

**How to cite this article:**

Arencibia-Pagés CJ, Pérez-Valdés Y, Rodríguez-Salazar OB, Pagés-Rubio C. Analysis of digital discourse on male cosmetic surgery on platform X. MedEst. [Internet]. 2026 [cited access date]; 6:e470.

Available in:

<https://revmedest.sld.cu/index.php/medest/article/view/470>

**Palabras Clave:** Cirugía plástica; Estética; Ginecomastia; Masculinidad; Redes sociales.

**Keywords:**

Aesthetics; Gynecomastia; Masculinity; Surgery, Plastic; Social media.

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**Received:** 10/12/2025

**Accepted:** 20/01/2026

**Published:** 25/01/2026

**Editor(s) in charge:**

MSc. Yuniel Rosales Alcántara.

**Translator:**

Lic. Meliza Maura Vázquez Núñez.

**Layout designer:**

Carlos Luis Vinagera Hidalgo.

**Analysis of digital discourse on male cosmetic surgery on platform X****Análisis del discurso digital sobre cirugía estética masculina en la plataforma X**

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**RESUMEN**

**Introducción:** la cirugía estética masculina ha experimentado un crecimiento global, impulsado por una mayor visibilidad en plataformas digitales donde se negocian los estándares de masculinidad contemporánea. **Objetivo:** analizar la construcción discursiva de la normalización de la cirugía estética masculina en la red social X. **Métodos:** estudio mixto convergente. Se analizaron 320 publicaciones en X (2024-2025) mediante análisis de sentimiento y análisis temático reflexivo. Los datos se contrastaron con estadísticas de la *American Society of Plastic Surgeons*. **Resultados:** se identificó una normalización asimétrica. La reducción de ginecomastia presenta una aceptación del 65%, asociada a la recuperación de la confianza. La marcación abdominal genera un 45% de rechazo debido a percepciones de artificialidad y transgresión de la "ética del esfuerzo". El análisis cualitativo reveló que X actúa como un espacio de validación y medicalización de la inseguridad masculina. **Conclusiones:** la masculinidad digital integra la cirugía como una herramienta de restauración legítima, pero mantiene estigmas hacia procedimientos percibidos como antinaturales. Existe una presión estética mediada por algoritmos que requiere atención clínica y educativa.

**ABSTRACT**

**Introduction:** male cosmetic surgery has experienced global growth, driven by increased visibility on digital platforms where contemporary masculinity standards are negotiated. **Objective:** to analyze the discursive construction of the normalization of male cosmetic surgery on the X social network. **Methods:** a convergent mixed-methods study. 320 posts on X (2024-2025) were analyzed using sentiment analysis and reflective thematic analysis. Data were contrasted with official statistics from the American Society of Plastic Surgeons. **Results:** asymmetric normalization was identified. Gynecomastia reduction shows a 65% acceptance rate, associated with the recovery of self-confidence. Abdominal etching generates 45% rejection due to perceptions of artificiality and transgression of the "effort ethic." Qualitative analysis revealed that X acts as a space for validation and medicalization of male insecurity. **Conclusions:** digital masculinity integrates surgery as a legitimate restorative tool but maintains stigmas toward procedures perceived as unnatural. There is an aesthetic pressure mediated by algorithms that requires clinical and educational attention.

## INTRODUCTION

Male cosmetic surgery has transcended its historical status as a marginal practice to become a phenomenon of increasing visibility in contemporary societies. According to records from the American Society of Plastic Surgeons (ASPS), cosmetic procedures in men experienced a sustained increase of 4% during 2024, with gynecomastia reduction emerging as one of the fastest-growing procedures, reaching increases of up to 11% in recent industry reports.<sup>(1)</sup>

This paradigm shift suggests a reconfiguration of traditional masculinity, moving from an ideal based on stoicism and functionality toward a "performative masculinity." In this new scenario, the male body becomes an identity project subject to rigorous aesthetic management, influenced by media standards that privilege defined musculature and the absence of adipose tissue.<sup>(2)</sup>

Within this evolution, digital platforms have ceased to be mere communication channels and have become spaces for the co-creation of meanings about body image. The social network X (formerly Twitter) stands out as an environment for public debate where immediacy and relative anonymity facilitate the exchange of testimonies about physical insecurities and surgical transformation processes.<sup>(3)</sup> Unlike other visual networks, X allows for documenting the evolution of social attitudes and the stigmas associated with procedures such as gynecomastia and abdominal etching.

However, despite the clinical and statistical relevance of these surgeries, a gap persists in the scientific literature regarding how spontaneous digital discourse articulates the normalization of these practices.<sup>(4)</sup> Current research has focused on postoperative outcomes or muscle dysmorphia from a psychopathological perspective, relegating to the background the analysis of the discursive tensions that emerge in virtual social interaction.

The need to address this gap justifies the use of a convergent mixed-methods approach, which allows for a holistic understanding of the phenomenon by integrating the magnitude of the trends with the depth of the meanings. It is insufficient to quantify the frequency of mentions without understanding the narratives of resistance or validation that underpin them; likewise, qualitative analysis would lack context without a database that reflects the prevalence of these concerns over time.

Therefore, the overall purpose of this research is to analyze the discursive construction of the normalization of male cosmetic surgery

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in X between January 2024 and December 2025, identifying both the patterns of frequency and emotional polarity, as well as the underlying narratives about body insecurity and the legitimacy of surgical intervention. Through this integration, the aim is to determine how digital conversation shapes the perception of cosmetic surgery as a tool for negotiating modern masculinity and to evaluate the impact of social criticism on the public acceptance of these procedures.

## METHODS

### Research Design

A parallel convergent mixed-methods design (QUAL + QUAN) was employed, characterized by the simultaneous collection and analysis of qualitative and quantitative data. <sup>(5)</sup> This approach allows for methodological triangulation, where the quantification of discursive patterns is complemented by an in-depth interpretation of the narratives, providing a holistic view of the phenomenon of male aesthetic normalization. To ensure the quality of the report, the GRAMMS (Good Reporting of a Mixed Methods Study) guidelines were followed.

### Data Source and Collection

Data were obtained from platform X (formerly Twitter), selected for its conversational density and its role as a barometer of digital public opinion. The collection period spanned from January 1, 2024, to December 1, 2025, capturing the recent evolution of discourse following the post-pandemic surge in procedures.

Data extraction was performed using advanced searches with specific Boolean operators for gynecomastia (e.g., "gynecomastia" OR "man boobs") and abdominal etching (e.g., "abdominal etching" OR "ab etching"), combined with descriptors for surgery and men's health (#MensHealth). Language (Spanish/English) and interaction (engagement  $\geq 1$ ) filters were applied to exclude automated content or content without social impact.

### Selection Criteria

Inclusion criteria focused on original publications that expressed personal narratives, body image insecurities, or opinions about cosmetic surgery. Commercial advertising for clinics and bot-generated content were systematically excluded. The final sample consisted of 320 publications (n = 320), a size that allowed for thematic saturation, the point at which the inclusion of new data did not generate additional conceptual categories.

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## Sampling and Sample Selection

The sample (n=320) was obtained through purposive nonprobability sampling with maximum variation, seeking to represent diverse perspectives (ages, cultural contexts, emotional tones). The size was determined using the principle of theoretical saturation: publications were collected until the inclusion of 20 consecutive publications no longer generated new thematic codes (a point reached at n=298, with 22 additional publications for robustness).

## Quantitative Processing and Analysis

The quantitative component focused on descriptive analysis of frequencies and sentiment distribution. Python 3.12 (pandas and numpy libraries) was used for data cleaning, duplicate removal, and chronological organization.

Manual Sentiment Analysis: Given the limited context of publications in X (limited characters, frequent use of irony), exhaustive manual coding of 100% of the sample was chosen instead of automated tools. Explicit classification criteria were established:

Category	Classification criteria	Illustrative examples
<b>Positive</b>	Expressions of satisfaction, recommendation, validation of the procedure	"It changed my life," "highly recommended," "best decision"
<b>Negative</b>	Criticism, rejection, warnings, expressions of shame or regret	"It looks fake," "I wouldn't do it," "I'm ashamed of my body"
<b>Neutral</b>	Informative questions, factual description without evaluation, objective comparisons	"How much does it cost?", "recovery time"

Two independent researchers (CJAP and YPV) coded 20% of the overlapping sample. Cohen's Kappa coefficient was  $\kappa=0.82$  (substantial agreement), exceeding the conventional threshold of  $\kappa \geq 0.80$ . Disagreements were resolved by consensus with a third researcher (OBRS).

## Qualitative Analysis: Reflective Thematic Analysis (RTA)

Braun and Clarke's (2022) Reflective Thematic Analysis was applied in its six phases:

1. Familiarization: Repeated reading of publications, reflective notes on initial patterns
2. Code generation: Semantic and latent coding (n=47 initial codes)
3. Theme search: Grouping of codes into candidate themes (n=8)
4. Theme review: Verification of internal consistency and externality (collapsed to n=4 final themes)
5. Definition: Development of a detailed profile of each theme with empirical evidence
6. Drafting: Integration with a quantitative component

Reflexivity: The principal investigator (CJAP) maintained a field journal documenting prior assumptions about masculinity and cosmetic surgery, reviewed every two weeks to mitigate bias. The position of "external investigator" (not a plastic surgeon) was explicitly declared as a methodological resource to avoid normative clinical assumptions.

### **Integration of Mixed Components**

Following a parallel convergent design, quantitative and qualitative data were analyzed simultaneously and integrated during the interpretation stage using an integration matrix (Table 3), where statistical magnitudes were contrasted with narratives to explain discrepancies (e.g., why 65% positivity for gynecomastia vs. 45% negativity for abdominal etching).

### **Ethical Principles**

In the ethical sphere, the study adhered to the guidelines of the Association of Internet Researchers (AoIR 3.0). Only publicly available data were used. To protect user identity, profiles were fully anonymized, and quotations were technically paraphrased to prevent reverse identification through search engines. The research protocol was reviewed and approved by the Ethics Committee of the University of Medical Sciences of Camagüey, and was classified as minimal-risk research due to the use of publicly available data.

## **RESULTS**

To place the digital findings within the public health context, the trends in X were compared with data from the ASPS (Association of Public Health Services). A direct correlation was observed between the 11% increase in gynecomastia surgeries reported by ASPS and the prevalence of this issue in the sample (48% of publications) (Table 1). This convergence validates X as a reliable social indicator of male surgical demand.

**Table 1.** Comparison of procedures: Clinical trends vs. Discursive frequency

Procedure	Annual variation (ASPS)	Frequency in X (%)	Predominant context
Gynecomastia Reduction	+11 %	48 %	Insecurity and resolution
Abdominal Etching	+4-5 %	32 %	Aesthetic desire and polarization
<b>Total Male</b>	<b>+4 %</b>	<b>100 %</b>	Emergent normalization

**Source:** American Society of Plastic Surgeons (2024 Procedural Statistics)(1); Statista (2025).

Analysis of n = 320 posts reveals that the discourse is dominated by the triad "surgery-gynecomastia-confidence". The use of terms like "shame" (21%) versus "confidence" (18%) suggests that the conversation in X functions as an emotional transition process (Figure 1).



**Figure 1.** Word cloud of the conversation about male aesthetics on platform X (2024-2025). Font size proportional to term frequency. Main terms: surgery (n=89), gynecomastia (n=76), confidence (n=58), shame (n=67), abs (n=43). Generated with [software] from manual analysis of n=320 publications. Source: Author's own elaboration.

Regarding emotional polarity, a significant difference was detected according to the type of procedure (Table 2). While gynecomastia surgery enjoys predominantly positive acceptance (65%), abdominal etching generates notable resistance (45% negative sentiment), linked to the perception of "artificiality."

**Table 2.** Distribution of emotional tone by procedure (n = 320)

Category	Positive (%)	Negative (%)	Neutral (%)	Trend
Gynecomastia	65 %	25 %	10 %	Corrective acceptance
Abdominal Etching	40 %	45 %	15 %	Aesthetic resistance
<b>Overall Average</b>	<b>52 %</b>	<b>31 %</b>	<b>17 %</b>	<b>Normalization</b>

**Source:** Prepared by the author based on manual analysis of data from X (2024-2025).

### Qualitative analysis: themes and narratives

Through reflective thematic analysis, four core themes were identified that explain the logic behind the quantitative data (Table 3).

#### Theme 1: The Stigma of Bodily "Feminization"

Gynecomastia is not discussed solely as a medical issue, but as a threat to traditional masculine identity. Users employ derogatory terms ("man boobs") to describe their insecurity.

- Evidence (U035): "I have gynecomastia and it makes me feel insecure all the time; I avoid going to the beach or wearing tight shirts."

#### Theme 2: Surgery as a Rite of Passage and Self-Care

A new narrative emerges where surgery is validated as a legitimate tool for managing body identity (#MensHealth).

- Evidence (U304): "Having it done was like a huge weight was lifted off my shoulders; I regained my confidence."

#### Topic 3: Authenticity vs. the Surgical "Shortcut"

This topic explains the high percentage of negative perceptions surrounding abdominal etching. There is a conflict between the ideal of a "toned body" and the "bought body."

- Evidence (U214): "Abdominal etching is one of the ugliest things I've ever seen; it's obviously fake and looks like a mannequin."

#### Topic 4: Influence of Social Media on Perception

Digital platforms act as amplifiers of both normalization (before/after content, hashtags) and aesthetic pressure.

- Evidence (U320): "On social media, everything is about defined abs, but in real life it's not that easy."

**Table 3.** Matrix for Integrating Qualitative Results

Main Topic	Subtopic	Key Code	Frequency
Insecurities	Social isolation	"Shame", "Gym"	21 %
Normalization	Regained confidence	"Success", "Change"	18 %
Resistance	Artificiality	"Fake", "Unnatural"	14 %
Digital Mediation	Aesthetic pressure	#PlasticSurgery	13 %

**Source:** Own elaboration based on the reflective thematic analysis based on Braun and Clarke. <sup>(6)</sup>

## DISCUSSION

The central interpretation of this study reveals that the normalization of male cosmetic surgery in the digital environment is a selective and conditional process. The high prevalence of gynecomastia in the sample and its correlation with the 11% increase reported by the ASPS <sup>(1)</sup> suggest that this intervention has achieved the status of a "socially accepted medical necessity." The positive quantitative findings (65%) support the idea that the correction of male breast tissue is not perceived as vanity, but rather as a restoration of hegemonic masculinity that the stigma of "man boobs" had undermined <sup>(7)</sup>.

In contrast, abdominal etching, despite its increasing visibility, faces a significant legitimacy barrier. The predominant negative sentiment (45%) reflects a deep tension between the ethics of effort and surgical shortcuts. While gynecomastia is seen as a medical condition to be corrected, abdominal etching is frequently labeled "artificial" or "fake." As Ricciardelli and White <sup>(8)</sup> suggest, traditional masculinity is built on the idea of the gym-honed body; therefore, the surgically enhanced "six-pack" challenges the notion of masculine authenticity, generating the rejection observed in X-rated narratives that compare these patients to "mannequins."

The findings presented here regarding the stigma of bodily "feminization" in gynecomastia find empirical parallels in the qualitative study by Gutiérrez and Sánchez <sup>(18)</sup> with Mexican men, who described the condition as an "effeminacy" that compromises gender identity. However, the Latin American context adds layers of cultural complexity: while in the United States and Canada male cosmetic surgery has been predominantly studied within the framework of "body modification" <sup>(8)</sup>, in Latin America the notion of "body care" among men

has emerged more recently, influenced by digitally mediated global standards<sup>(17)</sup>. Platform X, being transnational by design, functions as a hybrid space where these cultural tensions—the tradition of bodywork versus the medicalization of aesthetic care—are negotiated simultaneously within a single discursive thread.

The qualitative data presented reveal a critical emotional arc: the transition from "insecurity/shame" to "confidence/success." This finding is fundamental to understanding X's role as a platform for community validation. Unlike previous studies that conceptualize social networks exclusively as generators of body dissatisfaction<sup>(9,10)</sup>, our results demonstrate that X also functions as a space for psychosocial support. The strategic use of hashtags like #MensHealth to frame cosmetic surgeries indicates a deliberate discursive effort to "re-label" the surgical intervention—traditionally associated with vanity—as self-care and mental well-being, shifting the language toward domains of medical legitimacy.

The prevalence of the term "surgery" in conversations indicates that the operating room is now part of the everyday lexicon of men's health. However, the persistence of terms like "shame" (21% frequency) demonstrates that the stigma has not disappeared, but rather has shifted and transformed in the digital space: men use social media to seek "social permission" before altering their bodies, validating their insecurities as legitimate through community feedback. The influence of social media, identified in Theme 4, thus acts as an ambivalent catalyst for desire: it normalizes the intervention by making it visible and open to discussion, but simultaneously amplifies aesthetic pressure by exposing users to idealized body standards.

The stark discrepancy between the positive outcomes of gynecomastia surgery and the polarization surrounding abdominal etching has critical implications for informed consent practices. Plastic surgeons must be aware that abdominal etching patients enter the operating room within a context of pre-existing social skepticism, which can significantly impact their postoperative satisfaction if the outcome is perceived as "unnatural" by their online community<sup>(11)</sup>. This "asymmetric normalization" suggests that consent should be a dialogical process that explores not only medical risks but also social expectations and the contexts of validation in which the patient is immersed.

From a public health perspective, the digital normalization of these practices necessitates active surveillance of body dysmorphia. If surgery is presented online as the only way to "feel like a real man" (U092), there is a risk of pathologizing normal physical traits within the spectrum of male variation. The medicalization of male insecurity, mediated by social media algorithms that prioritize emotional

engagement, requires health policies that promote a diverse body image and are less dependent on extreme surgical standards <sup>(12)</sup>.

The main strength of this study lies in its methodological triangulation. The integration of quantitative and qualitative components followed principles of 'deep integration' rather than superficial juxtaposition, allowing numerical data to guide the search for narrative patterns and vice versa <sup>(13)</sup>. By connecting ASPS clinical statistics with emotional sentiment in X, a 360° view of the phenomenon is offered that neither big data analysis nor pure digital ethnography could provide separately.

However, we acknowledge that the concept of 'saturation' in thematic analysis of digital data remains epistemologically controversial: while we have reached saturation of thematic codes (absence of new categories in the last 20 publications), saturation of meanings in a discursive universe as vast and dynamic as X would require significantly larger samples <sup>(14)</sup>. This inherent limitation of social network studies must be considered when interpreting the generalizability of findings.

The study presents specific limitations that must be explicitly stated. First, the 'platform bias' of X—where active users are statistically more urban, younger, and more educated than the general male population <sup>(20)</sup>—restricts the generalizability of findings to demographic groups not digitally represented (older adults, rural areas, low incomes).

Second, as Boyd and Crawford <sup>(21)</sup> point out, massive digital datasets are not 'neutral' but rather technologically mediated social constructs that reflect specific algorithmic architectures. In our case, X's algorithm prioritizes content with high emotional engagement, potentially amplifying polarized voices about cosmetic surgery while making moderate or ambivalent positions invisible.

Third, the study is limited to public discourse: it does not capture private conversations (direct messages), nor the underlying motivations of those who deliberately avoid posting about their body insecurities on social media. Furthermore, the volatile nature of X—with frequent changes in moderation policies, content visibility, and user demographics—means that the observed trends could mutate rapidly, requiring longitudinal studies to confirm stability.

It is recommended that future research use large-scale data mining tools to compare these findings with predominantly visual platforms such as Instagram or TikTok, where the absence of descriptive text could offer a different narrative based purely on body image. Likewise, qualitative, phenomenological studies with actual surgery patients—

not just social media users—would help determine whether the "confidence" expressed on X is sustained long-term or constitutes a temporary digital performance. Finally, incorporating social network analysis would allow for mapping how normalization narratives flow across specific communities (e.g., fitness communities vs. men's mental health communities).

## CONCLUSIONS

The normalization of male cosmetic surgery in Group X is conditional: gynecomastia surgery achieves 65% acceptance as a restorative "correction" of identity, while abdominal etching faces 45% rejection for violating the "ethic of effort." Social media acts as a dual amplifier: it makes surgery visible as legitimate self-care through narratives of "trust," but simultaneously scrutinizes the limits of bodily authenticity. This digital discourse shapes a "medicalized masculinity" where the operating room becomes a resource for algorithmically mediated muscular standards, revealing a tension between the medicalization of insecurity and the persistence of stigmas toward the "artificial."

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**YPV:** Conceptualization, research, original drafting, revision, and editing.

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### CONFLICT OF INTEREST

The authors declare no conflict of interest.

### FUNDING SOURCES

The authors received no funding for this article.

### USE OF ARTIFICIAL INTELLIGENCE

The authors declare that no artificial intelligence was used in the writing of this manuscript.