring their practices closer to emulating American techniques. Simultaneously, clinicians localized the political and cultural appeal of Costa Rica when selling non-surgical elements of care, such as the employment of accommodating and beautiful nurses, or telling clients their new looks would earn them attention among beautiful locals.

This complex interplay of global and local standards took on new life in Korean clinics in my study. Local Korean clinics benefit from the nation's lead global position in non-surgical (the nation's cultural successes in disseminating its music and entertainment) and surgical (the aesthetic standards that Korean idols represented) terms. As such, clinicians had the benefit of localizing the entire

enterprise (both surgical and non-surgical elements) of persuading consumers to purchase cosmetic surgery by referring to Korean artists like Eunjoo did at Dr. Wei.

Like Edward, non-Korean tourists arrive onto the shores of Korea with simmering aesthetic desires that already fit the mold of K-pop idolatry. Through this valorization, they are willing to subject themselves – and entrust their bodies – to the expert opinion of clinicians and the craft of surgeons. Though seen in traditional medicine as altruistic agents who strive to better patient health, clinicians and surgeons in the cosmetic surgery field draw on and extend this narrative to become moral agents who strive to better clients' lives through beauty.

Popular Korean television shows like *Let me in* advance this narrative. On the program, ordinary individuals who are dissatisfied with their appearances go through a physical "makeover" through surgery, and appear to "wow" a panel of viewers and expert surgeons who are lauded for the transformation. This is the lynchpin narrative through which consumers like Mia consent to surgical risk, and one in which clinicians wield power over the negotiation. They invoke moral rhetoric to absolve them of the implication that they are motivated primarily by profit, lionizing instead their credentials as moral agents working altruistically in the interest of the consumer (see also Satz 2010).

The surgical solutions that clinicians offered, however, varied from one to another. In the case of Edward, we observe how the criteria by which a procedure was decided were opaque, and see how the same issue could be remolded into the brand of expertise that each clinic embodied. Consultations about what a consumer surgically needed thus also facilitated social comparison processes with other clinics and became an opportunity to engage in what Liu (2018) calls diagnostic struggles. These diagnostic struggles do not refer to a substantive type of diagnosis offered by medical specialists in particular, but professionals in general: are differences in credentialed opinions by professionals within and across disciplines about an issue or treatment that can extend to lawyers, engineers, and so on. They are essential to the perpetuation of a career and industry because they are how a profession(al) establishes their expertise, and through it, their power.

In my research, the varying – and competing – diagnoses offered by clinicians in the strategy of surgical specialization conveyed a nuanced sense of *controllable uncertainty* to consumers that helped distinguish their personal authority and clinical brand of expertise. Leem (2016) describes how the unpredictability of consumer bodies create risks of misaligned beauty standards (in addition to the usual health risks that accompany surgery) that make consumers and clinicians anxious. This uncertainty weakens clinicians' power to control expected outcomes of surgery and the creative interpretation of what surgery means. To account for this, clinicians managed impressions about the process of cosmetic surgery and its associated risks. When asked about potential side-effects, they downplayed the risks associated with surgery.

With consumers, clinicians like Julianne at Waeyo minimized the risk involved by consistently flaunting how "there's not really a risk. It's perfectly safe. We have clients who get this surgery and fly the next day! We're experts, after all, so we know how to make a surgery succeed" – a sentiment repeated by other consumers. This was despite other cases of adverse effects of surgery at their clinic, but which Julianne overlooked.

Some consumers pushed to ask about side-effects and specific cases of risk, like when bodies reject silicone nose implants over time or when stitches come apart. However, clinicians quickly, but tactfully, dismissed these concerns as irregularities where consumers simply failed to adhere to instruction. For instance, during his consultation with Susan and Julianne at Waeyo, Kyle, a 30-year-old man, asked about past cases of malpractice, to which Julianne responded:

> I had a man from Thailand do a rhinoplasty with an I-shaped silicone implant. The one *you* want to do. He went back to Thailand and everything was good for almost a year. Then, because he drank, and we told him just like we'll tell you *not* to drink for several months during healing after the surgery, he got an infection around his nose bridge. He messaged me on Kakao and I booked him an appointment right away. He came back over to Korea quickly and everything is perfect again.

Julianne made clear that while surgical risks *could* be effectively controlled, this could only be accomplished at *this* particular clinic with *their* specific brand of expertise. Risk was redefined as a narrow set of conditions dependent on factors fully within the clinic's control – the experience of the surgeon, technology available, past success rate, the overall fit of a bodily "problem" with the clinic's expertise, and the presence of experienced liaisons with sufficient experience logistically ensuring a smooth consumer experience from surgery to after-care.

The only times when risks truly manifested in the form of surgical failure, in the case of the Thai client and in Mia's vignette, were when consumers themselves failed to abide by the guidelines laid down by clinicians. Like the woman in Mia's story who had breathed through her nose, the Thai client consumed alcohol when he was instructed not to – the agency of clients quickly resurfaced when a mistake needed accounting for. Clinicians like Julianne were not just blameless, but even willing to step in to fix these mistakes when clients like the Thai man made them, something they were quick to make clear by foregrounding a strong security net of relational rapport and logistical support.

On the failure and success of surgery

Through it all, clinicians worked to create a sense of *relational rapport* with clients. Fostering positive *expectations of service* and *affect*, relational rapport works to legitimate the authority of clinicians. Here, assurances are provided to generate a sense of security and reduce the perceived risk involved with surgery, particularly for medical tourists not normally based in Seoul. Throughout, the specialized expertise and individualized attention proffered to consumers ultimately project a more targeted, personalized form of care that enhances positive evaluations of cosmetic surgery, trust, and willingness to consume (Bleier and Eisenbeiss 2015).

On social media, participants observed how these forms of support were provided through incitements of trust. Julianne elaborated: "We'll always monitor this Kakao. You know how social media is part of everyday life. We're always here. You can trust me!"

Referencing the unceasing act of imagining an audience watching one's life that social media creates, Julianne pledged her perpetual support in her person and in the clinic. The open, ongoing line of communication created a relational rapport between the clinician and consumers that emphasized personalized care and authority of the clinician to navigate the (controllably risky) world of cosmetic surgery (Bleier and Eisenbeiss 2015). As entrepreneurial agents in a crowded market, clinicians had to evoke an entrepreneurial flair that assure – and *impress* – consumers with the clinic's expert capabilities.

The uniqueness of cosmetic surgery as an aesthetic medical practice, as Pitts-Taylor (2009) describes, is its semantical instability. That is, its meanings are heavily dependent on discourses exchanged within ongoing social relations. Underwritten in the interactions documented among my participants was a professional attempt to persuade consumers toward the prospect of surgery by reimagining both (a) meanings of failure (what risk meant and how to control it) and (b) meanings of success (what surgery itself meant).

The labor of reimagining meanings of failure was anchored in the aforementioned strategies of depicting surgical risks as controllable but framing this control as contingent on the specialized expertise of a particular clinic. Leem (2016:7) refers to this type of performative marketing as surgical anxiety or affective agitation experienced by *surgeons* in response to consumers.

In this study, it was clear that *consumers* bore the brunt of this anxiety, which clinicians take advantage of to foreground a special kind of social risk: the risk of *not* undergoing surgery. Body parts are spoken of not only as objectified goods, but as unfinished projects that belong to the terrain of clinicians and surgeons.

In reimagining the body as a canvas requiring the expert guidance of clinicians and surgeons, insecurity was the core motivation for surgery, when consumers "begin to see themselves through the narcissistic, technological lens of perfection" (Pitts-Taylor 2009:120). In this study, participants strive

for more than narcissistic or technological perfection: they want the latent symbolic rewards that they are told by surgeons to expect from surgical modification and expect to *lose* from refusing.

Much like the hope that "beauty can take a girl out of poverty" (Jarrín 2017:103), there was affective, hopeful anticipation behind every step that surgery would elevate consumers into a better state of living. To obtain surgery, as consumers like Edward recounted, was to bring himself closer to the pop stars he adored – and when others saw that, he believed, he would have better opportunities to date, to ace interviews, and to be loved in peer groups and social media, just as his idols were (Au 2023a).

Clinician discourses molded the interpretation of surgery into something more than just a professional service. It became clear that cosmetic surgery was not simply about modification or logistic concerns, but attaining a type of moral-existential satisfaction. This segues with a classic observation in the anthropological study of cosmetic surgery as the site of cultural normative influences on agentic self-perceptions, such as the way gender norms inform pathological desires in a way that normalizes individuals to conforming to constructions of "maleness" and "femaleness" (Greco 2016; see also Blum 2007; Leem 2017). The outcome of surgery is interpretively elevated to a process of affecting moral, emotive corrections for personal shortcomings.

To illustrate, I engaged in an extended conversation with Julianne about why she participated in her line of work. Throughout, Julianne referenced themes of competitiveness and self-dependency as she described cosmetic surgery as a bodily transformation whose significance was symbolic and cultural, more than physical, and her consultations as a form of "help" toward this goal:

> I'm in this line of work because … I see how important appearance is to a person for themselves, for their confidence, for a better life. People seek help with us, and some people want to look better to find dates, to make more friends – to feel more satisfied with their *selves* after surgery. And we always fit you with what *you* want – we'll pick the surgery that you want.

Underwriting this discourse were endorsements of the psychosocial satisfaction that comes from competing successfully in different arenas (social life, romance, etc.) and correcting unwritten, amorphous dissatisfactions with oneself implied to be immanent in every person. These corrections depend, as Julianne's endorsements of their clinical approach to "fitting" consumer demands imply, on how committed a clinic is to the task. Devoting themselves to "helping" consumers on their beautification journeys, clinicians became a class of entrepreneurial moral agents. Framing their clinical services as altruistic help imbued clinicians with moral authority that improved trust and pushed consumers toward surgery (Dent and Whitehead 2013).

Reimagining the meanings of failure and success of surgery complemented each other to afford power to the clinician. A successful surgery was strategically reconceptualized as fulfillment of cultural scripts for post-material aspirations of success at large, whereas its potential risks were leveraged as opportunities to mystify a successful surgery and lionize the exclusivity of niche clinical expertise to navigate this barrier. Throughout, a clinician's particular clinic was constructed as the only resolution for uncertainty and surgery as an amorphous, but emotionally compelling sense of moral-existential satisfaction.

Thus, consumers became socialized to a sense – and fear – of deficiency; or what Elliott (2019:305) describes as an individual experience of melancholy and an "attendant trauma and grief" over the disappearance of a good. Just as this individual socialization to deficiency compels social action in other institutional contexts (Hulme 2014), the psychosocial and moral-existential rewards depicted of arising from cosmetic surgery – and imagination of their deficiency – appeals to consumers in a way that affords power to clinicians.

Conclusion

In this article I open dialogue on how power operates on the micro-level within the clinic through discourse. My research uncovers the strategies that clinicians performed to reduce consumer expectations of risk that flow from specializing clinical expertise to perpetually setting up relational rapport

with consumers online. This compels a theoretical reconceptualization of professional power in the clinic as a process that transforms meanings of surgical failure and success to prompt trust in the moral authority and expertise of clinicians.

Socialized to imagine cosmetic surgery as a symbolic, not material, reward and to fear its deficiency, consumers are encouraged to view clinicians as moral agents working in the interest of their well-being and agency. Simultaneously, however, consumers are obscured from observing how the unstable meanings of surgery are strategically designed to afford power to clinicians in their professional interest of pressing consumers toward surgery. In mapping out the invocations of power through clinical strategies, this article unearths the dynamics undergirding the consumption and sale of cosmetic surgery in the clinic, a professional space of growing significance as rates of consumption among non-celebrities surge in modernized nations around the world in an age of globalization.

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