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"YOU WON'T BE ABLE TO TELL IT'S BEEN DONE": A LINGUISTIC ANALYSIS OF STIGMA IN COSMETIC SURGERY DISCOURSE

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Abstract: Cosmetic surgery, once seen as a luxury for the wealthy, has now become more accessible to various socioeconomic groups. Hence, it has shifted from a vanity symbol to a common topic of discussion, influenced largely by media coverage. This coverage spans magazines, newspapers, television, and the internet, discussing everything from surgery risks to sensational mishaps. Indeed, due to such coverage, a significant amount of judgement and even stigma has been associated with undergoing cosmetic surgery. Considering the relevance of this topic, this study investigates a spoken corpus of cosmetic surgery first consultations with the aim to unveil narratives regarding potential stigmatised discourses which may emerge. Through adopting a mixed-methods approach which encompasses corpus linguistic methodologies, ethnography and corpus-based discourse analysis, extracts from the corpus are analysed for linguistic patterns related to stigma in cosmetic surgery. The findings indicate that both the surgeons' and patients' desire to "hide" the surgery and results may indeed further stigmatise cosmetic surgery and even lead to seeking out cosmetic surgery under false pretences.

Keywords: cosmetic surgery; corpus linguistics; spoken corpora; ethnography; corpus-based discourse analysis; stigma.

1. Introduction

1.1. Origins of Cosmetic Surgery

The term "plastic surgery" originates from the Greek word "plastikos", meaning to shape or mould. While commonly associated with beauty enhancements like breast enlargements in the modern day, plastic surgery actually dates back to 1600 B.C. with the Ancient Egyptians practicing body tissue alteration (Haiken 1997). Further notable ancient references include the Hindu surgeon Sushruta Samhita, who reconstructed noses using cheek tissue around 600 B.C. (Haiken 1997; Kennedy 2004), and the Indian forehead reconstruction technique (rhinoplasty) from 1000 A.D. (Haiken 1997).

In the 16th century, Italian surgeon Gaspare Tagliacozzi from Bologna pioneered modern plastic surgery with the development of skin flap procedures, known today as the Italian or Tagliacozzi method. This technique used upper arm flaps to reconstruct noses, lips, and ears, often damaged by duelling, as described in his landmark text "De curtorum chirurgia per insitionem" (Gilman 1999; Haiken 1997) [Figure 1].

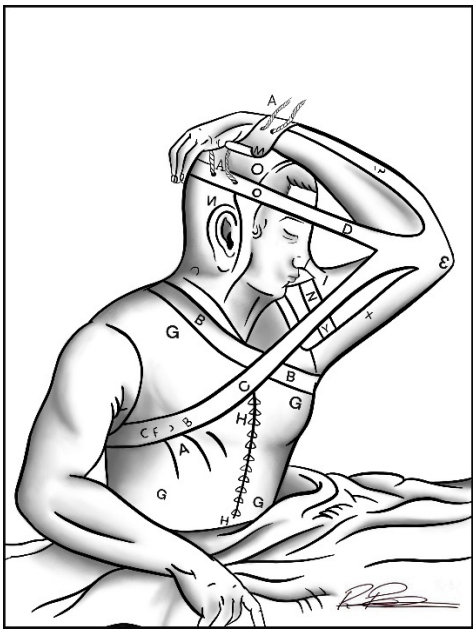

Figure 1. Illustration of the Tagliacozzi nose reconstruction method which involves immobilising the left arm (for at least one month on average) in order to promote the skin flap attachment to the nose.

Although plastic surgery is one of the oldest surgical techniques, it became a distinct medical specialty only after World War I and World War II (Haiken 1997). The wars created a high demand for reconstructive procedures for injured veterans, especially for facial injuries (Figure 2). In response, John Hopkins established a formal plastic surgery training programme in 1924 (Haiken 1997).

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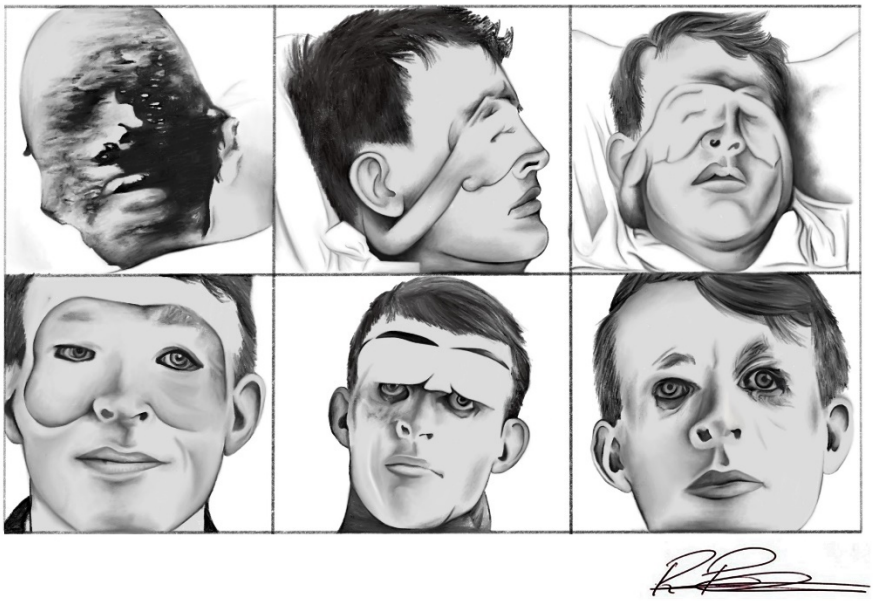

Figure 2. Example of injured war veteran named Walter Yeo, who suffered severe facial burns at the Battle of Jutland and was reconstructed using a tubed pedicle flap by the pioneering surgeon at the time, Sir Harold Gillies (Photos dated: 1917).

Therefore, modern plastic surgery originated in the post-war era with the establishment of the American Society of Plastic Surgeons in the 1930s-1940s to advance the field. Initially focused on reconstruction, the specialty later expanded to include aesthetic enhancements, with the first breast enlargement performed in Texas in 1962 (Haiken 1997).

1.2. Cosmetic Surgery in Society

Cosmetic surgery, once seen as a luxury for the wealthy, has now become more accessible to various socioeconomic groups. Blum (2003) describes this as a "postsurgical culture", where cosmetic surgery has shifted from a vanity symbol to a common topic of discussion, influenced largely by media coverage. This coverage spans magazines, newspapers, television, and the internet, discussing everything from surgery risks to sensational mishaps (Blum 2003). Furthermore, advertising across media, including social platforms, further fuels this discourse (Chen *et al.* 2022).

A case in point of such sensationalism is television shows such as *Nip/Tuck* (Padley 2022) and reality series featuring makeovers, highlighting issues like gender roles and identity, undoubtedly contributing to a "cosmetic surgery craze" (Jones 2008). This craze has also led to stricter regulations to protect vulnerable groups, particularly minors (Sweeney 2021).

While cosmetic surgery is often portrayed as carnivalesque (Jones 2008), it is also interpreted by some as a way to challenge norms and exert personal agency (Shields 2007). Indeed, socially, cosmetic surgery is also seen as empowering, providing a means for physical self-expression and breaking down social barriers. Thus, cosmetic surgery undoubtedly evokes a great deal of societal interest, and literature shows that the aesthetic changes which can be made in

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order to enhance a certain part of the body draw a great deal of attention in a number of ways, as previously outlined.

However, what has been relatively overlooked from a societal perspective is the potential psychological benefits which can be gained from undergoing cosmetic surgery (Kam *et al.* 2022), as the media tend to privilege sensationalised concepts of cosmetic surgery over all others. Hence, rather than foregrounding the potential benefits of cosmetic surgery, it would seem to be framed from a negative and judgemental perspective, which is disconnected from the reality for many. Therefore, this gap in the literature, from a sociolinguistic perspective, provides an opportunity for investigation into stigma, stereotypes and cosmetic surgery seen through a taboo lens as will be addressed in this paper[1].

2. Literature Review

2.1. Cosmetic Surgery Discourses

Despite the vast amount of interest in cosmetic surgery from a sociological perspective, as outlined above, the fields of both plastic surgery and cosmetic surgery have been scantily addressed in literature from a linguistic perspective. In the cases where cosmetic surgery has been investigated, the main focus tends to be on the ways in which bodies are used to sell cosmetic surgery or through surgeons promoting themselves, i.e., the field of advertising. Indeed, Lirola and Chovenec (2012) carried out an investigation into advertising and multimodality and how cosmetic surgery has been popularised for commercial purposes.

Further studies have investigated discourses connected to beauty and physical appearance with a particular focus on the female body as well as the concept of body image and even body dysmorphia (Lewallen and Behm-Morawitz 2016; Khanna and Sharma 2017; Aanesen *et al.* 2020). Other studies have also further examined the multimodality of cosmetic discourses in the media and how the representation of the body encompasses identity and gender as well as fitting into the "cultural ideal of beauty" (Moran and Lee 2013: 373).

Furthermore, cosmetic surgery has also come to the forefront more recently in relation to the ways in which video conferencing has increased (due to the SARS-CoV-2 pandemic), which has brought the concept of our own body-image under even greater scrutiny. The extended time spent in videoconferencing faced with our own images on the screen for prolonged periods of time (a new vision of ourselves for many) has highlighted the potential psychological and even emotional consequences of the pandemic on how we may perceive ourselves leading to noticing more "flaws" and accentuating any previous self-esteem issues in some cases (Padley and Di Pace 2021a; 2021b). What is more, is that studies have shown that there has been a greater interest and increase in requests for cosmetic surgery during this period and this has been labelled the so-called "Zoom Boom" (Padley and Di Pace 2021a; 2021b).

[1] Please refer to the specific research questions in section 2.3.

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Prior to this study, the author carried out an investigation into the ways in which cosmetic surgery is portrayed in the British press, with a particular focus on the depiction of women and ageism (Guzzo and Padley 2021). The findings show that women are depicted in a negative light and are generally victims of ageism across all types of press (left/right politically orientated and broadsheet/tabloid) while their male counterparts are not. The study revealed that women who undergo cosmetic surgery were often described as *desperate* and unwilling to *grow old gracefully* while there was greater understanding for their male counterparts, particularly regarding the fact that men could essentially grow older unjudged. This investigation, in turn, led to further interest into the ways in which cosmetic surgery may or may not be a stigmatised and even a taboo topic as addressed in this paper.

2.2. Stigma and Cosmetic Surgery

There are several stereotypes related to cosmetic surgery which can be identified as having led to the stigmatisation of cosmetic surgery. Stigma within this study is understood as an "attribute that is deeply discrediting" (Goffman 1963: 3). Indeed, Patel (2010) states that these stereotypes define cosmetic surgery as usually being associated with vanity and mere aesthetics and that it is a surgery which is only available to the rich, implying seemingly discrediting attributes. Some of the stigmas related to cosmetic surgery include (but are not limited to) the following themes (Motakef *et al.* 2014):

i. Vanity: Patients who undergo cosmetic surgery are often perceived as being overly concerned with their appearance and choose to prioritise superficial beauty over more substantial qualities.
ii. Unrealistic beauty standards: the media promotes certain body ideals which place pressure on society to conform. Cosmetic surgery is considered as a tool to meet these unrealistic expectations and reinforces the idea that natural appearances are inadequate.
iii. Lack of authenticity: individuals who undergo cosmetic surgery can be perceived as deceitful as they want to alter their appearance (often without admitting to it).
iv. Insecurity: individuals who seek cosmetic surgery have deep-seated insecurities which cannot be addressed through surgical interventions and they should learn to accept themselves.
v. Health risks: having cosmetic surgery is an unnecessary health risk, which could and should be avoided as individuals prioritise vanity over health and well-being when they undergo cosmetic surgery.

These perceptions of cosmetic surgery have embedded a stereotype that may not necessarily hold true. Indeed, Motakef *et al.* (2014) suggest that the first obstacle to overcome is recognising that there is stigma attached to undergoing cosmetic surgery and it may be due to plastic surgeons themselves not easily admitting that this is the case. This in turn also seems to encourage the patients' wish to hide the fact that they have undergone cosmetic surgery as they find themselves

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shamed, judged and accused of having unaddressed psychological issues. These themes are addressed discursively in this paper through examining two spoken corpora (one non-clinical and the other clinical during medical consultations) in the context of cosmetic surgery.

2.3. Research Questions

In light of the previous literature, this study aims to address the following research questions:

i. What are the main motivations behind choosing to undergo cosmetic surgery which emerge from ethnographic questionnaires, non-clinical focus groups and recorded medical encounters?
ii. What kinds of stigmas and taboos emerge in cosmetic surgery discourses in these two spoken contexts?

3. Methodology

3.1. Theoretical Framework

This study forms part of an ongoing research project which investigates cosmetic surgery interaction in live consultations, adopting a mixed methods approach (Creswell and Plano Clark 2018). The study takes on a twofold qualitative and quantitative methodology which combines ethnographic and interactional sociolinguistic methods (Gumperz 1972; 1999; Sarangi and Roberts 1999; Goodson and Vassar 2011) along with corpus linguistics (McEnery and Hardie 2012) and discourse analysis (Baker 2006; 2023) under the overarching umbrella of applied linguistics (Atkinson 1995). Two spoken corpora were analysed:

1. Pilot study non-clinical spoken corpus collected with focus groups discussing cosmetic surgery prior to the main corpus collection.
2. Main corpus: a clinical corpus based on recordings of cosmetic surgery consultations.

3.2. Ethnography

The study was carried out on the premise that contextual understanding is driven by informed, thick, ethnographic participation (Sarangi 2006). "Thick participation" derives from Geertz's (1973) concept of "thick description", which contrasts with "thin description" by focusing on in-depth consideration of individual cases rather than generalisations. In this study, "thick participation" means the researcher is deeply immersed in the context, leveraging their own "knowledge of the game" (Malinowski 1935: 320).

This approach extends beyond data collection and analysis, involving the researcher as a collaborator who propagates feedback through their socialisation into the professional research setting (Sarangi 2006). In my study, this was

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achieved through a clear definition of my role as the researcher within the project. One of the main challenges which Sarangi (2002) highlights to the "outside" researcher is that of interpreting professional epistemics in a competent manner. Thus, as an applied linguist within the field of medicine, my own knowledge was important in order to gain credibility and acceptance by the physicians and also to contextually and linguistically analyse the data.

3.2.1. Ethnographic Questionnaire Design

Ethnographic methodologies were used in this project through an adapted online questionnaire[2] for quantitative analysis during both the pilot and main data collection phases, and qualitative analysis for:

- The pilot study's online focus groups
- The main data collection of patient perspectives

These questionnaires were crafted following the ethnographic tradition, considering both the professional context and patient perspectives (Sarangi and Roberts 1999). Due to the pandemic, and lack of access to clinics until much later in the project, these ethnographic questionnaires were adapted for two purposes:

1. Non-expert discourse analysis (non-clinical)
2. Expert versus non-expert discourse analysis (clinical recorded consultations)

The questionnaires were used in order to collect metadata regarding the participants as well as their perceptions and/or motivations for undergoing cosmetic surgery (where relevant). The impact of the pandemic and using teleconferencing was also investigated in terms of the abovementioned "Zoom Boom" (Padley and Di Pace 2021a; 2021b) but these results are not included here within for reasons of brevity. Consent was given for the participants' answers to be used for research purposes and for their participation to be recorded for analysis in both the non-clinical and clinical contexts.

3.3. Quantitative and Qualitative Data Frameworks

3.3.1. Quantitative Data

Corpus linguistic methodologies were used to identify language patterns and recurrences in the transcripts, which can then be explored qualitatively (Baker 2006; 2023). This methodology highlights language phenomena easily and quantitatively, which might otherwise require numerous examples to detect through traditional research alone (Clancy and McCarthy 2015). This study

[2] An example questionnaire can be accessed at the following link: https://forms.gle/4TbHeiakuRGFnVWb7

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employs Partington's (2006; 2012) corpus-assisted approach, and for brevity, only a portion of the keyword analysis is presented.

Keywords are obtained through the statistical extraction of terminology within the corpus when compared to a reference corpus (in this case the British National Corpus 2014 - spoken corpus[3]). Such an analysis provides an overview of what is unique in the focus corpus, allowing for more in-depth linguistic investigation and considerations into the phenomena. The corpus linguistics software Sketch Engine was used to calculate keyness using simple math:

$$\frac{fpm_{focus} + n}{fpm_{ref} + n}$$

"where fpm_{focus} is the normalised (per million) frequency of the word in the focus corpus, fpm_{ref} is the normalised (per million) frequency of the word in the reference corpus, n is the simple Maths (smoothing) parameter (n = 1 is the default value)" (Kilgariff *et al* 2014).

3.3.2. Qualitative Data

Corpus linguistic methods were employed to identify key phenomena and serve as a starting point for qualitative discourse analysis. This combined approach is well-established (Baker 2006; Partington 2006; 2012), with quantitative results informing the qualitative analysis. Koteyko (2006: 151) argues that this hybrid methodology enhances the interpretation of qualitative data. Indeed, by using computational tools to analyse the frequency and distribution of words and phrases, researchers can uncover underlying structures and trends that might not be immediately evident through manual analysis.

This quantitative foundation helps guide the qualitative exploration, in order to triangulate a more focused and informed investigation of language use and meaning (Egbert and Baker 2020). Such a hybrid approach not only highlights prominent language phenomena but also strengthens the interpretation and validation of qualitative claims, making discourse analysis more robust and comprehensive (Baker 2023). Therefore, this study also adopted this approach to guide its qualitative analysis.

3.4. Corpus Collection

The corpus collection was twofold and involved a pilot non-clinical corpus and the main clinical corpus. Both corpora used an ethnographic questionnaire (section 3.2.1.) in order to gain consent to participate in the research and enquire about perceptions of cosmetic surgery (including motivations) and also an innovative element of the study, (the influence of videoconferencing on self-

[3] This reference corpus was selected as it is considered representative of the general English spoken language and was deemed appropriate for comparison with the two spoken corpora investigated.

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perception and a potential rise in cosmetic surgery[4]). Both questionnaires also gathered anonymous metadata about the participants. The questionnaires were designed for online distribution (via internet and social networks for the pilot analysis and available via QR code for the clinical analysis). They also served to recruit participants to online focus groups (pilot analysis) and for the consultation to be recorded (main clinical analysis). The use of ethnographic questionnaires was deemed an appropriate tool for the two studies and they have also been widely used in a variety of subject areas, including medicine (Goodson and Vassar 2011).

The necessity to carry out a pilot analysis (data collected between March and June 2021) arose out of the necessity to define cosmetic discourses under the constraints of the pandemic and was an adaptation of the original research project. Indeed, the main clinical corpus was not collected until October 2021 (up until June 2022) due to the restrictions on travel as well as the impossibility to access clinics and hospitals[5]. Hence, the pilot analysis included online focus groups of a non-clinical nature as a starting point in the definition of cosmetic surgery discourses and the main analysis was the actual recordings of the medical consultations. The collection of both corpora was designed to complement each other.

The clinical corpus was collected at three separate UK data sites (Mansfield, Nottinghamshire; Cambridge, Cambridgeshire; Tunbridge Wells, Kent). All three clinics were private cosmetic surgery clinics and ethical approval was obtained from the board of directors in order to collect data.

All recordings were transcribed in a simplified manner, in line with Sarangi's (2010) notion of being fit for purpose. Hence, the transcriptions were compatible with corpus linguistic software (Sketch Engine) and included no annotations except for pause markers, interruptions and signals of metacommunication such as laughter.

4. Analysis

4.1. Corpus Overview

4.1.1. Pilot Corpus

For the pilot analysis, there was a total of five online discussion forums that were recorded and transcribed for analysis with a total of 18 participants. 13 of these were female and 5 were male. The largest number of participants was spread evenly across three age groups (30-39; 40-49; 50-59) with a participation rate of 26.2% for each group. The smallest age group was the 70+ age range (2.4%) and the age groups 20-29 and 60-69 had a 4.7% and a 14.3% participation rate respectively.

[4] The latter point is beyond the focus of this study but some of the findings have already been published (see Padley and Di Pace 2021a, 2021b).
[5] The original data collection was intended to take place during the summer of 2020, therefore, was delayed for more than a year.

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The corpus had a total of 42,345 tokens and the keyword analysis revealed the following top 20 terms (Table 1).

Table 1. Keyword analysis of the pilot corpus.

	Item	*Relative frequency (focus corpus)*	*Relative frequency (reference corpus)*	*Keyness Score*
1	humour	346.33234	0	347.332
2	cosmetic	1108.26355	2.19726	346.942
3	procedure	2008.72754	5.1551	326.514
4	judgement	415.59882	0.50706	276.432
5	reconstruction	277.06589	0.08451	256.398
6	undergo	277.06589	0.16902	237.862
7	consultation	900.46411	2.87334	232.736
8	surgeon	1662.39526	6.33824	226.675
9	teleconference	207.79941	0.08451	192.529
10	botox	346.33234	0.8451	188.246
11	stigma	484.86526	1.6902	180.606
12	lockdown	207.79941	0.16902	178.611
13	surgery	2632.12573	13.85962	177.2
14	esteem	207.79941	0.25353	166.569
15	gracefully	207.79941	0.25353	166.569
16	anaesthetic	138.53294	0	139.533
17	favour	207.79941	0.67608	124.576
18	unthinkable	138.53294	0.16902	119.359
19	recapture	138.53294	0.16902	119.359
20	enhance	346.33234	1.94373	117.991

The terms highlighted in blue are directly related to the topic of cosmetic surgery in terms of content; the words in orange are related to the COVID-19 pandemic; the words in yellow delineate those connected to the negative connotations related to cosmetic surgery (judgement, stigma, and the adverb gracefully[6]); the term in green is related to motivations for undergoing cosmetic surgery; the words in white are of miscellaneous content.

The keyword analysis in the pilot analysis served to identify the line of enquiry to pursue regarding the extent to which cosmetic surgery is stigmatised or otherwise and hence this was examined in the clinical corpus recordings through the ethnographic questionnaire, keyword analysis and on a qualitative level.

[6] For the sake of brevity, the concordances with "gracefully" are not included in this paper, however, on close reading they show the frequent collocation with ageing (i.e., unwillingness to grow old/age gracefully).

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4.1.2. Clinical Corpus

The main clinical corpus was transcribed from 22.5 hours of recordings in 36 different patient consultations. The average length of each consultation was 39 minutes. The total number of tokens amounted to 257,274. The gender spread was 86% females and 14% males. These numbers are representative of general cosmetic surgery practice, as according to the British Association of Aesthetic Plastic Surgeons (2021), 10% of procedures are carried out on males. The largest age cohort was made up of 40-49-year-olds (26%) followed by 60-69 (23%), 50-59 (20%), 20-29/30-39 (14%) and 70 + (3%). The age range of these cohorts are also representative of usual cosmetic surgery practice whereby the largest age range is that of 40-55 years (American Society of Plastic Surgeons 2020).

The full quantitative corpus analysis is not included in this analysis as the lines of enquiry regarding stigma were pursued principally from a qualitative perspective (outlined in section 4.4.). The keyword analysis for the clinical corpus as a whole did not foreground the same terms identified in the pilot corpus but produced content terminology related to the topic of cosmetic surgery. However, the ethnographic responses pointed to the quantifiable motivations for undergoing cosmetic surgery and how these may also be in line with stereotypes (and potential taboos related to the field). Section 4.2. outlines the quantitative data regarding driving factors for undergoing cosmetic surgery, which also serve to address pre-existing stereotypes regarding the field in question.

4.2. Motivations for undergoing cosmetic surgery

As a part of the ethnographic questionnaires, patients were requested to state their main reasons for seeking cosmetic surgery. There was a total of 48 different reasons given among the 36 patients, with some patients stating more than one reason. These have been categorised according to type of motivation (i.e., anti-ageing reasons, aesthetic reasons, self-confidence and psychological reasons, functional reasons) and are illustrated in Figure 3.

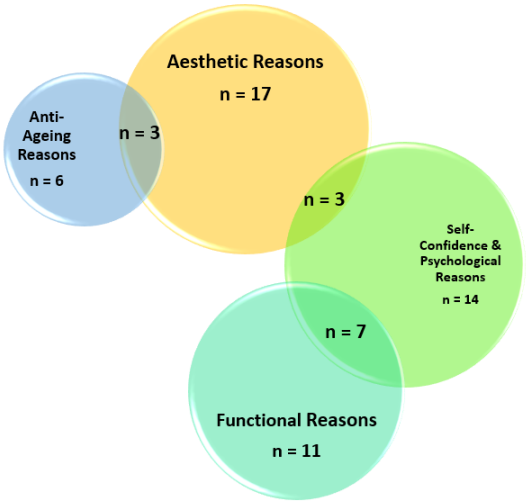

Figure 3. Venn diagram illustrating the categorisation of the reasons for undergoing cosmetic surgery and the number of overlaps when there are multiple reasons.

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35% of patients stated that they sought out cosmetic surgery for aesthetic reasons, 29% for reasons of self-confidence or psychological reasons, 23% for functional reasons and 13% for reasons of anti-ageing. A selection of some of the participants' written comments from the questionnaire are illustrated below (the red comments are related to aesthetic reasons, the ones in blue are related to confidence/self-esteem, comments in green are connected to functional purposes and anti-ageing comments are in black):

To feel happy with my body
Don't like the look of it
Something that's bothered me for years (confidence)
Post childbirth (3 children) – confidence
Back pain and reduce pain during running
Back and neck pains, self-image
Make me feel younger
Look younger, more awake

Therefore, the majority of reasons indicated for seeking cosmetic surgery were for aesthetic reasons (n = 17), however, while aesthetic reasons for undergoing cosmetic surgery are undoubtedly a leading factor for patients, other motivating factors cannot be underestimated. Indeed, the category which closely follows aesthetic reasons is that of self-esteem/confidence and psychological factors (n = 14). Indeed, when the singular reasons for both categories are also summed with the overlapping multiple reasons, the category which then has the majority share is that of self-esteem/confidence and psychological factors with a total of 24 instances versus the 23 instances for aesthetic reasons. This finding is not necessarily in line with usual stereotypes surrounding cosmetic surgery whereby patients seek it out for reasons of vanity (Patel 2010) and attaches greater importance to the underpinning psychological motivations involved.

Furthermore, it is also possible to consider the two categories of aesthetic reasons and anti-ageing reasons as interrelated, as they both provide aesthetic outcomes and when added together represent 48% (n = 23) of the overall motivations. On the other hand, functional reasons and reasons related to self-esteem/confidence can also be considered as interrelated in this case at 52% (n = 25) (see the number of overlaps which was the highest), which would indicate that less than half (48%) of the motivations are actually related to aesthetic reasons and the majority is in fact related to functionality and self-esteem/confidence. Therefore, once again the results suggest that aesthetic reasons cannot solely be considered as the main reasons in this corpus.

4.3. Stigma and Cosmetic Surgery Taboo

As previously mentioned, the stereotypes which surround cosmetic surgery often mean that it is associated with vanity and beauty and that it is a type of surgery which is only available to the rich (Patel 2010). Furthermore, while on the one hand cosmetic surgery is considered an inaccessible and luxury surgery for some (Patel 2010), there is also likely a stigma attached to this field of surgery which

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is not necessarily recognised due to the general concept of wealth and well-being which is attached to it (Motakef *et al.* 2014).

It was identified in the literature review that the first obstacle to discussing cosmetic surgery as a taboo topic is recognising that there is stigma attached to undergoing cosmetic surgery (Motakef *et al.* 2014). One of the features identified in the main spoken corpus is the patients' wish to hide (n = 24) the fact that they have undergone cosmetic surgery as they find themselves shamed and accused of having unaddressed psychological issues (Patel 2010). Therefore, the following section investigates how this concept of stigma comes to light in the corpus in question.

4.3.1. Denying Undergoing the Knife

Half of the instances (52.7%) in the corpus indicate that patients state that they would prefer that the fact that they have undergone cosmetic go unnoticed. A selection of these is illustrated below.

Kent Clinic – British Male and Female (Aged 60-69)

This first extract is a married couple who requested upper rhytidectomy (upper facelift) and lower blepharoplasty (lower eyelid surgery) and the wife also requested skin depigmentation. In the following extract, their wish to hide the fact they are undergoing cosmetic surgery is clear. The concept of a natural effect is first introduced by the surgeon (lines 76-81) where, interestingly, he states that he does not want the patient's facelift to be noticeable. The wife confirms that she is in agreement, and her husband goes further to state that they have not told their children (line 88) and the wife echoes this saying that they do not intend to (line 89). This conversation about wanting to hide the procedure from others is a relatively frequently repeated concept throughout the corpus (n = 24) and falls in line with the idea of patients being deceitful, as outlined in the literature review.

76 S: So generally, erm, those risks are low because they do it all the time. ok. But some, erm, tailor
77 because they have a certain clientele and they do certain things and some do other things, you
78 know, like going to a restaurant, you know, you, you, you know, you, you go to a fast-food place
79 or you go to a fine dining or you go, you go for a particular thing. So, with faces, what I do is
80 very on the side of natural I don't, I don't want any of my patients to be told, gosh, have you had a
81 facelift? Because to me that's erm,

82 P: [Ehem. Ehem No, I wouldn't want somebody to say that.

83 S: No. So, the idea is that, you know, not changing your appearance, such that you see on TV, a
84 rubbery face. No plastic pulled, wind tunnel. I don't do that.

85 P: [No.

86 S: Ok. So, everything, it still has to be you you're, you are a lady who's, erm, over 60. You have
87 to look good for 60, rather than trying to look Dolly and 20.

88 P2: We haven't told the erm, children [inaudible]

89 P: We don't want to tell people so [inaudible]

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Kent Clinic – British Female (Aged 60-69)

The following excerpt is taken from a consultation with a patient who has requested lower rhytidectomy with liposuction and upper blepharoplasty with browlift. In this extract the concept of hiding the results is introduced by the surgeon first as he states that the scar can be hidden or will fade (lines 142-144 and 148). At this stage, it should be recognised that a fundamental part of the field of plastic surgery is providing solid aesthetic outcomes (i.e., good symmetry, reduced scarring), however, it should also be considered that this practice may also be fostering the idea of stigma. A further interesting point worth noting in this dialogue is that the surgeon selects the phrasal verb *to lay low* (line 175) when referring to the recovery time. This verb would usually be associated with connotations of hiding out (i.e., some kind of criminal activity) and it is therefore of interest that he compares the postoperative stage with not wanting to be caught. This also arguably adds to the underlying concept that cosmetic surgery can be perceived as shameful and should therefore be hidden.

142 S: So, yer. So, you need a little bit of that and little bit of eyelids. Yer. You can do them together, but this
143 scar for this will be just on your eyebrow and it will fade. Yer. And you could pencil it, it in to hide this
144 scar, if you need to.
145
146 P: Yer.
147
148 S: The eyelid scar in the crease and it doesn't show, and it comes out in these laughter lines.
149
150 P: Yer.
151
152 S: So, it's lovely and smooth. So that is what is really needed for your eyes.
153
154 P: Definitely. Yer.
155
156 S: Erm, the risks of surgery like that, there isn't much other than you're gonna have the scar here, which
157 will heal, erm, bleeding infection, slight asymmetry. Those things can happen, but it's very, very rare.
158 OK. So, it will give you a good overall result.
159
160 P: Yer.
161
162 S: And it's under the local. So, you awake, you have it done and you go.
163
164 P: Yer,
165
166 S: You will get bruising around the eyes for about a week and that's it.
167
168 P: Yer. Well, after CO_2 obviously I had bruising cruise and I've had Botox and I had bruising within a
169 week, recovery's about a week.
170
171 S: Yer. And some people have that and that together.
172
173 P: Yer.
174
175 S: Because while you're laying low for a week that this is done, this is done.
176
177 P: You done up. Yer.
178
179 S: OK. But some people think's too much money. I'll do this then six months later, year later, I'll do the
180 other.
181
182 P: Yer. Yer.

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4.3.2. Requesting a Procedure – False Pretences

There are some instances in the corpus whereby cosmetic surgery is requested but under the guiles of another reason. This appears mainly to be the case for the males undergoing surgery. Out of a total of five males, four of them state that the main reason they are seeking cosmetic surgery is for another unrelated motivation (e.g., a previous trauma leaving a scar or a partner has requested they have it done).

Kent Clinic – British Male (Aged 60-69)

The patient below has requested an upper and lower rhytidectomy which is indicated in (line 7), where it is assumed that the patient pulls up his face in a gesture to indicate what he is requesting. However, he then also immediately states that he has a scar on his face caused by a dog bite (lines 9-10) which he would also like addressing.

1 S: Hello, how are you? Welcome.
2 P: Hi. I can see your door from my window.
3 S: Oh, that's good.
4 P: A long way to walk.
5 <Laughter>
6 S: Right welcome. You can take your mask off. How can I help you?
7 P: Erm if you can do that.
8 S: <Laughter> Ok.
9 P: Then if you could do something about the dog bite as well. That would be nice. This one, I'm not
10 particularly bothered but this one.
11 S: [Was that all same time? Same dog bite?
12 P: Yer. In 2005 in Calberry somebody set a dog on me when I was … and it got a hold of me face.
13 S: Oh gosh.

Cambridge Clinic – Asian Male (Aged 60-69)

This patient has requested rhinoplasty but begins his request by stating that he has a scar on his nose which is caused by an injury (line 3). He then states that while the surgeon is addressing the cut, he would like him to reduce his nose (line 9). Therefore, rhinoplasty would appear to be a secondary reason even though it is technically the main motivating factor for the consultation.

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S: Erm, so clinic of the 18th of May at nine o'clock. All right. Erm, so what would you like to talk about today? What, what, erm, erm, what's the reason you've come to see me?
P: Erm, I want to talk about, erm, I've got the cut in, cut in my nose.
S: OK, yer.
P: I had accident.
S: Yer.
P: So, I would be interested in to reduce that cut.
S: OK, yer
P: And at the same time, it, erm, you shave my nose a little bit.
S: OK. So…
P: [To make it thinner, smaller, slightly.
S: OK, so shave the nose.
P: Yer.

Therefore, on balance it would seem that the majority of the male cohort are aware of the stigma attached to cosmetic surgery and thus choose another reason for having a consultation, perhaps as a justification for their being there. The majority of female patients in the cohort do not seem to find another reason (except perhaps post-partum abdominoplasty reasons) but are still clear that they do not want their procedures to be noticeable or perceivable on the whole. These findings are also in line with the non-expert perspectives which identified a significant keyword correlation between stigma, judgement and plastic surgery.

5. Discussion

Stereotypes regarding cosmetic surgery are relatively well embedded within society and as outlined in the literature review, include the ideas that cosmetic surgery is purely for vanity reasons (Patel 2010). Furthermore, those who decide to undergo cosmetic surgery are often judged negatively for having chosen to do so, particularly if they are women (Bonell *et al.* 2021). The corpus in question set out to investigate two lines of enquiry:

i. The motivations behind why patients seek out cosmetic surgery.
ii. The extent to which cosmetic surgery can be considered stigmatised as revealed through verbal interactions during medical consultations.

The results from this study regarding motivations indicate that the stereotypes regarding cosmetic surgery do not hold true. While it is true that the biggest category in this corpus is that of aesthetic purposes (n = 17), when the multiple (overlapping) reasons given by patients are considered, the largest category is actually that of psychological reasons (n = 24) vs aesthetic reasons (n = 23). This finding is noteworthy as it demonstrates an (almost) balance which exists between aesthetic reasons and psychological ones but in fact foregrounds the potential benefits of cosmetic surgery (e.g., improving self-esteem). This finding was also evident in the pilot study, as the 14th keyword was *esteem* (as a collocate of *improved self-esteem*). Therefore, while it is not possible to generalise, the sample presented here can be stated as breaking down the stereotypes related to cosmetic surgery by confirming the wider range of motivations.

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The second objective of this study was to investigate the extent to which cosmetic surgery is stigmatised, analysing some excerpts taken from transcribed medical encounters. The results would seem to confirm such a stigma and also confirm that cosmetic surgery can also be considered a taboo topic. This taboo became evident in the ways in which both the surgeons and the patients highlight the importance of hiding the surgery. In that sense, there are also expressions used which are often associated with potential criminal activity such as *lying low*. It must also be stated that concealing and endeavouring to achieve a natural look is part and parcel of a plastic surgeon's training and skills (i.e., provide pleasing aesthetic results) but the language employed by the surgeons would seem to take for granted that any procedures should not be noticeable or obvious. While this stance may not be deliberate in reinforcing stigma and taboo, it certainly can be said that the surgeon's position does not promote open dialogue.

A further indication that cosmetic surgery would seem to be a taboo topic is that some of the participants (in particular the male participants) attended the consultations with a separate request (i.e., a scar revision following an accident). This request was then followed by a secondary cosmetic request (e.g., to straighten the nose). What is revealing in these interactions is that there would seem to be a level of embarrassment in terms of requesting cosmetic surgery which leads patients to feel the need to request a different type of procedure as a justification for cosmetic surgery. This could render revealing they had cosmetic surgery easier to others, hence confirming the generally negative views held regarding cosmetic surgery and their need to save face (see Goffman 1963).

6. Concluding remarks

In conclusion, this study investigated the motivations that emerged for undergoing cosmetic surgery in both a non-clinical and clinical context while also investigating the extent to which cosmetic surgery has been stigmatised and may represent a taboo topic. The mixed methods approach adopted proved to be efficient in revealing two main findings regarding the lines of investigation of this study. The first finding is that the reasons for undergoing cosmetic surgery can not purely be linked to vanity and aesthetic motivations but rather also psychological ones. This is significant as it helps to break down stereotypes related to cosmetic surgery and highlights the benefits that might also be gained. The second finding instead is that cosmetic surgery is stigmatised, as it emerges from the medical encounters in my corpus, mainly through the expressed need to hide the procedures and the false pretences with which patients attend consultations. Furthermore, the stigma may also be unknowingly alimented by the surgeons themselves as they encourage hiding the surgery and focus on their aim to obtain natural looking results that won't be noticeable. These findings were made possible through the use of corpus linguistic methodologies as well as close textual reading. Further investigation into this area would be beneficial through the collection of further spoken corpus in this context as well as non-clinical focus groups and is planned for the foreseeable future.

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REFERENCES

Aanesen, S. M., R. Notøy and H. Berg (2020) "The Re-shaping of Bodies: A Discourse Analysis of Feminine Athleticism", *Frontiers in Psychology* 11: 1751.

American Society of Plastic Surgeons. (2020b). *2020 Plastic Surgery Statistics*. Available online from: https://www.plasticsurgery.org/news/plastic-surgery-statistics

Atkinson, P. (1995) *Medical Talk and Medical Work*, London: SAGE Publications.

Baker, P. (2006) *Using Corpora in Discourse Analysis*, London: Continuum.

Baker, P. (2023) *Using Corpora in Discourse Analysis*, London: Bloomsbury.

Blum, V. (2003) *Flesh Wounds: The Culture of Cosmetic Surgery*. Berkeley: University of California Press.

Bonell, S., S.C. Murphy and S. Griffiths (2021) "Under the Knife: Unfavorable Perceptions of Women Who Seek Plastic Surgery", *PLoS ONE* 16(9): e0257145.

British Association of Aesthetic Plastic Surgeons (2021). *2021: Results of BAAPS Audit.* Available online from: https://baaps.org.uk/_userfiles/pages/files/2021_audit_results_for_2022_release_final.pdf

Chen, S., A.T. Makhoul, J.E. Janis, G. Perdikis and B.C. Drolet (2022) "Board Certification in Cosmetic Surgery: An Examination of Online Advertising Practices", *Annals of Plastic Surgery* 88(5): S461-S465.

Clancy, B. and M. McCarthy (2015) "Co-Constructed Turn-Taking" in K. Aijmer and C. Ruhlemann (eds) *Corpus Pragmatics: A Handbook*, Cambridge: Cambridge University Press, 430-453.

Creswell, J.W. and V.L. Plano Clark (2018) *Designing and Conducting Mixed Methods Research*, Los Angeles: Sage.

Egbert, J. and P. Baker (2020) *Using Corpus Methods to Triangulate Linguistic Analysis*, New York & London: Routledge.

Geertz, C. (1973) *The Interpretation of Cultures*, New York: Basic Books.

Gilman, S. (1999) *Making the Body Beautiful: A Cultural History of Aesthetic Surgery*, Princeton: Princeton University Press.

Goffman, E. (1963) *Stigma: Notes on the Management of Spoiled Identity*, New York: Simon & Schuster.

Goodson, L. and M. Vassar (2011) "An Overview of Ethnography in Healthcare and Medical Education Research", *Journal of Educational Evaluation for Health Professions* 8(4): 1-5.

Gumperz, J. (1972) *Directions in Sociolinguistics: The Ethnography of Communication*, Oxford: Blackwell.

Gumperz, J. (1999) "On Interactional Sociolinguistic Method", in S. Sarangi and C. Roberts (eds) *Talk, Work and Institutional Order,* Berlin: Mouton, 453-71.

Guzzo, S. and R.H. Padley (2021) "A Corpus-Based Analysis of Cosmetic Surgery Discourse: Signs of Age(ism) in the British Press", in C. Ilie, and S.A. Zolla (eds) *Hybrid Dialogues: Transcending Binary Thinking and Moving Away from Societal Polarizations*, *I-LanD International Journal* 1(2): 88-96.

Haiken, E. (1997) *Venus Envy: A History of Cosmetic Surgery*, Baltimore: The John

Hopkins University Press.
Jones, M. (2008) “Makeover Culture’s Dark Side: Breasts, Death and Lolo Ferrari”, *Body & Society* 14(1): 89-104.
Kam, O., S. Na, M. La Sala, C.I. Tejeda and M.M. Koola (2022) “The Psychological Benefits of Cosmetic Surgery”, *The Journal of Nervous and Mental Disease* 210(7): 479-485.
Kennedy, M. (2004) *A Brief History of Disease, Science and Medicine*, Mission Viejo: Asklepiad Press.
Khanna, A. and M.K. Sharma (2017) “Selfie Use: The Implications for Psychopathology Expression of Body Dysmorphic Disorder”, *Industrial psychiatry journal* 26(1): 106-109.
Kilgariff, A., V. Baisa, J. Busta, M. Jakubicek, V. Kovar, J. Michelfeit, P. Rychly and V. Suchomel (2014) “The Sketch Engine: Ten Years On”, *Lexicography* 1: 7-36.
Koteyko, N. (2006) “Corpus Linguistics and the Study of Meaning in Discourse”, *The Linguistics Journal* 1(2): 132-157.
Lewallen, J. and E. Behm-Morawitz (2016) “Pinterest or Thinterest?: Social Comparison and Body Image on Social Media”, *Social Media + Society* 2 (1): 1-9.
Lirola, M.M. and J. Chovanec (2012) “The Dream of a Perfect Body Come True: Multimodality in Cosmetic Surgery Advertising”, *Discourse and Society* 23(5): 487-507.
McEnery, T. and A. Hardie (2012) *Corpus linguistics: Method, theory and practice*, Cambridge: Cambridge University Press.
Moran, C. and C. Lee (2013) “Selling Genital Cosmetic Surgery to Healthy Women: A Multimodal Discourse Analysis of Australian Surgical Websites”, *Critical Discourse Studies* 10(4): 373-391.
Motakef, S., S. Motakef, M.T. Chung, M.J. Ingargiola and J. Rodriguez-Feliz (2014) “The Cosmetic Surgery Stigma: An American Cultural Phenomenon?”, *Plastic and reconstructive surgery* 134(5): 854e–855e.
Padley, R.H. and B. Di Pace (2021a) “Touch-ups, Rejuvenation, Re-dos and Revisions: Remote Communication and Cosmetic Surgery on the Rise”, *Aesthetic Plastic Surgery* 45(6): 3078-3080.
Padley, R.H. and B. Di Pace (2021b) “The Psychological Impact of Remote Communication on Body-Image Perception: Cosmetic Surgery on the Rise”, *Aesthetic Plastic Surgery* 46(3): 1507-1509.
Padley, R.H. (2022) ““Tell me what you don’t like about yourself:” The Translation of Gender in *Nip/Tuck*”, in M. Sala (eds) *Gender, Translation and Discourse*, Bergamo: Cerlis Series 11: 135-162.
Partington, A. (2006) *The Linguistics of Laughter. A corpus-assisted study of laughter-talk*, London: Routledge.
Partington, A. (2012) “Corpus Analysis of Political Language”, in C.A. Chapelle (ed) *The Encyclopedia of Applied Linguistics*, New York: John Wiley & Sons Inc.
Patel, A. (2010) “Defeating the Negative Stereotypes of Plastic Surgery”, *Plastic and reconstructive surgery* 126(2): 116e-117e.
Sarangi, S. and C. Roberts (1999) “The Dynamics of Interactional and

Institutional Orders", in S. Sarangi and C. Roberts (eds) *Talk, Work and Institutional Order*, Berlin: Mouton de Gruyter, 1-57.

Sarangi, S. (2002). "Discourse Practitioners as a Community of Interprofessional Practice: Some Insights from Health Communication Research", in C.N. Candlin (ed) *Research and Practice in Professional Discourse*, Hong Kong: City University of Hong Kong Press, 95-135.

Sarangi, S. (2006) "The Conditions and Consequences of Professional Discourse Studies", in R. Kiely, G. Clibbon, P. Rea-Dickins and H. Woodfield (eds) *Language, Culture and Identity in Applied Linguistics*, Sheffield: Equinox Publishing, 199-220.

Sarangi, S. (2010) "Practicing Discourse Analysis in Healthcare Settings", in I. Bourgeault, R. Dingwall and R. DeVries (eds) *The SAGE Handbook of Qualitative Methods in Health Research*, London: SAGE, 397-416.

Shields, C.M. (2007) *Bakhtin,* New York: Peter Lang.

Sweeney, M. (2021) *Cosmetic Surgery Ads Aimed at Under-18s to be Banned in UK*. Available online from: https://www.theguardian.com/society/2021/nov/25/cosmetic-surgery-ads-aimed-at-under-18s-to-be-banned-in-uk

Tagliacozzi, G. (1597) *De Curtorum Chirurgia per Insitionem,* Venice: Gaspare Bindoni the younger.

https://doi.org/10.6092/issn.1974-4382/20540