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Commodification of women's breasts

Internet sites as modes of delivery to local and transnational audiences

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Cosmetic surgery has become a widespread phenomenon in the last decades, especially in Colombia where a large number of women undergo it every year. This surgical boom is reflected in several Linguistic Landscape resources including the internet, where a growing number of cosmetic surgery centers advertise their procedures. Particularly common among these procedures is breast augmentation, which many Colombian women have at a young age. This article reports on a study which drew on critical linguistic landscape and feminist theories to explore how local cosmetic surgery websites contribute to the commodification of women's breasts, and its implications for users of these websites. Data collected for this study included text and images from 12 local websites advertising cosmetic surgery in Colombia, including breast augmentation. Data analysis showed that these websites contributed to the commodification of women's bodies by using a series of ideological mechanisms. Implications for users of these public spaces include asking critical questions about these websites and becoming more socially active in their consumption.

Keywords: cosmetic surgery, commodification, breast augmentation, internet sites, Colombia, normalization, pathologization, naturalization, trivialization, deification

1. Introduction

Shaping the bodies of women by powerful industries has been a sweeping trend in the global world. The phenomenon has received major attention in Latin American countries such as Mexico, Brazil, and Colombia where a proportionally large number of women go through cosmetic surgery (CS) at a relatively young age, often sponsored by male partners and/or parents and other family members.

Right now, in the world rankings of CS, Colombia is sixth, with 314,783 surgeries performed in 2015 alone (ISAP, 2015). Particularly popular among these procedures are breast augmentations and breast lifts, with 46,703 breast augmentations and 16,321 breast lifts performed in 2015 (ISAP, 2015).

This surgical boom is reflected in the growing number of clinics and CS centers that open every year in the country. According to a study conducted by Universidad Minuto de Dios (2014), there are more than 10,000 legal CS centers and at least 7,000 illegal ones (Nieto Ramírez, 2015:28). The boom is also manifested in the internet, which is loaded with local websites that take advantage of women's concern for their body figures to advertise different types of cosmetic procedures, including breast enhancement (Figure 1).



Figure 1. Internet Banner-Clinic 1

Such a boom in CS has received the attention of scholars in various fields such as medicine, communication, anthropology, and feminist studies, many of whom claim that the phenomenon is related to the commodification of women's bodies that has been going on for years (Gimlin, 2000; Morgan, 1991; Sharp, 2000). In the Linguistic Landscape (LL) field, attention to sexuality and bodies has only begun to emerge in the past few years. In fact, as Milani (2014) explains, the LL field "has largely ignored – erased even – the gendered and sexualized nature of public space" (Milani, 2014:202) and this has created a failure "to account for some important facets in which public spaces are structured, understood, negotiated and contested" (Milani, 2014:202). Noticeable among the few LL studies on sexuality and bodies is the work of Milani (2014) and Peck and Stroud (2015). Drawing on queer theory, Milani explores what he calls "banal sexed signs" in order "to unveil the operations of power in relation to gender and sexuality (and other social categories) in public space" (2014:201). Peck and Stroud (2015) focus on the meaning, messages, and battles of tattoos and tattooing culture as writings in public spaces. They call for extending LL to include the body and to view it as "performative" and as "how we come to understand ourselves in place" (Peck & Stroud, 2015:133).

Aware of this research gap, and of the impact that LL sources, such as CS websites, can have on women's desires, attitudes, and behaviors, we engaged in a study that explored how local websites of CS contributed to the commodification of

women's bodies. The study addressed the following questions: (a) how do Colombian websites of CS contribute to the commodification of women's bodies?, and (b) what are the implications for users of these sites?

2. Theoretical framework

In order to answer the above-mentioned questions, the study draws on two bodies of theories. The first is critical LL theories according to which LL and its multimodal texts are "embedded in history, culture, ideology, and geography" (Shohamy & Waksman, 2009:314). In them and through them, "meanings are constructed and manipulated using a variety of devices" (p.326). Also in them, "various agendas are being battled, negotiated, and dictated" (p.321). They include and exclude people, and "exert a strong influence on their behaviors" (Edelman, 2009:142).

Second, the study draws on Critical Feminist theories according to which CS is part of "a neoliberal discourse of individual choice, self-improvement and objectification, through text and images that medicalized normal women's bodies, normalized the use of surgery to fit a cultural ideal of beauty and stressed the rhetoric of choice, empowerment and agency" (Moran & Lee, 2013:373), while at the same time "requiring women to adhere to strict- and restrictive-cultural norms" (Moran & Lee: 374). In this neoliberal patriarchal discourse, beauty is seen as "technologically achievable, a commodity for which each and every woman can, in principle, sacrifice if she is to survive and succeed in the world" (Morgan, 1991:40). CS, on the other hand, is understood as "a commercial enterprise" (Fraser, 2001), "a consumerist practice invented and developed by the fashion, beauty, fitness, and diet industries" which, like most body practices and activities, facilitates adherence to "the normate" (Dolezal, 2010:366). The body is perceived as an object, "not unlike a car, a refrigerator, a house, which can be continuously upgraded and modified in accordance with new interests and greater resources" (Gimlin, 2000: 80 citing in Finkelstein 1991: 87). It is this body, "not the person and her spiritual or affective qualities, what gets to facilitate, affect, and determine not only social, but personal, and professional success" (Dolezal, 2010:364), and what becomes the measure of "women's value" and "their moral worth" (Moran & Lee, 2013:374). Women become "instruments of desire," using their body as "weapons for their social positioning" (Nieto Ramírez, 2016:33). They enter a "machine model" (Morgan, 1991: 31) in which CS is purchased in the same way as "cosmetic products, garments, beauty treatments, gym memberships, and so on" (Dolezal, 2010:366).

According to feminist theorists, to achieve this commodification, CS clinics, women's magazines, and other LL resources have employed a series of mechanisms which include normalizing modification, pathologizing the normal, trivializing CS or making CS sound easy (Moran & Lee, 2013), naturalizing it (Fraser, 2001; Wolf, 2002), and deifying surgeons. Normalization of modification is achieved by "moving it out of the domain of the sleazy, the suspicious, the secretly deviant, or the pathologically narcissistic" (Morgan, 1991:28), turning it into something which is "mainstream" and "financially and materially accessible" (Dolezal, 2010:368). Indeed, CS is now regarded by many women as something they "need" and "deserve" (p.369).

Pathologization of the normal is reached by making "plainness or being ugly" become "a form of pathology that can be fixed through medical intervention" (Dolezal, 2010:368 citing Morgan, 1998). Women who refuse to have CS become stigmatized and seen as "deviant" (Morgan, 1991:28), as "unliberated, not caring about their appearance [...], as refusing to be all that they could be, or as granola heads" (p. 40). They are increasingly regarded as "technologically primitive," "ordinary," "ugly" (p.41).

Further, trivialization is accomplished through the presentation of CS as "no big deal [...] a fairly routine kind of body maintenance that belongs more appropriately in the salon than in the hospital" (Heyes, 2007:64). It is also attained through minimizing statements such as "It can be uncomfortable", "There is some discomfort", "A little, little bit of bruising and swelling" (Wolf, 2002:256) which present CS as "a straightforward and carefree endeavor" (Moran & Lee, 2013:385). Finally, it is obtained through the use of "colors of childhood," and close up shots of women looking positive and relaxed, all of which background processes involved in surgery and foreground notions of transformation and freedom (Moran & Lee, 2013).

Moreover, naturalization is put into place by different processes which include: (a) presenting the natural as "an ideal condition not to be tampered with" and as "self-evident" (Fraser, 2001:116), (b) constructing women as "naturally invested in their own beauty," (c) deeming the pain and difficulties associated with CS as natural for women to undergo (p.124), and (d) by making appeals to nature or invoking nature in any discussion of the body (p.126).

Finally, surgeon deification is realized by presenting these, most of whom are men, as "Gods in white coats," as "the ultimate creator[s]," with "an almost God-like omniscience that enables [them] to see through [their] patient's motives to the 'real' problem beneath" (Davis, 2003:52). These surgeons are not regular professionals, they are "aesthetes," (p.51) "lover[s] of beautiful women who resolutely refuse to settle for anything short of perfection" (p.52).

3. History and evolution of breast augmentation in Colombia

In Colombia, the CS boom seems to have reached its peak in the 1980s and 1990s. In these two decades, “mafia men” used their money not simply to exert power and control over the drug market but also over women and hence to pay for all kinds of exaggerations, including big houses, jets, boats, and cars (Acosta-Ugalde, 2014) as well as breasts and buttock augmentations for female partners (Hamilton, 2015).

Financed by mafia men, many Colombian women, especially those lacking resources got access to the custom-made bodies with which they not only tried to imitate the bodies of Pablo Escobar’s women (Hamilton, 2015) but also to become models, beauty queens, and TV stars. In this way, the mafia contributed significantly to the development of a new standard of beauty, now known as “narco aesthetics,” (Acosta-Ugalde, 2014:110), which basically consisted of “voluptuous curves,” (Hamilton, 2015:27); that is, slim bodies with big breasts and buttocks.

About two decades ago, CS stopped being the exclusivity of narco men and their “mafia dolls” (BE-TV, 2010) and became popular among women from other socioeconomic backgrounds, so popular that CS centers and clinics began to emerge everywhere in the country, offering not only breast and buttock augmentation but also entire surgical packages that included four or five surgeries. Cosmetic medical procedures are now so common throughout Colombia that they have altered the appearance standards of Colombian women whose curvaceous curves, supernatural breasts, and big buttocks have gained the admiration of many foreigners (Hamilton, 2015). In the last several years, however, a new trend for “going natural” (Morris, 2004:183), has entered the scene, and women are now reducing the size of their implants or removing their breast implants completely, through surgery.

4. The websites

The websites analyzed in the present study were selected from the internet and included 12 Colombian websites of CS clinics, medical centers, and doctors’ offices which met two basic conditions: (a) appearing in a Google search under “cosmetic or plastic surgery Colombia,” and (b) having a bilingual English/Spanish version, hence addressing local and international audiences. Of these, 5 were clinics, 3 were CS centers, and 4 were doctors’ offices. These providers were located in five main Colombian cities: Bogotá, Cali, Cartagena, and Manizales (Table 1).

Each website consisted of written texts, visual elements, as well as women’s written and video testimonials in English. In terms of the written text, all sites

Table 1. Sites analyzed by types and locations

Types	Bogotá	Bucaramanga	Cali	Cartagena	Manizales
5 Clinics	3		2		
3 CS Centers	2			1	
4 Doctors' Offices	* 2	1	1		1

* One doctor had an office in two places

contained details about the surgeons and the clinic, and descriptions of the surgical procedures offered. Some of the sites contained also additional information such as: programs and packages (4 sites), company's philosophy (3 sites), the reasons why people should choose them (3 sites), specific cities in Colombia where the clinics are located (6 sites). As for procedures offered, although these varied, all sites offered information about breast augmentation, lift and reduction; buttock augmentation; and liposculpture, and some provided information about additional procedures.

In regard to visual elements, most sites contained images of the staff, the facilities, the services, and of the 'before' and 'after' of each surgery. In addition, some sites contained banners advertising CS in general. Finally, eight sites contained either written or video testimonials provided by women in English in which they described their experience of CS.

4.1 Data collection

The data collected from the 12 websites comprised 246 pages of text, 50 images, not counting the 100 pictures of the before and after breast augmentation, and 46 testimonials. The texts included all of the information in the website (e.g., procedures, programs and packages, philosophy), except for information about procedures that were not related to breast surgery. The images included banners where women with large breasts were used to advertise CS and all images included in the breast surgery section. Finally, the testimonials included 32 written and 14 video statements in English by women who had had any type of CS in any of the 12 sites. Table 2 shows a summary of these data.

4.2 Data analysis

The data were analyzed in multiple ways according to the source. First, texts obtained from the different sections of the websites and transcripts of video testimonials were analyzed using codes and categories to identify recurrent themes, as proposed by Sutter (2012). Second, selected images were analyzed using Kress & Van Leeuwen's (2006) framework for reading images. The framework proposes

Table 2. Summary of data collected in the 12 sites

Types	Images	Pages of text	Testimonials
Clinic 1	11	21	8v
Clinic 2	2	7	3v
Clinic 3	7	15	4w
Clinic 4	4	18	0
Clinic 5	5	17	0
CS Center 1	2	13	2v+6w
CS Center 2	4	36	7w
CS Center 3	5	87	1v+5w
Dr.'s Office 1	3	8	0
Dr.'s Office 2	1	7	6w
Dr.'s Office 3	1	6	4w
Dr.'s Office 4	5	11	0
	50	246	46

to conduct an analysis at three levels: ideational, interpersonal, and textual. The experiential level involves analysis of setting, participants, circumstances, and visual appearance (e.g., clothes, hair, posture, facial expression, eyes, gestures). The interpersonal level includes analysis of contact (e.g., demand or offer information or goods and services), distance (e.g., close, medium, or long shots) and point of view (e.g., horizontal, vertical, frontal, oblique, high or low, eye level angles). Finally, the textual level comprises analysis of composition (e.g., placement left or right, center or margin, and top or down), salience (e.g., sharpness of focus, size, color contrasts, tonal contrasts, placement in visual field, perspective, cultural factors), and framing (e.g., disconnects through framelines, empty spaces, discontinuities of color and shape, other features). At the end, results from the analysis of text, testimonials, and images were triangulated to achieve trustworthiness (Sut-ter, 2012: 350).

5. Findings

Analysis of the internet sites indicates that Colombian CS websites contribute greatly to the commodification of women's breasts by employing a series of ideological mechanisms, which include normalizing modification, pathologizing the normal, trivializing CS or making it sound easy (Moran & Lee, 2013), naturalizing it (Fraser, 2001; Wolf, 2002), and deifying surgeons (Davis, 2003). Table 3 provides a summary of these findings.

Table 3. Summary of main findings

Category	Text		Testimonial		Images	
	Sites	Repetitions	Sites	Repetitions	Sites	Repetitions
(1) Normalizing modification	7	20	4	9	4	4
(2) Pathologizing the normal						
– Intervened body as more harmonic	6	20	4	12	11	18
– Intervened body as psychological well being	6	32	7	30	7	13
(3) Trivializing CS	5	10	2	3	8	36
(4) Naturalizing CS	2	6	1	1	3	10
(5) Surgeon Deification						
– as benevolent gods	7	37	4	14	1	1
– as masterful artists	5	5	3	4	9	35

5.1 Normalization of modification

Normalization of modification is achieved through at least two processes: (a) the presentation of CS as something that everyone is having, and (b) the offering of “convenient packages” through which women can get several procedures at low cost. As for the first process, in one of the banners from Clinic 1 (Figure 2), for instance, a tall woman with enhanced breasts is shown posing in her underwear by a window, next to a sign stating “hundreds of happy patients. Get your free quote.”

**Figure 2.** Banner-Clinic 1

Although the woman's face does not reflect happiness, her pose, with her body leaning against the wall, and hands on her waist and thigh, indicate that she is relaxed and carefree, so carefree that she is posing in her underwear. By stating “hundreds of happy patients. Get your free quote”, the sign by her side is not only confirming that everyone is having the surgery but also implying that she is merely a patient, not some hotshot model, and prompting other patients to take action to look like her.

Also, in the website of Clinic 3, the doctors make breast augmentation appear as the norm by presenting it as both something that every woman in the world is having and the procedure upon which the concept of harmony relies.

Breast augmentation surgery is one of the most popular aesthetic procedures nowadays among many women worldwide. Several reasons could be pointed out to support this argument, but the bottom line, all women want to have a harmonic figure and a beautiful face. (Breast Augmentation Surgery, Clinic 3)

Indeed, they use expressions such as “most popular” “many” “worldwide”, to represent the procedure as common, and words such as “all” to represent women as wanting the same thing (i.e., a harmonic figure and a beautiful face) which they can only get through surgery.

As for the second process, the offering of convenient packages, it is found in several websites where women are prompted to have more than one procedure based on two facts: (a) one is not enough, and (b) they can save money. In the website of Clinic 4, for example, the surgeons clearly imply that breast augmentation is not enough to look beautiful and that if women want to really “improve” their shape, they need to have other procedures.

If you would like to improve your shape you should also consider complementary procedures such as Liposuction of the back, waist and thighs. (Breast Enlargement/Related procedures, Clinic 4)

Besides normalizing body modification, the site presents the non-intervened body as something in need of improvement, as an object that should be modified again and again before it reaches standards. Although this website does not provide monetary reasons for the repetition of surgery, there are others that do. In the testimonials part of CS Center 2, for example, the client, Monique, presents cost efficiency as one of the reasons to have more than one procedure done.

If I was to choose where to be operated again I wouldn't doubt about CS Center 2. Prices are great and make it possible to have more than one surgery and the staff and surgeons are superb. Thank you, thank you, thank you! (Written Testimony, Monique, CS Center 2)

In these websites, then, commodification is achieved by presentation of CS as something not only “mainstream” but as something that is both “financially and materially accessible,” so accessible that any patient wanting to “improve their figure” can and should get, if possible in convenient packages. As they normalize modification, the websites also pathologize the normal, a mechanism that will be more clearly exemplified in the following section.

5.2 Pathologizing the normal

In the Colombian CS websites pathologization of the normal is done through the presentation of the intervened body as (a) more harmonic, attractive, beautiful, and younger looking than the non-intervened body, and (b) more psychological stable. Evidences of the first phenomenon were found repeatedly in the analyzed websites, where surgeons made a point to include not only numerous pictures of the before and after surgery so that viewers could see how “improved” women’s bodies could be after surgery, but also other pictures which suggested the procedure would make women look younger, more attractive and so on (Figure 3).



Figure 3. Breast lift Mastopexy-Clinic 5

In the headless picture from Clinic 5, for example, although no full breasts are shown, the fact that the sand clock and the breasts appear at the bottom and top sections of the image establishes a connection between the two and suggests that augmented breasts can turn back time and make women feel and look younger. The posture of the body, leaning forward with the breasts forcing ahead much more than the rest of the body denotes the breasts are somehow helping her win the battle with time. The hand holding on to the sand clock signifies that by doing the surgery viewers can, if not turn back, at least hold on to time.

The image is not only normalizing modification but pathologizing small breasts and representing women with small breasts as plain, ordinary, and even ugly. Indeed, if augmented breasts can make women feel and look younger, small breasts put years on them and make them look older. Similarly, if women need to win the battle with time, it is because time, i.e., aging, is a monster that needs to be avoided, at least in appearance.

In addition, in the text from Clinic 3, surgeons define breast implant surgery as the mechanism that will provide women with a more beautiful and harmonic body.

Breast augmentation in Colombia is a plastic surgery aiming for increasing size of women's breasts by inserting prosthetic pieces that will achieve the effect of having a harmonic and beautiful body. (Breast Implants, Clinic 3)

The implication, again, is obvious: augmented breasts give the effect of a harmonic and beautiful body, and small breasts, by contrast, entail an unharmonic and ugly body.

Finally, in a written testimony presented in the website of CS Center₁, the client, D.F., gives testimony not only to the fact that you can have several procedures at the same time without any problem, but that all women want to look “spectacular” and breast augmentation can do that for them.

I had breast augmentation and liposuction in various parts of my body! Mirian and Maria couldn't have been sweeter. Thank you Dr Touchon for turning me into the Spectacular Woman I've always wanted to be! I look fantastic!

(Written testimony, D.F., CS Center₁)

Although nowhere in the text or testimonies are there explicit references to the non-intervened body as ugly, nonharmonic and so on, by presenting the intervened body as the one that is younger looking, harmonic, beautiful, spectacular, fantastic, the websites represent the non-intervened body as old, nonharmonic, and ugly.

Evidence of breast augmentation as providing psychological well-being is by far the most common in all the sites. In these, women with enhanced breasts appear looking happy, satisfied, self-confident, and in control. In the picture below (Figure 3), from CS Center 3, for example, the model appears completely relaxed and comfortable with her new makeover. The fact that her breasts show in the middle of the picture and that are focused, which does not happen with the lower part of her body, suggest this was the most important part of the makeover, the part that has her feeling so satisfied and relaxed. The eye-level angle of the picture positions viewers as her equals: people who can act on their desires. The command “get the results you want,” on the left side, not only invites the viewers to do the same, get a mommy makeover, but also suggests they are unhappy with the breasts they have since no one already happy with what they have would be justifiably prompted to get the results they want. Similarly, the command, “Love your curves” not only tells viewers that once they get the makeover, they are going to love themselves but also suggests they do not love themselves at the moment since if they did, they would not have to be encouraged to do it.

Similarly, in the text found in the breast augmentation sections of Clinic 1, the doctors make an outright promise to the patients that breast augmentation will

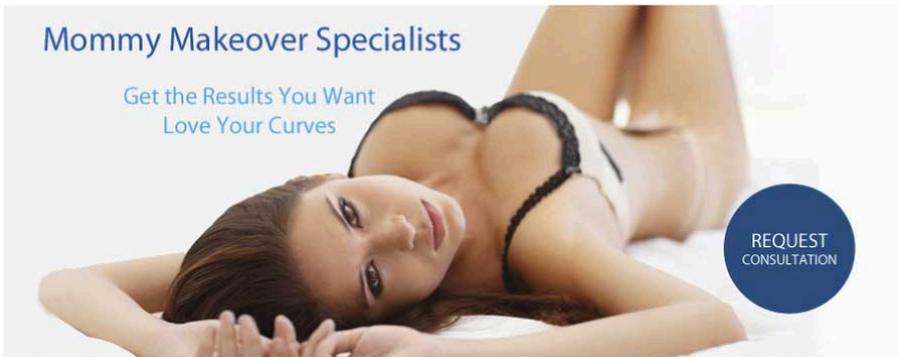


Figure 4. Breast Augmentation-CS Center 3

not only make them feel better about themselves and be extremely satisfied but that they will also have a boost in their self-confidence.

Many women who have undergone breast augmentation with Clinic 1's board certified plastic surgeons are extremely satisfied with their fuller appearance, most stating its positive effect on personal self-confidence and outlook.

(Breast Augmentation with Silicone Implants, Clinic 1)

In this quote, the fact that breast augmentation can make women “extremely satisfied” and give them a “fuller appearance,” and a more “positive [...] self-confidence and outlook” suggests that women who have not submitted themselves to this kind of surgical cosmetic procedures are not satisfied with their appearance, that their appearance is not “full” and that their self-confidence and outlook is low, to say the least.

Finally, in the video testimony by Daisy, a client of Clinic 1, she describes how the fact that her breasts now stay up provide her with a sense of happiness. Besides, they liberate her and provide her with renewed self-confidence since they allow her to go braless.

I also got implants. So, the doctor said I was gonna have really really small breasts if I didn't get those. So I am really happy with the fact that they stay up. I can wear no bra if I want with a shirt and it doesn't look bad. I had a lot of extra skin here (pointing at the right side of the trunk), which was removed as well too. And, overall just happy in general with how I look and I like dressing up and trying on clothes now is more fun and I might come back again more later.

(Video Testimony, Daisy, Clinic 1)

Although the testimony intends to present augmented breasts as the panacea (e.g., they stay up, require no bra, look good, make you happy), it also presents small breasts as physical faults (e.g., they are really, really small; look bad, are less fun) and women's body as in need of constant repair, much like a car or a boat.

In sum, in these websites, commodification is achieved not only by presenting women with augmented breasts as the norm and as superior physically and emotionally, but also by presenting women who do not undergo such operations as inferior, women who do not take care of their looks or their emotions.

5.3 Trivialization

Trivialization is accomplished through the presentation of breast augmentation as a simple and easy procedure with minimal side effects. In the Breast Surgery section of Clinic 3, for example, a headless woman in a modeling posture is shown (Figure 5), with her arms on the sides and her upper torso upright as if saying: “See, it is that simple.” The close frontal angle of the shot calls viewers’ attention on the breasts and the eye level angle positions them as equals who could have the same procedure done, if they wanted to.



Figure 5. Revisional Mammoplasty-Clinic 3

As for text, in the Breast Lift/Augmentation section of the website of Dr.’s Office 1, for example, although the surgeon acknowledges that breast augmentation is a “complex procedure”, he also minimizes its effects by stressing that it is one that he can do in “a single surgical act”, leaving only a “very small”, “almost invisible”, “barely detectable scar”.

One of these complex procedures is breast lift & augmentation that Dr. Fernández performs in a single surgical act; he does a small vertical incision achieving the best possible aesthetic results, leaving a very small scar on the edge of the nipple almost invisible and a small vertical scar (5–8 cm) below the nipple, which fades over time becoming barely detectable. (Breast Lift/Augmentation, Dr.’s Office 1)

Likewise, in the video testimony by Enya from Clinic 1, through minimizing statements, such as “the next day I was fine”, “I didn’t feel hardly anything,” [sic] “a little bit sore,” “won’t really feel much pain,” “it doesn’t feel like I had anything done,”

the client provides evidence that CS is a trivial endeavor, so trivial that you can go shopping the following day.

I was shocked, the next day I was fine. I was going shopping the next day with the nurse that came and talked to me in the hotel. But it was really more like a friend. I didn't need her to help me shower cuz I didn't feel hardly anything. [sic] That was weird. It was really really good, very unexpected, but this is what you told me. This is what you guys told me before: "It might be a little bit sore, a little bit xxxx, but you won't really feel much pain." And it was that exactly. It was great. It doesn't feel like I had anything done to be honest. But it looks amazing. I am very happy with the results. (Video Testimony, Enya, Clinic 1)

By foregrounding the straightforward and carefree nature of the process and omitting a description of the processes really involved in the procedure (i.e., the pain, discomfort, swelling, and so on), image, text, and testimonies present not only a trivialized picture of the procedure but a deceitful image of it that is unfair to women who should have the right to know exactly what they are signing for.

5.4 Naturalization

Naturalization is reached through invocations to nature and the presentation of the "natural" as "self-evident" and as "an ideal condition not to be tampered with" (Fraser, 2001, p. 116). In the picture below (Figure 6), from Clinic 1, for example, the invocation to nature is obvious by presentation of a woman with augmented breasts lying on the beach. Her body is connected to nature not only by means of creating a parallel line between her body and the shore but also by means of having her upper torso connect the three main natural elements of the picture: the sand, the sea, the forest, with her body, particularly her face and breasts. Her posture and facial expression depict her as relaxed and comfortable as if happy with her new found "natural look."



Figure 6. Breast Lift-Clinic 1

Also, in the text of CS Center 3, augmented breasts are presented as “natural,” not by invocation to nature, but by direct use of the word “natural” as a synonym of inconspicuous. In this case the natural body is the non-intervened body and that body is the ideal condition but only if it looks voluptuous. Small breasts, regardless of how “natural” are not ideal. They need to be intervened and look as if they were not.

At CS Center 3, most breast augmentation surgeries leave the breasts looking so natural that no one would ever suspect you’ve had an augmentation, even in the most revealing of clothing”. (Breast Augmentation in Colombia, CS Center 3)

This idea of CS as natural is also present in the written testimony by Dalila, a client in Dr.’s Office 2, who claims that her breasts were so well-done that they look natural or unmodified and no one can tell she had them done.

His work was so well done, that I look natural. People who know me say I’m prettier. Most of them do not know why since I haven’t told about it.
(Written Testimonial, Dalila, Dr.’s Office 2).

5.5 Surgeon deification

The last of the mechanisms found was that of surgeon deification. Through this mechanism doctors, most of whom were men, were presented not as mere skilled surgeons but as either benevolent gods or masterful artists. The idea of surgeon as benevolent god is most obvious in the following image from Clinic 5 (Figure 7), where the surgeon is presented with a white coat denoting not only purity and cleanliness but his god-like nature. His upper torso and head are shown against a blue background that emulates the sky and contrasts his white attire. He is centered and foregrounded, which highlights his omniscience. His arms are crossed as if he were waiting to be told the viewers’ wishes. Finally, his gaze is directed to the viewers as if defying them to do so, while his lips show a smile that invites them to do it.



Figure 7. Clinic 5 Home Banner

In the picture, coat, background color, position, posture conjugate to present the surgeon not as a regular professional who cuts women's bodies open and burns their skin as he tries to make them more beautiful to his eyes, but as a god overlooking under his servants.

The idea of surgeons as gods is also very evident in the testimonials of some of the clients where the latter narrate how the former made their dreams come true, changed their lives, turned them into fantastic women and raised them up to a status which is superior to that normally inhabited by doctors. In the following testimonial by Victoria from Dr.'s Office 2, for example, the client narrates how she asked god to send someone to help her fulfill her dream of having big breasts and god sent Dr. Cáceres.

As a believer in God, I asked for finding a Doctor who could give me the answers I needed to make my dream possible. When I met Dr Cáceres, I immediately knew he was the surgeon I was looking for.

(Written Testimaonial, Victoria, Dr.'s Office 2)

In the quote, Dr. Cáceres is the one with the answers and with the power to make women's dreams come true. This fact takes him outside of the realm of regular doctors and puts him in a different realm, the realm inhabited only by genies and gods.

As for doctors as artists, in the following image from Clinic 5, for example, the surgeon, whose hand is wrapped in a white glove and holds a pointed brush much like artists do, paints the places where the body, acting as a canvas, will be intervened.



Figure 8. Clinic 5 Home Banner

The whole image provides a metaphor not only for the doctor, whose pure white hand is shown ready to write his/her masterpiece, but also for women,

whose contoured body is depicted as a canvas on which the masterful surgeon is painting.

The metaphor of the surgeon as artist and the body as a canvas is reaffirmed in the text of the websites, where the doctors, as Dr. Maltz in Davies's (2003) story, self-proclaim as artists through statements such as, "we make of each body a master piece [sic] inspired by nature" (Dr.'s Office 3). It is also presented in the testimonials, where clients such as Adriana, judge their work as a type of "workmanship" that they proudly carry with them and "exhibit" even though it does not even belong to them, as suggested by the repeated use of the possessive "your."

You are "the artist", daily I receive complements on your "workmanship." I'm very proud to exhibit your art, and feel very satisfied!

(Written Testimonial, Adriana, Clinic 3)

As doctors make these efforts to address all audiences and take these various positions of benevolent gods and artists, breast augmentation stops being a "complex procedure" (Dr.'s Office 1) to become a work of art, and as it takes on this work of art nature, it becomes objectified and commodified, a luxurious item that the good surgeons make available to everyone through convenient packages.

6. Discussion and conclusions

As can be concluded from the findings presented above, Colombian CS websites contribute greatly to the commodification of women's breasts. They do this explicitly and directly through the use of various mechanisms which are "camouflaged" in images and texts deploying a "language of choice, fulfillment and liberation" (Fraser, 2001:123). These mechanisms are normalization of modification, pathologization of the normal, trivialization and naturalization of CS, and deification of mostly men surgeons.

By falling prey to these mechanisms, women are not just allowing the beauty industry to grow: they are doing much more. First, they are becoming complicit in their own objectification, in the treatment of their bodies as machines that can be divided into parts (Fraser, 2001), in the turning of these parts into "publicly valued goods" (Sharp, 2000:295) that can be "continuously upgraded and modified in accordance with new interests and greater resources" (Gimlin, 2000:80), and in their own dehumanization. Indeed, as Timmerman & Almeling (2009) explain, "objectification generally signifies dehumanization because it involves a professional neutralization of (patient) agency, an erasure of authenticity, an alienation of identities, and a silencing or even displacement of the self and the social world" (p. 22).

Second, they are helping create new standards which are profoundly detrimental to women for several reasons. First, they demand that women do violence to themselves (Wolf, 2002:161), cut themselves open and put themselves at risk of infections and other afflictions. Moreover, they are "inherently racist" (Dolezal, 2010:367). That is, they favor a type of figure which is common to very few people (Dolezal, 2010): young, slim, and with augmented breasts. Furthermore, they are constantly being reinvented, which means that they are always "upping the ante" for women, who are condemned to always having new flaws to fix (Heyes, 2007: 67).

Third, they are putting themselves in actual physical danger since, despite the evidence to the contrary presented by the websites, as Davis (2003) points out, "the operations are invariably painful and have myriad, often permanent, side effects" (p. 59). These side effects include painful painful swelling, congestion or hardening of the breasts, encapsulation, unsightly scars, deformation (Gimlin, 2000:79), dissatisfaction with breast size, fluid accumulation, infection, and loss of nipple sensation (Sarwer, Nordmann, & Herbert, 2000).

Finally, they are supporting patriarchal structures in the sense that they are helping to represent cosmetic surgery as a "quintessentially masculine profession" (Davis, 2003:55), to represent men "as imminently suited to the job of physician," and to represent women "as archetypical patients: diseased, neurotic, and in need of repair" (Davis, 2003:55). Besides, they are letting a group of mostly male surgeons dictate what they should look like and assuming responsibility for producing men's desire while renouncing to pursue their own (Cameron & Kulick, 2003), through the elimination of nipple sensation.

Even though it is true that many Colombian women are reducing the size of their breasts and trying to make them look more "natural," it is also true that they are still ripping their bodies apart to conform to standards which state that women's breasts should be perky instead of drooping or sagging, and these are standards which are reaffirmed multiple times in the websites we analyzed. Are the Colombian narcotraffic and CS industries the only ones to blame for this phenomenon? Probably not. There may be many historical, social, and cultural factors affecting Colombian women's decisions to undergo these procedures. Nonetheless, the fact remains that by explicitly urging women to undergo breast augmentation, promising a series of physical and psychological benefits after the procedure, hiding the truth about the often times fatal consequences of the operations, and misrepresenting surgeons and their intentions, these sites are contributing to the commodification of women's breasts, and the selling of augmented breasts as the ideal breasts.

7. Implications

Given the above-mentioned scenario, what are female viewers of CS websites to do? Results of this study suggest the need for them to “break free of the body-as-property paradigm” (Sharp, 2000: 314) and become critical of public space displays. This implies being in the lookout for the subtle, often indirect ways in which the sites use the different modes (images, text, video, audio) to market women’s bodies, to appeal to both their rationale and emotional minds, and to sell them particular views of themselves and their bodies.

It also implies being able to “take the myth apart” (Wolf, 2002: 288) by asking questions not just about the procedures, the risks they are taking and the costs, as is so honorably suggested by the surgeons of the analyzed websites, but about the surgeons themselves, their messages, their intentions, and the multiple techniques they use to get clients to think and act in particular ways. Particular questions that they can ask are to what extent is it right to allow an often male surgeon to decide what they should look like, or to guide and advise them? Are these men really pre-occupied with their physical and mental health or just with their pockets?

Other important questions to be asked are what is not being said in these websites? What is being left out of the narrative? Indeed, in none of these websites were there images of unsuccessful operations, or texts warning women of all the possible complications they could have after breast surgery. Nor were there comments about how bodies respond differently to surgical interventions, or how women might not even like themselves after the procedure. Similarly, there were no testimonies included in which women spoke about the physical problems they had to endure after having had breast augmentation. Neither were there any references to the fact that after breast augmentation many women have had to return for a breast reduction, with all the psychological trauma that this implies (Sarwer et al., 2000) or to the fact that some women have even died after CS, as has been widely reported in the literature (Davis, 2003; Wolf, 2002).

Next, viewers of these sites should ask themselves to what extent these CS clinics, with their practices are contributing not only to the commodification of women’s bodies but to the high index of violence against women that is now affecting countries such as Colombia. In a study conducted in this country, Nieto Ramirez (2016) found a direct link between the notion of beauty promoted by narcotics, the same which is now being promoted by CS clinics, and the acid attacks being performed on women. To him, these attacks are just personal vendettas of those (aggressors) who have not been able to exert power over that “beautiful” subject, over that “beautiful” good (p. 25), which in Colombia is represented by slim bodies with big breasts and buttocks (Hamilton, 2015), regardless of whether they are made of silicon.

Finally, viewers of these sites need to act as social activists (Shohamy & Waksman, 2009) by demanding CS clinics that they “be explicit about the disadvantages of CS, the medical risks associated with it, the time consumption it involves, its expense and its potential futility as a psychological intervention” as proposed by Fraser (2001:129). Whether they are having the surgery because they are “cultural dopes” or “savvy cultural negotiators” (Gimlin, 2000:96), “vain and shallow” or “in control” of their lives (Dolezal, 2010:369–370), “duped” or “empowered” (p.371); and whether their ulterior motives are to become “unnoticeable,” “invisible,” and “ordinary” (Davis, 2003:77) or to be noticed, get promotions, and enhance their “social capital” (Dolezal, 2010:370), women planning to have CS need to understand that their actions surely do have consequences and, “in the long run, contribute to the reproduction of a beauty culture that carries heavy costs for them and for all women” (Gimlin, 2000:96).

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Abstracto

La cirugía estética se ha convertido en un fenómeno generalizado en las últimas décadas, especialmente en Colombia, donde un gran número de mujeres tienen esta cirugía cada año. Este auge quirúrgico se refleja en varios recursos del paisaje lingüístico, incluyendo la internet, donde un gran número de centros de cirugía estética anuncian sus cirugías. Particularmente común entre estas cirugías es el aumento de senos, el cual muchas mujeres Colombianas experimentan a una temprana edad. Este artículo reporta los hallazgos de un estudio que empleó teorías críticas sobre paisajes lingüísticos y feminismo para explorar cómo los sitios web locales de cirugía estética contribuyen a la mercantilización de los senos de las mujeres y las implicaciones de esto para las usuarias de estos sitios. Los datos recogidos comprenden imágenes y texto de 12 sitios web locales que publicitan la cirugía estética en Colombia, en particular el aumento de senos. El análisis de datos mostró que estos sitios web contribuyen a la mercantilización del cuerpo de las mujeres mediante el uso de una serie de mecanismos ideológicos: normalización de la modificación, patologización de lo normal, trivialización y naturalización de las cirugías

cosméticas y deificación de los cirujanos. Las implicaciones para los usuarios de estos espacios públicos incluyen hacer preguntas críticas sobre estos sitios web y ser más activos socialmente en su consumo.

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