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Social Representations and Communication  
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Social Representations in Action and Construction  
in Media and Society



"Cultural and cross-cultural  
approaches to social representations:  
The implications of the globalised/localised cultural scenario"

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# The Social Representation of Plastic Surgery: a cross – cultural analysis of its content and dimensions

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# S.R. of body – S.R. of beauty

- Jodelet (1984): the S.R. are a “privileged subject matter” regarding the body
  - “product of techniques and representations”
  - Dual nature of the body: social / private
  - The social body:
    - Body experiences and practices rely upon various S.R.
    - The body is included in social - cultural debates, especially by anti-establishment and innovatory movements

- Diachronic study (15 years interval): sense of liberation towards the body (freedom from censorship)
- The private (subjective) body: studies on “body schema”, body image.
- Both sides – strongly advocated in the **feminist** socio-cultural studies: “the ultimate symbol of invasion of the human body for the sake of physical beauty” (Gimlin, 2000, p.80).
- An act of surrender to unattainable ideals of beauty

- The women: trapped in the ideological gender-biased net that ensures the male domination
- One of the cultural traps: the S.R. of beauty as “feminine duty” at any cost – the *radical* perspective
  - The private / subjective body doesn't exist: “personal is political”
  - “societal Stockholm syndrome” (Graham, 1994, p. 57): women identify the interests of their dominators as their own
  - Culturally induced body anxiety

- Plastic surgery: self - mutilation “by proxy”  
(Jeffreys, 2005, p. 149)
- The stigmata of the inferior
- 80% of the patients are women, most of the plastic surgeons are men
- The increasing scientific and cultural “pathologisation” of non-standard looks
  - Body-weight – obesity
  - “hypomastia” (Berry, 2007, p. 74)

- The anchoring of plastic surgery in power relationships goes beyond gender:
  - Breast augmentation – post-war Japan
  - “ethnic plastic surgery” - Italian and Jewish nose jobs in order to fit American beauty norms
  - The proportion ideals in plastic surgery handbooks (e.g. “*Proportions of the Aesthetic Face*”) – based on a white, Western aesthetic of feminine beauty (Balsamo, 1996)

- The *liberal* feminist perspective: plastic surgery offers “a degree of control over their lives in circumstances where there are very few other opportunities for self-realization” (Negrin, 2002, p.22)
  - “*The survival of the prettiest*”
- OR a way to become “normal”
- OR a way to express one's “true identity”



- The postmodern body is no longer a biological given whose organic integrity is inviolable, but “fragmented”, a “text”
- Cosmetic surgery - simply another form of makeup
- The connection to psychological improvement – formulated by one of the first plastic surgeons
  - Jacques Joseph (1896): “a means of repairing not the body but the psyche” (Frank, 1998, p. 105)

- In the modern medical literature on ideal proportions (e.g. “the golden number”): all humans have the potential to develop their body according to such proportions
  - But various factors interfere with this harmonious development
  - Plastic surgery - “*deliver us from ugliness*”

- *But* plastic surgery offers a technological solution to a psychological problem
- Intervention in identity – “self - estrangement”
- Disassociation from the body – psychiatric problems
  - Mass-media portrayals of plastic surgery patients – vain, narcissistic, psychological maladjusted (Delinsky, 2005)

- Clinical studies: in 1960 – high rates of psychopathology; in 1990 - comparable to normal controls in terms of overall psychological status
- cosmetic-surgery patients have greater feature-specific body-image dissatisfaction, but not necessarily global body-image dissatisfaction (Didie & Sarwer, 2003)
- Plastic surgery medical literature warns about Body dysmorphic disorder (BDD) and recommends psychiatric evaluation before surgery for “suspects” of BDD (Rosen & Ablaza, 2006)

- Plastic surgery – at the same time *social practice* and *object of S.R.*
- As social practice related to *beauty*, given the shift in perspective on the body (“fragmented body”),
  - the various social dynamics in which plastic surgery is inserted,
  - the rapid growth of the plastic surgery industry (10% each year)

- The situation could be defined as “irreversible” (Flament, 1989), and thus should generate significant changes in the S.R. of beauty

- **Aims** of our study:
  - To witness this potential change in a synchronic manner: cross-cultural analysis of 3 countries with different degrees of diffusion of plastic surgery (Romania, Italy, Spain)
    - To investigate the relationships between S.R. of beauty and S.R. of plastic surgery
  - To re-evaluate the social / subjective distinction – focusing on the emotional and imagistic content of the S.R. of beauty and plastic surgery

- Multi-method approach: questionnaires, internet forums analysis, experimental investigation, “body-map”
- This part of the study: Associative Network (de Rosa, 1994) using as inductor phrases:
  - Feminine beauty
  - Masculine beauty
  - Surgery
  - Plastic surgery



- **Sample:**
  - Romania: 90 participants
  - Italy: 106 participants
  - Spain: 60 participants
  
- **Other independent variables:**
  - Faculty: Sports / Arts / Informatics
  - Gender
  - Self – rated attractiveness and involvement in the topic of plastic surgery
  - Polarity and neutrality indexes

1. Structuralist approach: the elements which are candidates for the central nucleus – high frequency, low mean rank

Italy

**Spain**

**Romania**

beauty

beauty

beauty

breasts

breasts

artificial

artificial

happiness

happiness

unsatisfaction

silicon

correction

insecurity

doctor

repugnant

useless

stupid

- **Italy:** negative evaluative discourse with a strong psychological anchoring in terms of reasons
- **Spain:** descriptive discourse
- **Romania:** strong negative discourse, centered around the potential aims of plastic surgery, either psychological (happiness) and / or physical (correction)

- **Stereotyping index:** (number of different words / total number of words) \* 100
  - Italy: 32,81
  - Spain: 41,44
  - Romania: 31,15

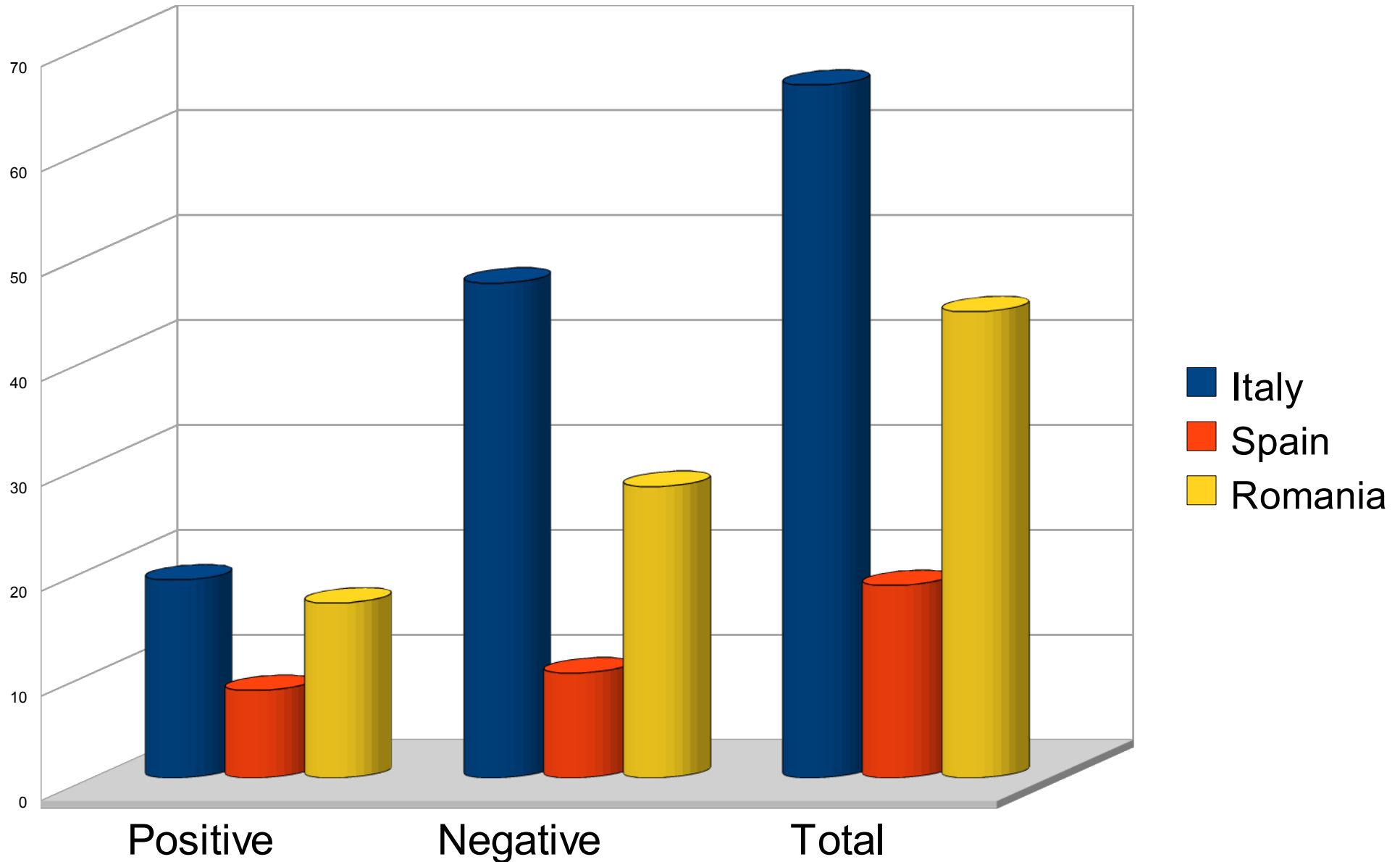
- **“Inductive power”:**
  - Italy: 106 participants - 701 elicited expressions overall - **6,61** / participant
  - Spain: 60 participants - 304 elicited expressions overall - **5,06** / participant
  - Romania: 90 participants - 337 elicited expressions overall - **3,74** / participant

- **heterogeneity** - alternative discourses, shared by fewer participants, revolving around other elements

– words with low frequency, but high mean

<b>Italy</b>	<b>Spain</b>	<b>Romania</b>
danger	body	body
intervention	expensive	self esteem
necessity	falsity	sexy
	pain	solution
	reconstruction	ugly
	artificial	

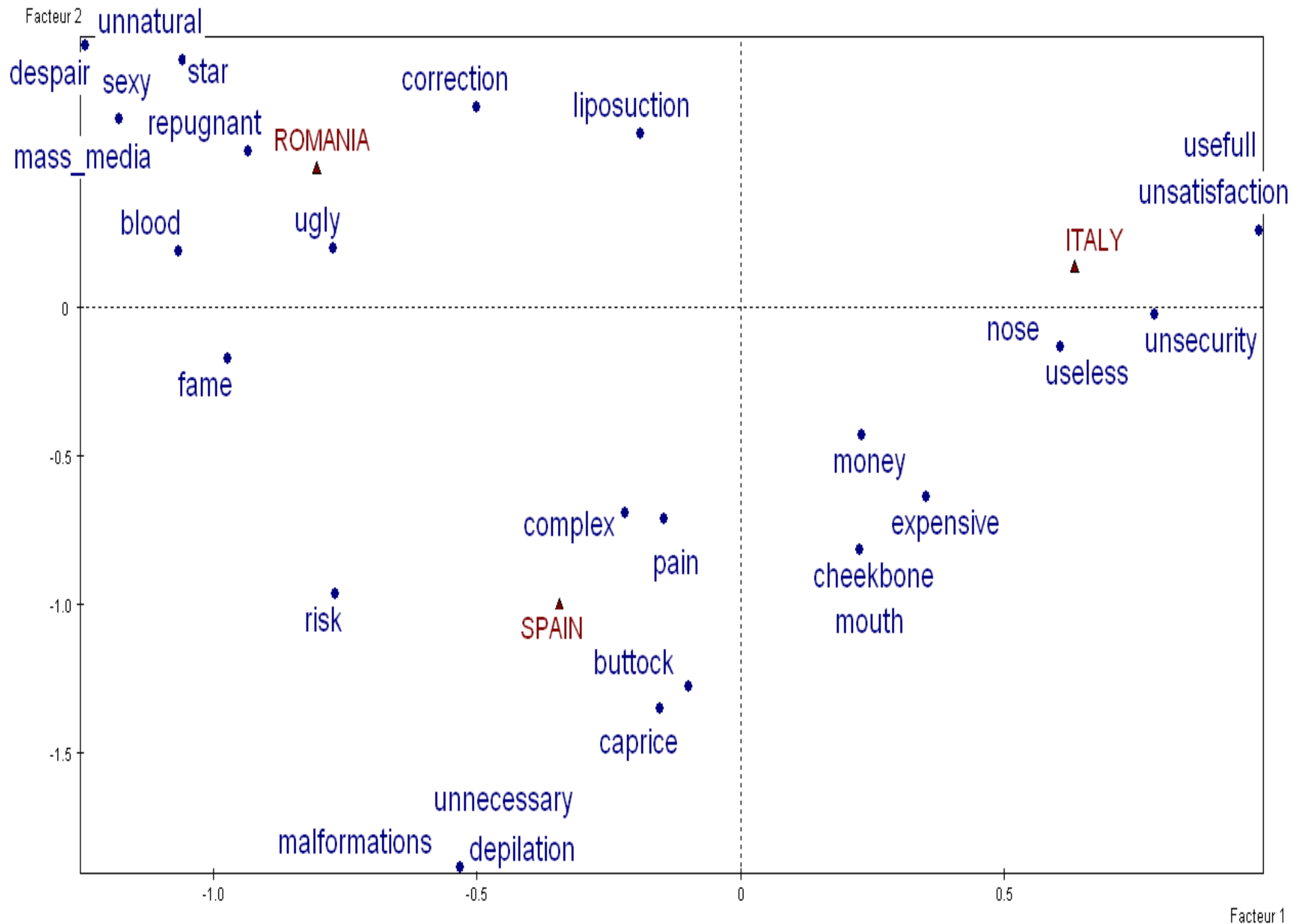
- **Emotional** content: frequency of positive / negative emotion words / nr. of participants in the country sample



- **Italy:** the same level of stereotyping as **Romania**, but more “vocal” and homogenous
  - Strongest negative emotional content
- **Spain:** the least stereotyped and emotional discourse, but the most heterogeneous



- **Lexical correspondence analysis**



- **Romania:**

- Motivated by despair or induced by mass-media and the star / fame cultural system (thus its association to “sexy”)
- From a descriptive point of view, it can be a “correction” of some “ugly” features
- It is “unnatural”, requiring the opening of the body (“blood”), which makes it “repugnant”
- Overall: a stronger personal evaluation and external attribution of the decision to undergo plastic surgery

- **Italy and Spain** share:
  - the financial considerations
  - the body parts
    - also, there are specific body elements
  - the internal attributions of the decision
- **Italy:** preoccupation with the psychological correlates: “an expensive and failed technological solution to a psychological problem”
- **Spain:** minimizing the motivations (“caprice”, “unnecessary”, “complex”) and maximizing the negative consequences (“risk”, “pain”) - a more detached, prudent view