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**Trading Faces: the 'Korean Look' and Medical Nationalism in South Korean Cosmetic  
Surgery Tourism**

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## **Abstract**

*This paper addresses the growing phenomenon of cosmetic surgery tourism through a focus on the development of this industry in South Korea. Unlike many discussions of this topic, the paper decentres dominant narratives based on west-goes-east or north-goes-south journeys. Instead we look at regional flows by exploring the experiences of Chinese patients travelling to South Korea in search of facial cosmetic surgery – procedures often referred to as the ‘Korean Look’ and associated with the export of Korean popular culture. We focus on the contested understandings of the motives for and outcomes of this surgery between Korean surgeons and Chinese patients, documenting one example of the cultural investments and (mis)understandings that can impact on the experiences of medical tourists as they travel across national borders in search of treatment. We situate the development of cosmetic surgery tourism in Korea in the context of a discourse we call ‘medical nationalism’, showing how surgeons in particular reproduce this discourse in terms of pride in their contribution to the economic and reputational success of South Korea on a world stage. However, we demonstrate finally that, as a privatized, feminized and trivialized form of medicine, cosmetic surgery will always fail to deliver in this respect.*

## **Key Words**

Medical Tourism; Cosmetic Surgery; Korean Look; Medical Nationalism

## Trading Faces: the 'Korean Look' and Medical Nationalism in South Korean Cosmetic Surgery Tourism

*Ruth: 'Why do you think South Korea is one of the world leaders in cosmetic surgery?'*

*Dr K: 'Thank you!'*

*Ruth: 'Sorry, I meant: why do you think South Korea has such high numbers of cosmetic surgery patients?'*

*Dr K: 'Ah... eyes!'*

*Ruth: 'OK, but why eyes?'*

*Dr K: 'Westernization.'*

*Ruth: 'Oh really? Do you think East Asian patients are going for a Western look?'*

*Dr K: 'Well, it is more complicated than that. First we had no cosmetic surgeons in South Korea, then Dr B, he was the first, he went to train in the US and he wrote the textbooks that we all studied from. We were the next generation, and he trained us and we used his books. But pretty soon we realised that Western techniques were totally inappropriate for the Korean body, so we, the next generation, had to rewrite the textbooks from scratch to account for this. Now we practice surgery that is right for the East Asian body. Thirty years ago other countries helped us, but now we help other countries, doing reconstructions in Mongolia, the Philippines and Ukraine.'*

In July 2012, we met Dr K in his upmarket clinic in Gangnam, Seoul, South Korea (hereafter Korea) to interview him about cosmetic surgery tourism.[1] The pride he expressed in

Korea's cosmetic surgery industry, in the new techniques and developments in surgical practice, and in the help offered by Korea to 'developing countries', was in many ways in striking contrast to the narratives we encountered from Western cosmetic surgeons in our study, who often tend towards defensive justification of their profession. Dr K's narrative was reproduced many times during the course of our interviews with Korean surgeons, who expressed pride not just in their own individual skills, but the skills of the nation's surgeons *as Koreans* and their contribution to the economic and reputational success of Korea, often connecting cosmetic surgery to Korea's economic successes in the automobile, electronics and biotech industries, and especially the export of its popular culture, in a discourse that we call 'medical nationalism'.

Korean cosmetic surgery is often associated with the 'Korean Look', a set of facial surgical procedures to widen the eyes, narrow the cheekbones and jawbones, and augment the nose tip. Whilst there is an on-going academic and media debate about the 'Westernization' or 'whitening' effects of Korean cosmetic surgery, we see this as an issue impossible to resolve. Like Dr K, we understand that behind the easy answer of "Westernization" there in fact lies a story that is "more complicated than that". These complications include regional understandings of bodily aesthetics such as the rejection of traditional beauty norms which celebrated the 'moon face' of fertility and the narrow eyes of propriety (eyes that do not gaze) – norms embedded in practices of physiognomy that continue to shape interpretations of physical appearance in Korea (Holliday and Elfving-Hwang 2012). These understandings have in fact taken on new importance in contemporary Korea, where they have interacted with other powerful cultural forces at national, regional and global scales, to

produce the Korean Look -- a look now understood as “right for the East Asian Body”. We also align ourselves with writers like Lee (2016: 4), who interpret Westernization discourse as bespeaking ‘an anxious Western gaze desiring to see itself in places where its hegemony is on the wane’. The meaning of the Korean Look is not only disputed by Western scholars and commentators, but also by Chinese patients travelling as cosmetic surgery tourists to Korea. It is the mutability of the Korean Look that forms one focal point of this paper -- exploring Chinese medical mobilities to Korea and Korean surgeons' responses to these patients, which we argue are mediated through the lens of Korean medical nationalism.

Our paper explores the ways in which Korean cosmetic surgeons reproduce the discourse of medical nationalism, and how they understand and interpellate Chinese medical tourists who travel to Korea for facial cosmetic surgery. We also explore how Chinese patients negotiate surgical narratives they encounter in their quests to embody beauty, modernity, affluence and independence. In short, we document one example of the cultural investments and (mis)understandings that can impact on the experiences of medical tourists as they travel across national borders in search of treatment. Before doing this, however, we need to set the scene by outlining the success of the Korean cosmetic surgery tourism sector; providing a brief history of biomedicine in Korea and the discursive co-location of cosmetic surgery and popular culture (the ‘Korean Look’ and the ‘Korean Wave’); and sketching the economic and cultural context in both Korea and China that produces the demand for Korean cosmetic surgery.

The material in this paper is drawn from a large, multisite and multi-method research project exploring cosmetic surgery tourism (see for example Holliday et al 2015).[2] We researched the motivations and experiences of more than 100 British, Australian and Chinese patients who participated in cosmetic surgery tourism, and around 100 workers in destinations that provide this service. The project used in-depth interviews, video and photo diaries, and participant observation to explore cosmetic surgery tourism and its connections to global flows of people and capital. In this paper we focus exclusively on one subset of our data, based in field sites in the Korean capital, Seoul, especially interviews with 20 Korean medical and medical tourism professionals, and with 24 patients from China who travelled to Seoul for treatment in 2012.

### **Cosmetic Surgery Tourism and Korean Medical Nationalism**

The story of medical tourism to Korea is one of recent, rapid development, following the Asian financial crisis of 1997 and especially since 2007, after new legislation introduced by the Korean government aimed at marketing and developing the industry. Medical tourism was declared an economic growth engine in 2009 as the government announced its ambition to attract 1 million medical tourists by 2020 (Kim et al 2013). In terms of the development of markets, Korean medical tourism targets transcontinental travel (including ‘overseas Koreans’), tourism from near neighbours, and regional nations with ‘less developed’ medical services such as former Soviet countries in northeast Asia (Kim et al 2013). Official figures claim the industry was worth US\$ 360m in 2013 (*Straits Times* 2016).

Cosmetic surgery tourists are seen as especially profitable, sometimes charged three times more than domestic patients and yielding further revenue through in-patient care and touristic pursuits (Jin 2015). Understanding these developments in medical tourism requires us to engage with the history of Korean medicine, the discourse of medical nationalism, and the export of Korean popular culture.

### *Making 'Korean medicine'*

The history and development of Korean medicine is detailed by DiMoia's (2013). For our purposes, a few waymarkers are necessary to contextualize our discussion of cosmetic surgery tourism. The first is the tension between traditional Korean medicine and 'modern' biomedicine (whether introduced by missionaries in the late nineteenth century, under Japanese colonization, or by American occupation). Equally important is the professionalization and financialization of medicine. The growth of medical expertise is tied to nation-building and profession-building, as doctors sought to consolidate their elite status and their contribution to the health and wealth of the nation and to the political-economic project of 'developmental nationalism' (Kim 2014). While the Korean state mobilized medicine for national projects in the 1960s, in other respects the government was often reluctant to invest in public healthcare, only (partially) introducing national health insurance in 1977, which expanded piecemeal, reorienting the practice (and business) of medicine and opening the door to forms of privatization and specialization, including aesthetic medicine. This process largely continued until the late 1990s.

The 'IMF crisis' of 1997-9 sent shockwaves through the nation, renewing but also reframing or adapting 'developmental nationalism' at a time of widespread un- and under-



employment (Wong 2004). An expanded medical sector with significant overcapacity faced declining domestic demand, and turned to medical tourism in the mid-2000s. The turn to the aesthetic for patients similarly reflects the impacts of the crisis: first, as intensified competition in the employment market focussed attention on the appearance of applicants for jobs, especially (but by no means exclusively) women (Albrecht 2015); and second, as the crisis pushed doctors experiencing financial difficulties to diversify into new markets (Cho 2009). One key new market would be medical tourists; another, those seeking aesthetic procedures – a lucrative market not reliant on health insurance. Combining the two was therefore seen as doubly profitable.

#### *Korean Cosmetic Surgery*

*'In the mid-1990s, Korean celebrities travelled for cosmetic surgery to Japan, but since 2002, Korean celebrities started patronizing local hospitals. Also, Chinese celebrities started visiting Korea to do surgery in secret. Since the mid-2000s, Chinese and South Asians visited Korea for cosmetic surgery, and they were mostly celebrities or high-class people such as CEOs ... These days ... not only high-class people but also middle-and low-class people are engaging in the cosmetic surgery industry'. (Korean surgeon)*

Kim (2003) argues that although Korean women have left behind a stifling Neo-Confucian femininity associated with subservience and reproductive destiny, cosmetic surgery is part of a new consumerist identity through which women have enslaved themselves, no longer to patriarchy but instead to the market (see also Leem 2015). Cosmetic surgery in Korea is still largely about embodied capital, conceived colloquially as *kyŏrhon sŏnghyŏng* ('marriage

cosmetic surgery') and *chig'ŏp sŏnghyŏng* ('employment cosmetic surgery'), but the rigid gender hierarchy implied by these terms is breaking down as many men also use cosmetic surgery to connote a softer, more amenable masculinity (Holliday and Elfving-Hwang 2006). Both women and men compete for jobs and partners in contemporary Korea, and the more one's job relates to how one looks, the more important the investment in one's body:

*'In Korea people think plastic surgery a life investment. They would like to match their looks to their social status. They also have varied aims: some would like to get a good job; some would like to marry; some would like to become musicians or actors in the entertainment industry.'* (Korean Surgeon, Dr Sik)

Di Moia (2013) provides a clear overview of the development of plastic surgery in South Korea as a medical specialism since the Korean War, focussing on the role of US military surgeons, especially Dr David Millard. Millard developed important reconstructive procedures for minimizing scars, but is best known today for his work on eyelid surgery. When a Korean translator working with the US Army requested to be made into a 'round-eye', Millard interpreted this as Westernization (Millard 1955). However, eyes vary significantly amongst the Korean population, and so the importance of the West in the widening of East-Asian eyes may be overstated. Nevertheless, war casualties and those with congenital defects provided Millard and others with opportunities for rapid professional development, and framed the procedures as reconstructive and humanitarian. DiMoia also highlights the transnational traffic of people, procedures and ideas (particularly with the USA), which would become a recurring theme in this story. As well as the US influence, he is

keen to locate Korean surgery in its regional context, noting growth of plastic surgery in neighbours such as Japan and Thailand – regional interchange is particularly important for the development of the *aesthetics* of surgical work, for informing the procedures that would come to characterize Korean cosmetic surgery (and their meanings).

The gradual consolidation of cosmetic surgery as a legitimate specialism and branch of medicine also needs to be explained in its broader political-economic context – for example, in connection to the development of health insurance and the effect this eventually had on career choices for doctors, spawning in the early 1990s a culture of medical privatization as surgeons chose between the slow process of recouping costs via health insurance versus the immediate and higher returns from paying patients. Pushing doctors into private practice has created a competitive environment where surgical innovation is tied to economic success:

*‘When [medical students] graduate, they cannot find sufficient work due to high competition. The government controls the medical funds ... I’m sure that everyone wants to reap as much as they invest, and sometimes the revenue from medical insurance is not enough. This is why they enter the field of cosmetic surgery. And doctors are smart – very smart. They always experiment for new things to develop, which is why cosmetic surgery in Korea is evolving so fast. ... Every day surgeons are thinking of new ways of making money, so they develop new types of operations’.* (Korean surgeon)

### *Medical nationalism*

So far we have outlined the development of Korea's cosmetic surgery and medical tourism industries, but in the quotes we have selected to illustrate this it is impossible to miss the sense of national pride evoked in surgeons' accounts of Korean surgery -- world-leading medical technology and skill, Seoul (especially Gangnam) as a global surgical capital. In addition, surgeons were keen to tell us how competitive their industry is and just how good you have to be to work in it:

*'First, if you want to get into medical school, you should be in the top 1%, and [only] the top 1% amongst the top 1% can be a plastic surgeon. Intelligent students are in fierce competition to be a plastic surgeon. To be able to survive in the competition, plastic surgeons in Korea keep trying to study and develop surgical methods. Consequently, plastic surgery skills in Korea became the best in the world. There are over a thousand plastic surgeons, and the number of plastic surgery hospitals is increasing every year.'* (Korean Surgeon, Dr Ho)

Throughout our fieldwork, surgeons were at pains to point out their reducing dependence on Western or Japanese medical technologies and to highlight instead the reversing of flows, which now emanate from Korea. This sense of national pride was expressed in relation to Korea's industries, its popular culture, and in relation to surgical skill:

*'I believe Korea is comparatively much more innovative compared to the rest of the world when it comes to cosmetic surgery. I can proudly say that even Europe is impressed at some of the skills we possess. Of course, at the beginning we did imitate*

*a lot of the techniques from the West, but we used it in such a way that would match the faces of Oriental people. For instance, I specialize in nose surgery, and the person who invented this technique is an American surgeon ... When he visited Korea to attend a meeting with cosmetic surgeons, he was surprised at the level some of the techniques were on. He said that although he had invented it, he did not expect other surgeons, especially those from Asia, would revolutionize it so much. That goes on to show that cosmetic surgeons in Korea have a high level of adaptability and technical skill.'* (Korean Surgeon, Dr Phi)

We analyse this discourse of pride as an example of medical nationalism – a conceptualization applied by previous scholars to, among other contexts, anti-vaccine activism as an expression of anti-colonialism in India (McMillen & Brimnes 2010), the long history of discriminatory treatment of foreign medical professionals in France (Evleth 1995; Fannin 2010), the postcolonial nationalism of certain forms of Indian ‘traditional medicine’ (Alter 2015), and the centring of health care as a national achievement and as a tool for international diplomacy in Cuba (Johnson 2006).

Our understanding of the Korean discourse of medical nationalism is resonant with Johnson’s, in that it examines how biomedical advancement has been made central to national identity, though the historical and geopolitical context is somewhat different: public, ‘socialist healthcare’ in Cuba, increasingly privatized and commercialized medicine in Korea (though both have developed medical diplomacy and medical tourism as ‘outreach’ for medical nationalism). The Korean case also connects to Alter’s discussion of Ayurveda and nature cure in contemporary India, not least in showing how traditional and modern

forms of medicine get resignified and repurposed over time, coming to be associated with the postcolonial nation in distinct ways. Alter also draws attention to the ways in which nationalism is embodied.

Two important contexts framing the emergence of Korean medical nationalism have been its colonial history and its financial crisis. As Gottweis and Kim (2009: 226) argue in their discussion of 'bionationalism', Korean nationalism 'emerged as an ideology to counter colonialism and imperialism. ... In Korea's transition to modernity, nationalism has been an engine for anticolonialism and modernization, providing the ideological basis for unification and is a source of [national] pride'. This nationalism 'is both powerful and omnipresent in Koreans' lives' today (Cho 2008: 85), so it is unsurprising that Korean surgeons would align their professional identities and reputations with the nation, staking a claim on national medical prowess that now outstrips their former colonizers.

In terms of the IMF crisis, Wong (2004) argues that the outworking of this crisis caused a reorientation of state policy, ushering in the 'adaptive developmental state'. Similarly, Cho (2008: 82) writes that 'the IMF intervention both caused a structural transformation of Korean society and spread a sense of national failure. It also provided Koreans with a chance to rethink the notions of national development and Korean nationalism'. While developmental nationalism remains a 'governing ideology', Cho argues that a central part of this rethink was an accommodation of a more 'neoliberal', individual understanding of the subject, but still embedded in the nation: 'a new nationalistic ideology actively encouraged people to pursue their own dreams, which in turn would contribute to national development, rather than preaching repression of individual interests for the sake of

national development' (Cho 2008: 92). Koreans were reinvented, Cho concludes, as 'national individuals in a global era' (p. 93).

This reframed, adapted notion of Korean nationalism is clearly discernible in the national pride expressed by Korean surgeons, and by their promoting of both Korean surgery as the best and of the 'Korean Look' as a distinctive manifestation of Korea's global standing. Echoing Gottweis and Kim (2009: 227), we see in Korea a distinctive form of medical nationalism based around 'a belief in the deeply transformative potentials of modern biomedicine to be put into the service of Korean bodies and the economic future of the nation'. In the case of medical tourism, of course, it is not only Korean bodies that benefit: in common with other Asian states, medical tourism in Korea has been promoted and supported by the government as a key component of economic development, especially post-1997 (Chee 2010). But it is not just cutting-edge technology which surgeons imagine disseminating from Korea to the rest of the world, but also cultural and aesthetic flows.

#### *Gangnam Style and the Hallyu Economy*

The cosmetic surgery industry in Korea today is concentrated in particular parts of Seoul, especially Gangnam. This neighbourhood came to global attention with the spread of Psy's video 'Gangnam Style' in 2012, and is a potent symbol of modern, cosmopolitan, global Korea (Nelson 2000). As DiMoia (2013: 202) recounts, the rapid development of the Gangnam district over the past 30-40 years (and especially since the late 1980s) has lent the area an 'association with new forms of affluence [and] luxury associated with a narrative of self-transformation'. This association is also oriented towards youth culture.

Gangnam became associated with cosmetic surgery from the early 1990s, constituting a major economic force in the district; as in many districts where clustering of economic activity occurs, a climate mixing cooperation and competition has developed there, and surgeons characterized both as positive conditions for continued development:

*'Since there are so many surgeons, this can encourage competition and innovation, as well as sharing ideas and new concepts. As a result I think this helped the growth of cosmetic surgery in Korea in general, as well as cosmetic surgery tourism.'* (Korean surgeon, Dr Phi)

At the turn of the twenty-first century, Gangnam had also built a reputation as the epicentre of *Hallyu* from which the Korean Wave of popular culture was exported. Local cosmetic surgeons quickly capitalized on this, seeing the potential to reach an international clientele seemingly drawn to Korea, Seoul and Gangnam by the place-images disseminated by *Hallyu*. Some commentators frame this period of growth as the '*Hallyu* economy' – an economy including 'medical *Hallyu*' alongside other cultural forms and practices – and have identified 'K-beauty' or 'Gangnam beauty' as a distinctive and desirable new aesthetic, achievable by accessing cosmetic procedures in its homeland (Cheung 2015; Wen 2014). And cosmetic surgeons have ridden this Korean wave, writing in professional journals about 'Gangnam style' and urging their profession to capitalize on the global spotlight (Eun 2013):

Just as the 'Korean Wave' of Korean pop culture has brought songs like Gangnam Style to an international audience, the Gangnam Conference has long been the birthplace of truly cutting-edge aesthetic surgery techniques now used



throughout the world. ... Like the Bloomsbury group of English intellectuals who met regularly to advance the thought in their respective fields of expertise, it is my wish that the Gangnam Conference continues to serve as the equivalent meeting of the minds for plastic surgeons, a place where they can share their art and their intellect, contributing clinical advances that spread internationally like the hit song Gangnam Style. (Hwang & Yi 2013: 800)

*Hallyu* has had a profound impact on the image of Korea internationally. Defined by Ryoo (2009: 137) as a 'regionally specific phenomenon of transnational popular cultural flow', the Korean Wave is often framed within a context of cultural hybridity, with attention paid to local, national, regional and global scales. Seen as a distinctively Asian cultural flow, *Hallyu* has helped to produce 'a wide variety of vernacular and multiple modernities' (Ryoo 2009: 143) that facilitate new regional identities and imaginaries and 'new kinds of relations across borders' (p. 149) – one manifestation of which is the movement of people across borders, whether to visit key sites associated with *Hallyu* (Kim et al 2009) or on a more general pilgrimage to the home of the Korean Wave, hoping to experience (and maybe embody) the Koreanness symbolized in *Hallyu*. One key group now visiting Korea for both *Hallyu* tourism and medical tourism is Chinese outbound tourists, who often acknowledge the *Hallyu* effect in promoting Korea as an attractive destination, and in promoting Korean cosmetic surgery (Cheung 2015; Eun 2013). So the export of Korean cosmetic surgery is connected to the Korean Wave as a powerful contributor to the national economy. And a key market for such exports is China.

## Chinese Tourism and the Export of Korean Cosmetic Surgery

China is recorded as being the world's fourth largest outbound travel market and its travellers the highest spending. Travel to relatively nearby Asian destinations is a growing part of this market, and Yu (2014: 115) sees this as a reflection of an emerging 'Global Asian' cultural identity, offering 'forms of modernity that consumers in China see as 'closer' to what they are striving for' – closer, that is, than Western models. Korean culture, Yu adds, is seen by Chinese as a mixture of the traditional and the modern, as distinctive yet recognisably 'Asian'. Korean culture is particularly popular with the Chinese middle class (Wen 2014) and this includes touristic consumption: from January to July 2014, 3.36 million Chinese visited Korea (rising from 2.22 million in 2011), engaging in a wide range of tourist activities, with a notable emphasis on shopping (see also Jeong 2012). Rofel (2007: 118) notes that in China 'consumption is about embodiment, embodying a new self', and this equation is literalized most clearly in cosmetic surgery tourism, in travelling to procure a new embodied self.

Wen (2013) provides a useful overview of the development of the Chinese beauty industry (including cosmetic surgery at home and abroad) and changing notions and uses of beauty, especially in the reform era. As she summarizes:

The growing desire for a youthful and beautiful appearance through undergoing cosmetic surgery among Chinese women is the product of a complex combination of transnational and national forces, which include the construction of gender roles in a new consumerism-oriented body culture, the

reconfiguration of state power and market forces, as well as the expansion of global consumer capitalism, the flows of images, ideologies, and medical technology (Wen 2013: 213).

Wen pays close attention to globalization in the ‘opening up’ period, but refuses to see this as producing a homogenized notion of ‘global beauty’ based on ‘Western’ features. She reads the emerging Chinese beauty economy more in terms of hybridization, a mix of national, global and regional flows – and in the regional context, she sees Korea as exerting a particularly powerful influence, both via the Korean Wave and through the use of Korean surgeons in China and in Korea. Korean surgeons practising in China charge high premiums for their nationally-credentialed skills, so many would-be patients choose to travel to Korea to access cost savings (and to engage in touristic pursuits): one survey estimated that 60% of cosmetic surgery tourists to Korea in 2012 were from China (Jin 2015), a fact reiterated by surgeons we spoke with:

*‘Chinese patients make up the largest number of international patients. Koreans and Chinese look very similar, and since two countries are geographically close to each other, it is convenient for Chinese patients to visit Korea. Also, Chinese people are not ashamed or afraid of having plastic surgery, so that the number of Chinese patients is actively growing.’ (Korean surgeon)*

In fact, our conversations with surgeons revealed a lot more about their understandings of these patients, their desires and motivations – understandings that did not always chime with those voiced by patients themselves.

## **'The Korean Face isn't Popular Any More': Korean Surgeons meet Chinese Patients**

Korean surgeons characterized Chinese patients as an important market segment, but also a difficult one: as demanding and indecisive, but as heavy consumers of cosmetic surgery, not afraid to let it show:

*'The thing I notice about Chinese patients is that they are very demanding ... With Korean patients ... our meetings tend to finish quite quickly. On the other hand, with Chinese patients we talk for over an hour ... This is because they are so unsure as to how they want it done, despite being demanding ... it takes them a very long time to make up their minds. You know how they say the Chinese tend to be doubtful? I can see why ... Sometimes we get patients, especially Chinese ones, who have a fantasy of cosmetic surgery. They believe it to almost be a form of magic, and sometimes request a completely different face to the one they currently have. Of course, it's not impossible, but then every single part of the face must be operated on. But to request such a drastic change whilst only wanting to operate on some parts of the face is unrealistic.'* (Korean surgeon)

Here unrealistic expectations or fantasies and a view of surgery as “magic” are used to distance these Chinese patients from Koreans. It's worth noting that this surgeon cannot resist a note of professional pride in saying that what they request is “not impossible”; this

desire for a “completely different face” has made headlines when patients encounter difficulties at border control when they no longer look like their passport photograph – a story used to criticize tourists’ ‘excessive’ consumption, also repeated in accounts of their shopping habits. During one casual conversation, an international marketing manager at a top-end clinic recounted what he claimed was a common story of a large group of Chinese cosmetic surgery tourists returning home after their surgery. He said that after their passage through Incheon, there was not a single gold watch left in the airport shop (he added that Chinese tourists like the ‘brightest gold’). It was clear from this anecdote that he saw Chinese tourists as favouring the gaudy and the brash, as having too much money and not enough class.

However, in terms of the medical tourism industry in Korea, Chinese consumerism is reframed as highly valued (in economic terms at least), as one quote in a newspaper article illustrates: ‘When the Chinese come to the stores, they empty them,’ said Kim Soo-jin, a representative at the medical tourism unit of the Korean Tourism Office. ‘If we can turn them into medical tourists, they are more likely to stay longer. They will eat one more meal, buy one more thing and go to another site’ (Stevenson 2014). This more generous view notwithstanding, the Korean surgeons we spoke to tended to see Chinese patients as *nouveaux* – and deployed distinction to position them as implicitly inferior to Koreans in their aesthetic choices as well as their shopping practices. We heard surgeons make negative evaluations of Chinese patients compared to Koreans in a variety of ways:

*‘[Chinese] patients are not brave compared to South Korean women. South Korean women are number one in the world. They are very brave and they want to try big*

*challenging things so when foreign patients come to see me and want to do difficult things, risky operations, I suggest they do not do this.'* (Korean Surgeon, Dr Gue)

*'Korean society encourages competition from a young age. Do you want to know the reason cosmetic surgery has advanced so much compared to the rest of the world?*

*Because Korean people are very demanding. They are hard to please.'* (Korean Surgeon, Dr Pil)

The contrast between these two statements is very revealing: Korean patients are characterized positively – as demanding the excellent skills that Korean cosmetic surgeons provide, and as bravely requesting procedures that push for advances in medical science and thus contribute to medical nationalism. In contrast, the 'unrealistic' demands of Chinese patients (for "magic") represent infantilized patients who don't know what they really want.

Another central point of contention between Korean surgeons and Chinese patients was the particular outcome or 'look' considered desirable. The question of whether a particular look was 'Western' or not was a recurring theme in our interviews, as it is in other accounts. Surgeons we spoke with rejected Westernization discourse when talking about Korean patients, or located it firmly in the past:

*'[Patients] do not go for a Western look as such, but they just want to give off a clear, transparent expression. Compared to the past, Korean patients do not really want Western facial features. ... You could say that having a smaller face is*

*the global ideal look – no-one would want their face to appear big.’ (Korean surgeon, Dr A)*

However, this surgeon hinted at a different aesthetic preference by Chinese patients, again connecting Chinese cosmetic surgery to conspicuous consumption and as an example of Chinese patients not choosing what they *should*:

*‘Nowadays, most Korean patients prefer a natural look – almost as if they had not had cosmetic surgery at all. [However], Chinese patients prefer the more Western look, even if it may look slightly unnatural. They like having big eyes and other outstanding features, almost so as to advertise that they have had cosmetic surgery. I personally believe that Korean patients, since Korea has a longer history of cosmetic surgery than China, have different mind-sets when compared to the Chinese ... Natural beauty is the key. Koreans do not like the Western look.’ (Korean surgeon, Dr A)*

Note the conflation here of Western with unnatural and with the past. Many Korean surgeons reiterated this claim – a prior looking to the West, and a present satisfaction with the natural ‘Korean’ face, albeit that the natural is surgically produced. ‘Natural’ surgery evokes a confident, grown-up Korea, one that is sure of its own identity and no longer needs to emulate another. But despite recognising a different framing by Chinese patients of the procedures involved – a “slightly unnatural” look as a way to “advertise” that they have had surgery -- most surgeons repeated the idea that Chinese patients travel to Korea in order to secure a Korean Look, and linked this to the Korean Wave:

*'It's the Korean Wave. Foreigners want to be like and emulate Korean stars, they want to have similar skin and facial features to them, in particular those from China and South East Asia'. (Korean Surgeon, Dr Hwan)*

So surgeons understand the Korean Look as desirable, as not Western, and position Chinese patients as travelling to secure it – another way in which medical nationalism was deployed, to assume that the Korean Wave has produced a demand for a particular Korean Look. But this Korean Look may not be as popular as Koreans like to think, and is not necessarily the beauty to which young Chinese aspire, as one rather disparaging Chinese patient told us in a typical exchange from our fieldwork:

*Domino: 'I like Michele Reis' style, not Angelababy's. I prefer faces with strong features.'*[3]

*Olive: 'So do you think the surgery has made your face too cute?'*

*Domino: 'Yes. I just wanted my face symmetrical and to look better. But according to Korea's aesthetic standard, beauty is [the] kind of boring faces I have seen in the street... it's Korean style. It's not like Western style, which has strong features ... I like faces that look cool, but can also fit in diverse styles. It doesn't necessarily have to be cute ... I don't like being the same as others, or having a similar face with other girls in the street.'*

Despite Dr Hwan recognising that Chinese and Korean people have different understandings of beauty, he maintained that 'being natural' should be a universal aim. Chinese cosmetic



surgery tourists on the other hand see the 'natural' Korean Look as associated with "girls on the street", an everyday, perhaps homely or "cute" look, that they want to transcend with (unnatural) 'Western' features that connote independence (the ability to afford surgery) and cosmopolitanism (a hint of Western culture). And not a single Chinese patient associated their surgeries with a desire to look Korean, in contrast to the expectations of their surgeons. For instance, even when pushed Ching insisted she wanted surgery to suit her own face:

*Olive: 'How did you tell the surgeon the way you want your nose to look?'*

*Ching: 'I just told him that I wanted it to be more delicate; I didn't want to talk too much because I think that he is more experienced. I listened to his opinion as I think it suits me'.*

*Olive: 'Why did you consider his suggestions rather than those suggested by others?'*

*Ching: Because he said that the bump can be removed to reshape the tip so that it can become sharper and straighter. I agreed with what he said and I can imagine that the result will be great'.*

*Olive: 'Do you want to have one that looks like those pop stars? That means a very sharp and straight nose'.*

*Ching: 'I will choose the one that suits me. ... I will not follow others' choice.'*

This misunderstanding between how Chinese patients frame the surgeries they want and what Korean surgeons think they want goes some way to explaining the latter's negative perceptions of the 'demandingness' of Chinese patients. The Chinese market for Korean cosmetic surgery serves as an interesting example of the promises and tensions in medical

tourism and medicine more broadly: patients, empowered as consumers, know what they want, and surgeons have both professionalized and commercialized to meet their demands. Biomedicine has emerged as a 'growth engine' and a source of Korean national pride and competitiveness, while the procedures and their hoped-for outcomes are the result of hybridizations at national, regional and global scales.

### **Discussion: Medical Nationalism in Korean Cosmetic Surgery Tourism**

There is a rather obvious contradiction that whilst the Korean Look is understood as 'natural', it also takes cosmetic surgery to produce (Albrecht 2015). What does natural mean here? Many of our surgeons carefully explained that cosmetic surgery in Korea has changed. They said that earlier patients wanted a more Western look in contrast to contemporary patients who want to look natural. The medical literature too makes many references to the dangers of Westernizing or using Western techniques on Korean bodies. For instance, removing fat from the eyes in blepharoplasty, creating Western-looking eyes, was thought of as desirable in the 1950s for US military surgeon Millard, but is now repeatedly cited in Korean medical literature as a negative and 'unnatural' surgical outcome to be avoided (Dobke et al 2006). So natural has come to mean precisely *not Western*, but means (enhanced) Korean features on a Korean face and body. Importantly, this is articulated by surgeons in terms of specific methods associated with particular medical procedures.

The procedures that make up the Korean Look have attracted criticism from Western 'race' scholars who have claimed them as whitening/Westernizing – especially in relation to the

widening of eyes (eg Kaw 1993). Such explanations rely on ideological models where white or Western aesthetics are internalized by black or non-Western others, most usually through the circulation of idealized media images from West to East or North to South. But these assumptions about media flows are outmoded. Geopolitics and cultural flows are shifting. No matter how much Western countries (and academics) like to think of themselves as principal global powers (or oppressors), the reality is that regional flows are probably more important to the construction of East Asian nationalisms and self-identities (Lee 2016; Smith 2014). We would also like to challenge simplistic and deterministic arguments that position cosmetic surgery in terms of media pressure for idealized bodies (eg Bordo 1997). Chinese medical tourists are certainly drawn to Korea by its popular culture exports. However, quality of surgery was cited by our participants as a more important driver of Chinese medial tourism.

That said, there is undoubtedly a certain combination of procedures that is considered desirable. While surgeons were well-versed in (and critically engaged with) *discourses* of cosmetic surgery as whitening/Westernizing, they were silent on the issue of that other colonial power – Japan. In reality Korea draws many of its cultural references from Japan, a country itself working through national, regional and global cultural interactions. Kinsella (1995) shows how young Japanese women, for example, have actively engaged with Western popular culture to self-consciously construct the style of ‘cuteness’, appropriating elements from Disney cartoon characters. She shows how ‘cute’, despite being interpreted by many as the ultimate exemplar of patriarchal culture imposed on women’s bodies, may be seen as a way for Japanese women to resist patriarchy. Whilst Japan’s labour market has become less segregated by gender and more opportunities have opened up for female

employees, men have remained largely unchanged, such that when women enter marriage their new-found freedoms through the labour market are brought to an abrupt end. The responsibilities for women of being fully adult are crushing and, Kinsella argues, the appropriation of cuteness by young Japanese women constitutes resistance to growing up. Cute culture, she writes, is a female-led subculture that complements falling birth and marriage rates in Japan, allowing young women to remain free of adult responsibilities for longer before settling (if they ever do) for a life of domesticity and motherhood in the suburbs. So what some might call Westernization, Kinsella sees rather as the deliberate appropriation of certain elements of Western culture to voice a critique by young women of Japanese patriarchy. She draws attention to what the borrowing of certain elements of embodied styles does — how it is localized.

This cute look is reflected in Japanese popular culture, and if we look at a typical Manga face we can certainly identify key overlaps with the Korean Look: a narrow jawline, button nose, big eyes. So rather than asking how does the media shape bodies, we should be asking: what does the appropriation of particular elements of media images do? In this case, wide eyes for Korean women may signify extended youth, lack of interest in marriage, and sexual independence (a gaze) — which also tallies with declining marriage rates and more (unmarried) Korean women entering the workforce (Smith 2014). However, whilst Chinese medical tourists may also be seeking these markers of modern independence, to call this a 'Korean Look' betrays their own national identity, perhaps making 'Westernization' an easier shorthand for the surgeries involved. As Appadurai (1990) reminds us, the West can be a very distant and abstract phenomenon for countries more concerned with the cultural imperialism of their near neighbours. Thus Koreans silently borrow the aesthetic of their

former colonizer whilst naming it the 'Korean Look'; meanwhile, rather than betray their own national identity in favour of their neighbour's, Chinese patients resignify it once again as 'Western', even whilst they access this aesthetic largely through imported Korean culture.

## **Conclusion**

The Westernization thesis is a powerful one and exists in both media and surgical discourse - as we saw in our opening conversation -- so it is something that surgeons feel the need to address. Yet our discussion suggests a decentring of the West as the hearth from which all global flows emanate, and refocuses attention on regional flows of people, culture and aesthetics. These flows interact with histories of colonialism and major political-economic events such as the IMF crisis, giving rise to medical nationalism among cosmetic surgeons and the Korean Look as a 'natural' beauty standard that is quintessentially Korean in form and meaning.

However, when these flows meet Chinese patients they meet a slightly different cultural context – a newly modernizing, formerly communist superpower in which women have routinely participated in the labour force. Work is not new to women, but money is. It is this new-found wealth that they and their male counterparts wish to mark through cosmetic surgery in Korea. Blending in simply doesn't do that. Standing out is what's required in a culture in which, until recently, status was marked by Party membership. Chinese patients require 'strong' (not cute) features, what they call a '3-D' look, often accomplished primarily

by nose-tip augmentation. Strong features such as the 'Western' nose signal conspicuous consumption. But surgery also represents continuity with body modifications of the past: foot binding once signalled subservient femininity, whilst cosmetic surgery signals its opposite – modern, mobile, independent, youthful subjectivity. Importantly, both Korean cuteness and 'naturalness' and Chinese independence and 'conspicuous' surgery can be connoted by the same surgical procedures.

Medical nationalism in Korea is in part about 'besting the West', in part about staking a claim in the region, and at the same time about nation-building, anti-colonialism and modernization (Gottweis & Kim 2009). And while some critics question the special status accorded to biomedicine by the state (Kim 2014), our research supports the idea of a distinctive and widely articulated discourse of medical nationalism, repeated so often as to become 'banal' (Billig 1995). However, whilst the Korean government provides support to the cosmetic surgery tourism industry, surgeons constantly grumbled about the lack of tangible financial assistance from the government. For instance, during Korea's sporting mega-events the government gave tax breaks to hotels hosting foreign visitors -- which surgeons complained it will not give to hotels and clinics hosting cosmetic surgery patients.

During our fieldwork many surgeons talked about broader medical developments arising from cosmetic surgery, or cosmetic surgery keeping medical skills 'warm' whilst Korea attempted to branch out into more lucrative (and worthy) branches of medicine, such as oncology. In doing so they expressed the limits of a discourse of medical nationalism rooted in cosmetic surgery -- a feminized practice for patients, seen as 'elective', associated with vanity or condemned as misogyny. Whilst surgeons in Korea were often rather baffled by

such criticism, and saw themselves essentially as helping people to feel better about themselves, there remains widespread opposition to the promotion of Korea as a cosmetic surgery 'nation' (Choo 2009; Leem 2015; Woo 2004). So whilst many surgeons are pushed towards cosmetic surgery by the Korean medical insurance system, their status amongst other doctors is by no means secure:

*I'm sure [other doctors] would find it unfair how we gain more money for comparatively easier and shorter operations, such as double eyelid surgery, which only lasts for about an hour, and we could gain 1,000,000 Won [around US\$900] for it. They may even consider us thieves. However this is not just for doctors, but the overall impression of cosmetic surgeons isn't very good. For example in television dramas and sitcoms we are portrayed in such a stereotype that shows us as rich, extravagant playboys. So yes, not a very good image at all. However we still hold a sense of pride in that Korea is the Number 1 in the world regarding cosmetic surgery, and we as cosmetic surgeons play a vital part in that, so that may be of some consolation to us. (Korean Surgeon)*

Cosmetic surgery is always tainted. It is privatized, feminized, criticized as vanity or victimhood and as perpetrated by "playboys" and "thieves". Because of this, cosmetic surgery can never be an unproblematic source of national pride that other branches of biomedicine and medical tourism can be. In this sense, cosmetic surgery tourism in Korea reveals the tensions and ambivalences inherent in the project of medical nationalism in a global, neoliberal era.

## Notes

1. All participants quoted in this paper were offered the choice of having their real name used, using a pseudonym they chose, or remaining anonymous.

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3. Angelababy is a Chinese-born, Hong Kong model, actress and model who is strongly associated with the 'cute' look of Korean stars like Jun Ji-hyun. Michele Reis is a Hong Kong actress and winner of Miss Chinese International Pageant and Miss Hong Kong, who cultivates a more sophisticated and mature aesthetic.

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