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Participants Presentations



European Ph.D

on Social Representations and Communication

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The Social Representations of Beauty and Esthetic Surgery: a cross – cultural analysis

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Research background

- Jodelet (1984): the S.R. are a “privileged subject matter” regarding the body as a “product of techniques and representations”
- **Dual nature of the body:** personal / socio-cultural
Jodelet (2004)

Background scenario

- The **private** (subjective) body: studies on “body schema”, body image.
- The **social body**: one’s body experiences and practices rely upon various Social Representations
- 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).
 - Aesthetic surgery: an act of surrender to unattainable ideals of beauty

Background scenario

- 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

Background scenario

- Culturally induced body anxiety
- Plastic surgery: self -mutilation “by proxy”
(Jeffreys, 2005)
- 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 – “hypo-mastia” (Berry, 2007)
-

Background scenario

- 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)

Beauty Upgrade

미용 생각하고 미용 시키는 미성형외과에서
당신의 장을 어엿한 아름다움을 깨우게!

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NAVER 블로그

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Background scenario

- The *liberal* feminist perspective: aesthetic 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”
 - Cosmetic surgery as simply another form of **make-up**

Background scenario

- The connection to psychological improvement – formulated by one of the first plastic aesthetic surgeons
- Jacques Joseph (1896): “a means of repairing not the body but the psyche” (Frank, 1998, p. 105)





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Background scenario

- 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
 - Aesthetic surgery - *“deliver us from ugliness”*



To promote Dr. Kim's plastic surgery office, this life scale poster was placed at the entrance of his office and by the elevator in the main lobby of the hospital building.

Background scenario

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

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RADAR

DECEMBER/JANUARY 2004

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Dictator Death Watch
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Grifter

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Bares
His Soul

**TAB HEIR
SUES MOM!**
The Bizarre
Family Feud
Over the
Enquirer
Fortune



Photo: J. Spence

The New Heidi Montag!



Background scenario

- YET: 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)

Assumption

- Aesthetic 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 aesthetic surgery is inserted,
 - the rapid growth of the aesthetic surgery industry (10% each year)

Assumption

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

Research goals

1. synchronic cross-cultural analysis in **3 countries samples with different degrees of diffusion of esthetic surgery (Romania, Italy, Spain)**

Health Statistics > Plastic surgery procedures (per capita) (most recent) country

Showing latest available data.

Rank	Countries	Amount ▼	
# 1	Switzerland:	214.621 per 100,000 people	<div></div>
# 2	Cyprus:	185.738 per 100,000 people	<div></div>
# 3	Spain:	99.561 per 100,000 people	<div></div>
# 4	Lebanon:	85.468 per 100,000 people	<div></div>
# 5	Greece:	77.803 per 100,000 people	<div></div>
# 6	Hong Kong:	73.866 per 100,000 people	<div></div>
# 7	Australia:	66.227 per 100,000 people	<div></div>
# 8	Slovenia:	52.312 per 100,000 people	<div></div>
# 9	Mexico:	49.863 per 100,000 people	<div></div>
# 10	Sweden:	48.056 per 100,000 people	<div></div>
# 11	Argentina:	44.762 per 100,000 people	<div></div>
# 12	Ecuador:	44.74 per 100,000 people	<div></div>
# 13	Taiwan:	43.889 per 100,000 people	<div></div>
# 14	Finland:	43.596 per 100,000 people	<div></div>
# 15	Norway:	35.075 per 100,000 people	<div></div>
# 16	France:	34.902 per 100,000 people	<div></div>
# 17	Canada:	33.842 per 100,000 people	<div></div>
# 18	Japan:	33.623 per 100,000 people	<div></div>
# 19	United States:	30.768 per 100,000 people	<div></div>
# 20	United Arab Emirates:	30.55 per 100,000 people	<div></div>
# 21	Jordan:	28.125 per 100,000 people	<div></div>
# 22	Germany:	28.072 per 100,000 people	<div></div>
# 23	Brazil:	25.768 per 100,000 people	<div></div>
# 24	Italy:	25.444 per 100,000 people	<div></div>
# 25	South Africa:	25.122 per 100,000 people	<div></div>
# 26	Singapore:	24.672 per 100,000 people	<div></div>
# 27	Korea, South:	19.654 per 100,000 people	<div></div>
# 28	United Kingdom:	7.723 per 100,000 people	<div></div>
# 29	Turkey:	6.984 per 100,000 people	<div></div>
# 30	Colombia:	6.453 per 100,000 people	<div></div>
# 31	Saudi Arabia:	2.082 per 100,000 people	<div></div>
# 32	Romania:	1.07 per 100,000 people	<div></div>

Research background

- In Romania, before 1989, there were only around 30 plastic (reconstructive) surgeons
- The first private aesthetic surgery clinic opened in 1994
 - In 1995: 17 clinics, each with 3 clients per week
 - Estimated market growth: 18 – 20% / year
 - 20% of the clients are men

Research goals

2. To investigate the **relationships between social representations of feminine & male beauty and esthetic surgery**

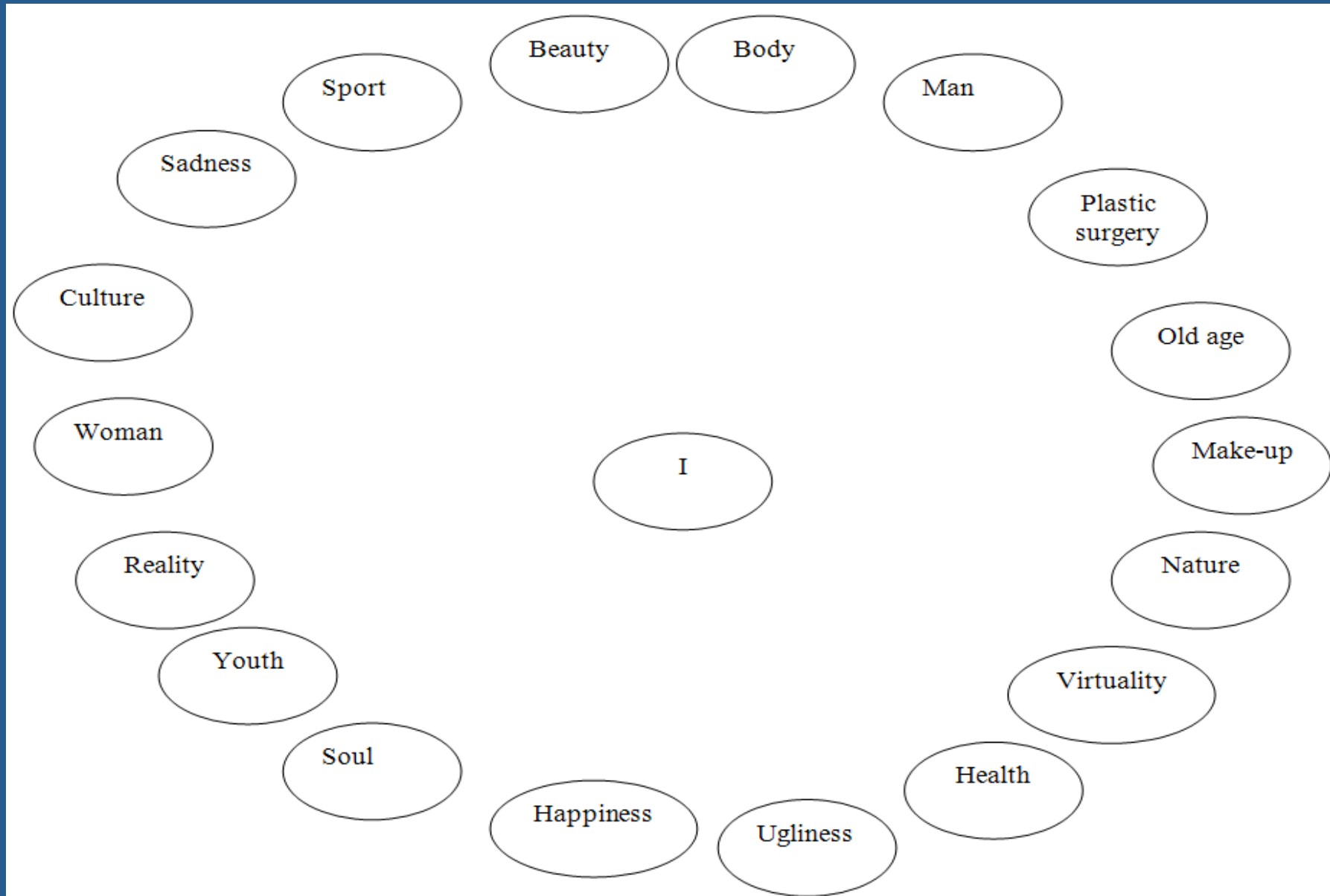
1st Multi-Method Study

- Instrument 1: Associative Network (de Rosa, 1994) using as inductor phrases:
 - Masculine beauty
 - Feminine beauty
 - Surgery
 - Aesthetic surgery
- Involvement level (in the topic of aesthetic surgery) scale – personal relevance
- Self – attractiveness scale
- Self Identification Conceptual Network

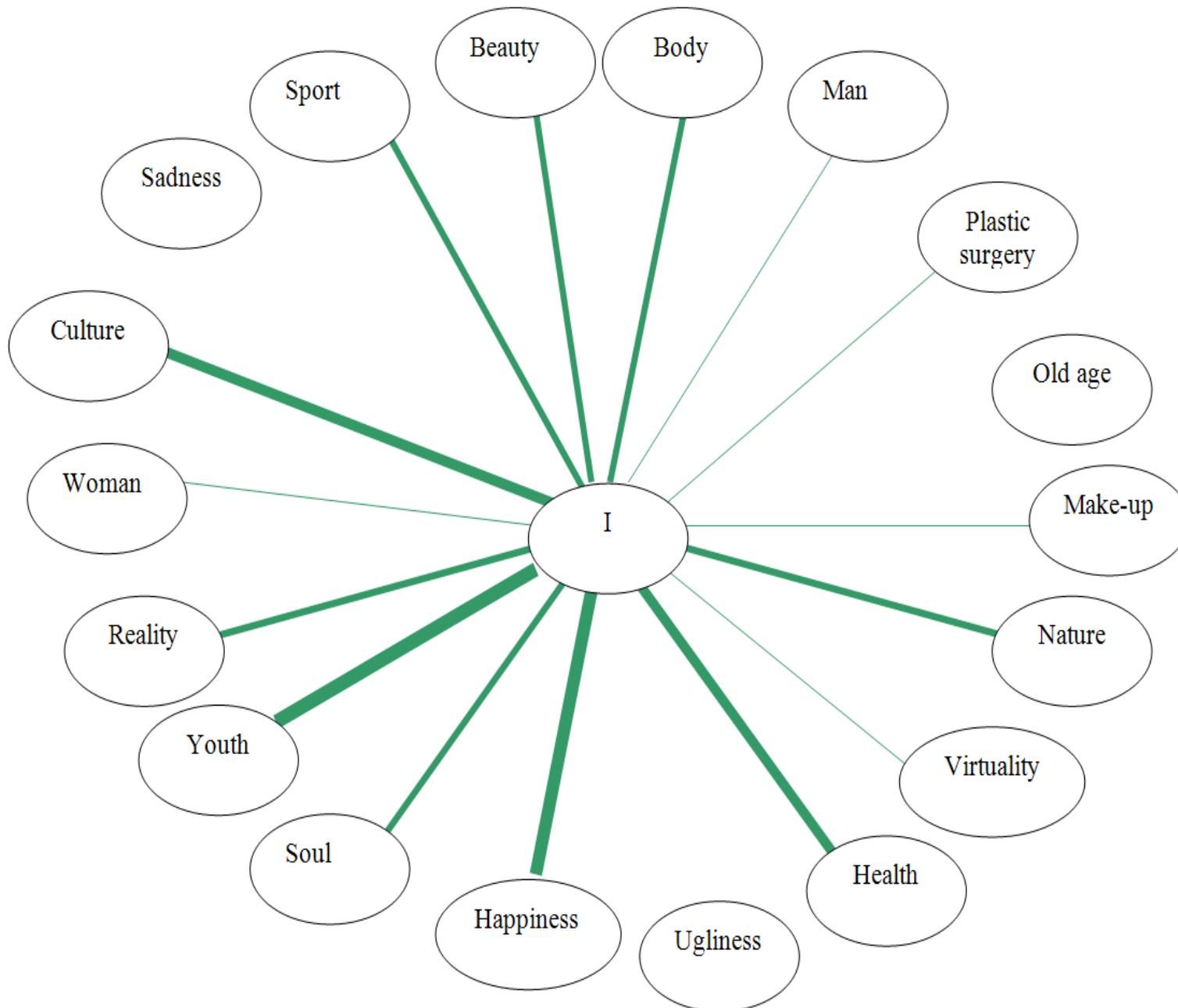
INDEPENDENT VARIABLES

- Country:
 - Italy / Spain / Romania
- University Education:
 - Sports / Arts / Informatics
- Gender :
 - Male / Female
- Level of self – rated attractiveness:
 - low / high
- Level of involvement in the topic of plastic surgery :
 - low / high
- Identification referents (from the Self Identification Conceptual Network):

Self Identification Conceptual Network



Spain

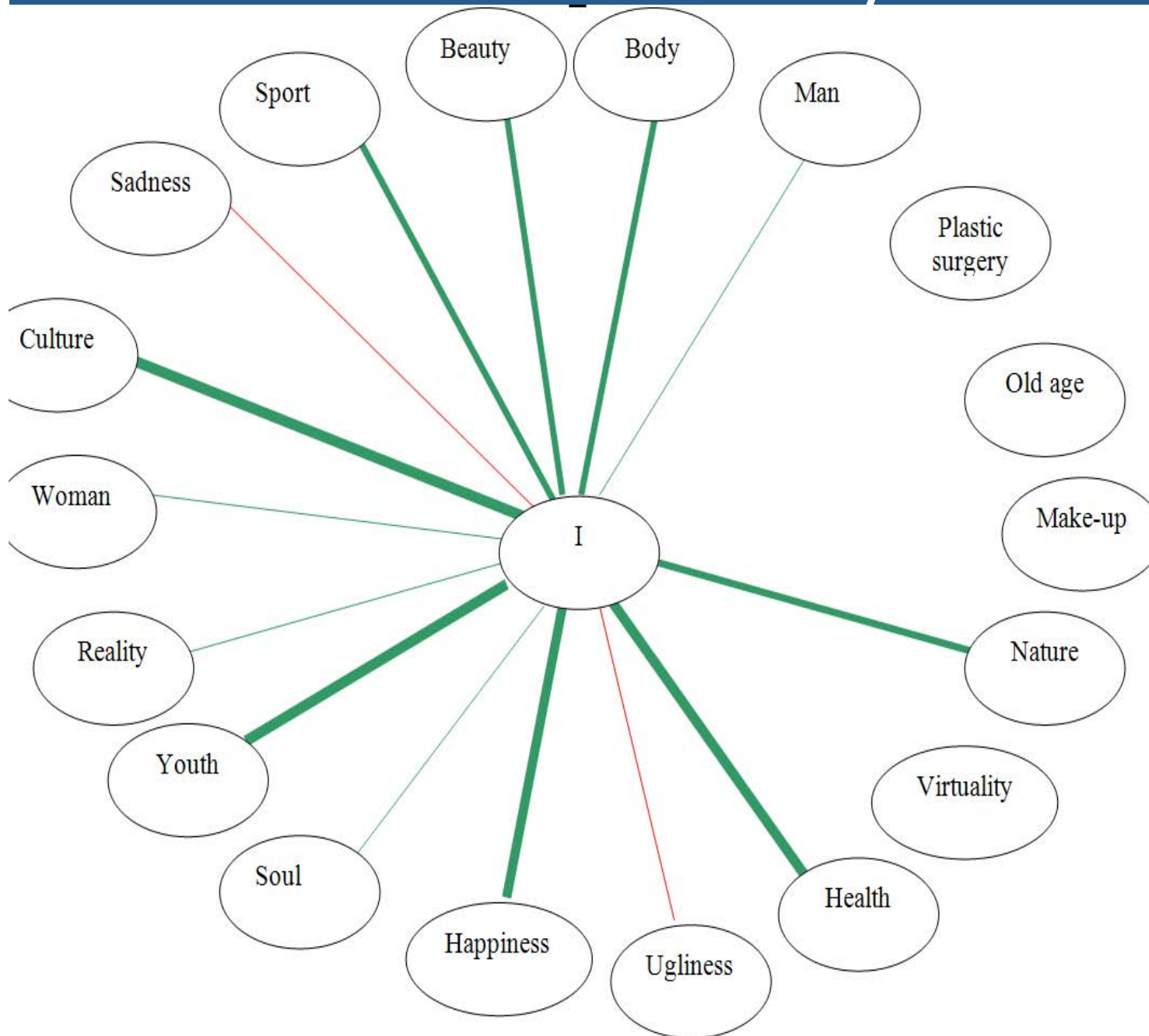


GREEN Lines =
positive associations
RED lines =
negative associations

3 degrees of
significant association:

1. < 1.5
2. $1.5 - 2$
3. > 2

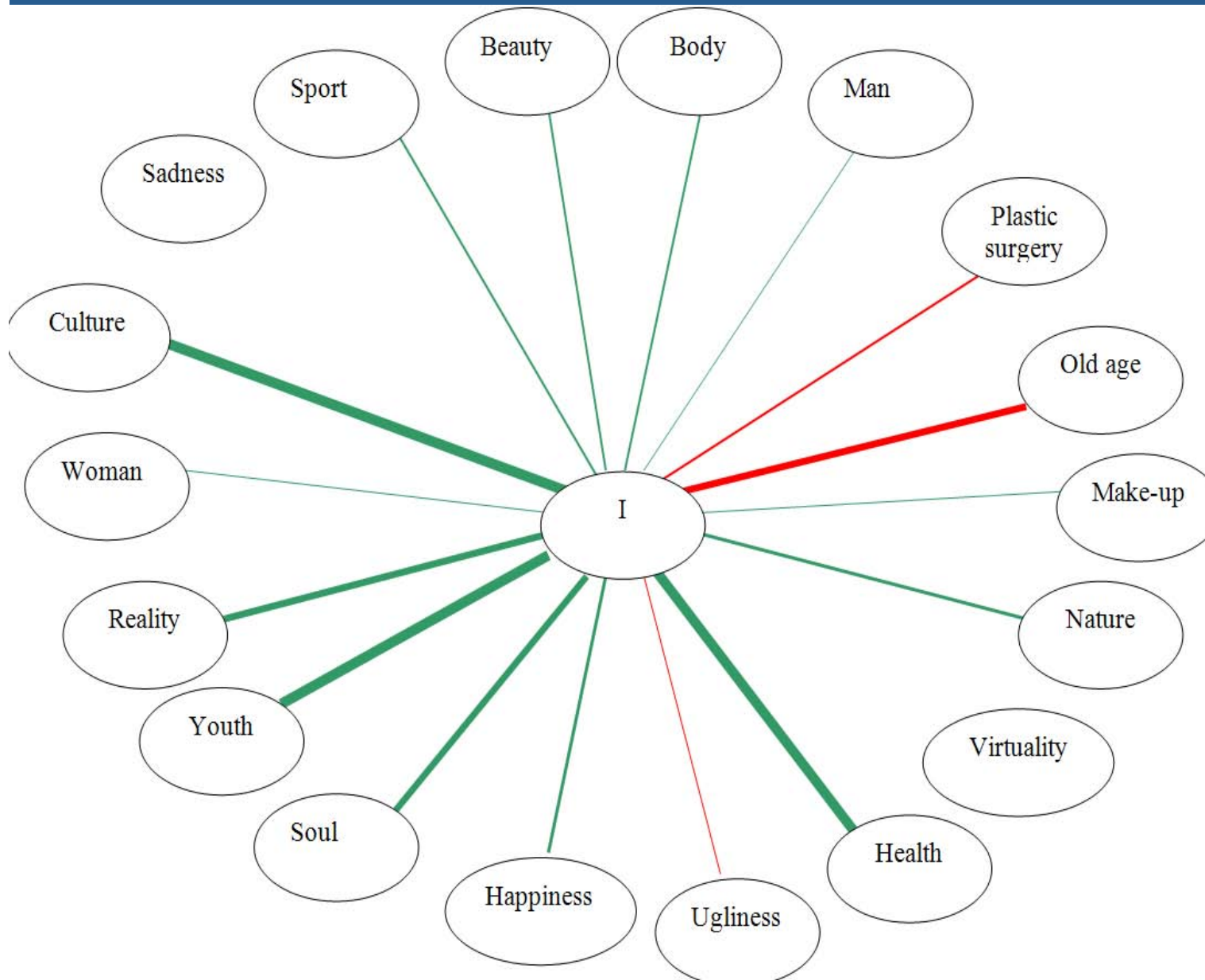
Italy



GREEN Lines =
positive associations
RED lines =
negative associations




3 degrees of
significant association:
1. < 1.5
2. $1.5 - 2$
3. > 2

Romania



GREEN Lines =
positive associations
RED lines = negative
associations

3 degrees of
significant association:

1. < 1.5 
2. $1.5 - 2$ 
3. > 2 

Modeling Approach: a multi-step variable definition

- in the following stage of **multi-steps data analysis**, we used as independent variable the **specific** self-identification category of each participant - **specific identity reference**

- technically, we assigned each subject to the category towards which he / she had the maximum standardized z score, computed inside his / her national sample
- this maximum z score reflected the strongest identification of the participant, in the context of his / her national sample

- then, we selected only the reference categories which contain at least 10% of participants, in order to ensure a greater validity of the differences to be noticed among them
- we were left with 5 reference categories: *body, nature, soul, culture, beauty*
- we distributed the participants in all the other categories to the selected ones, by recalculating the z-scores only for the selected set, and reassigning each participant on the same criterion of the maximum z-score

Results from the Associative Networks:

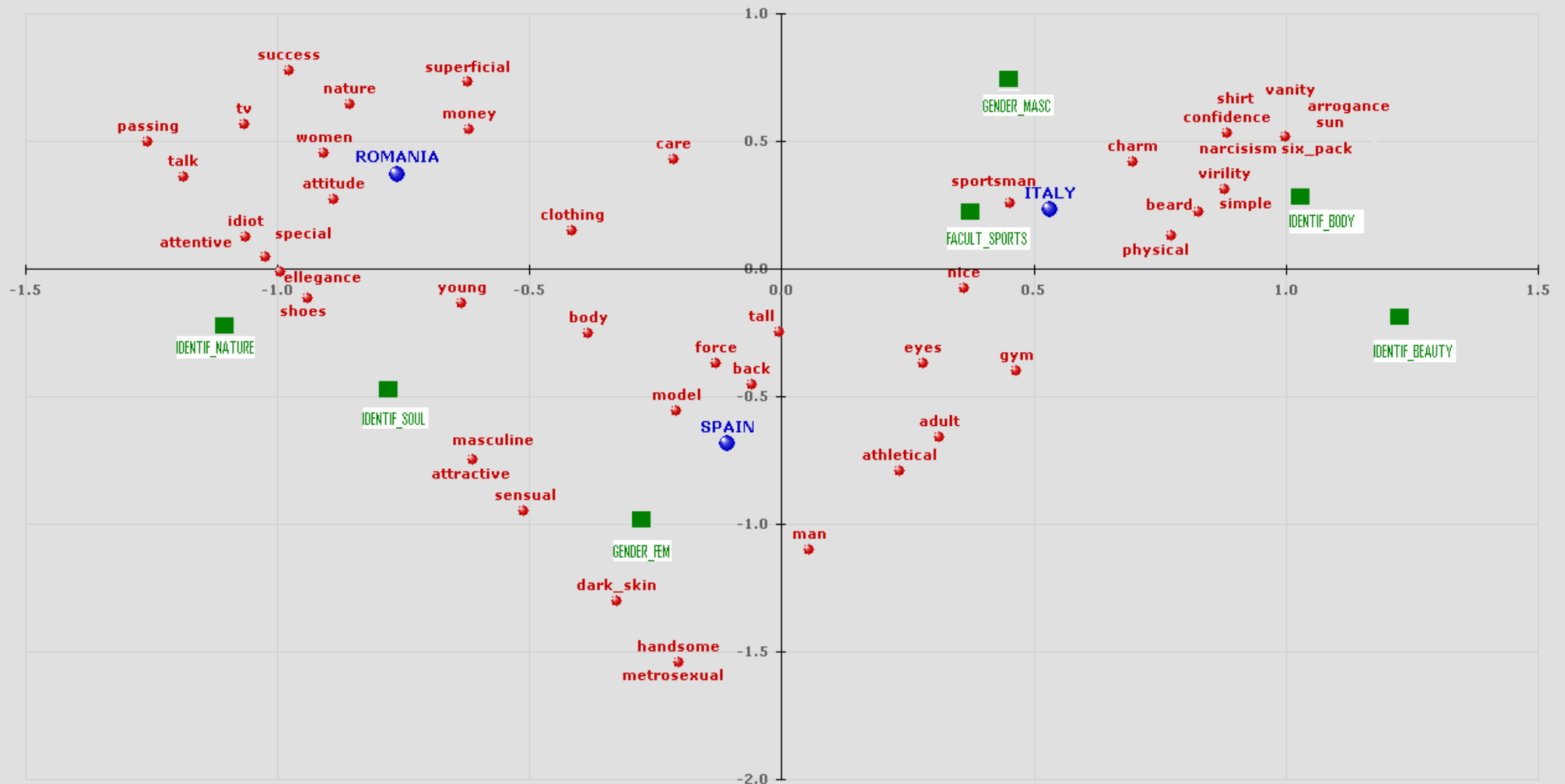
I. Masculine beauty

Lexical correspondence analysis

- **active** variable: *country*
- **illustrative** (“passive”) variables:
 - gender
 - faculty
 - level of self-rated attractiveness
 - level of involvement
 - specific identification category (from the Self Identification Network)

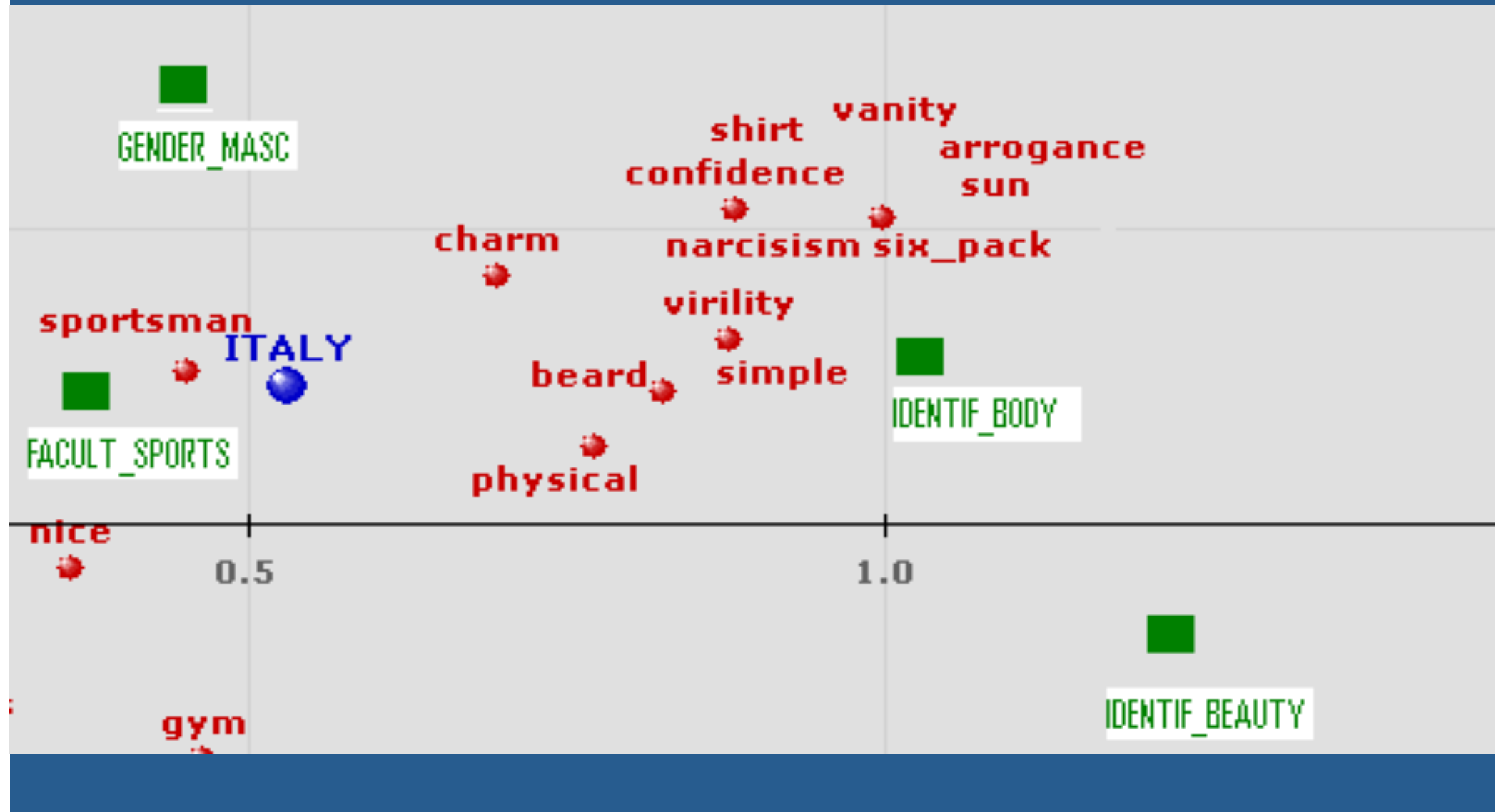
Results from the Associative Networks: **Masculine beauty**

GRAPH ON X-Y PLANE (FACTORS 1-2)



Red: words active variables; **Green:** significant illustrative variables

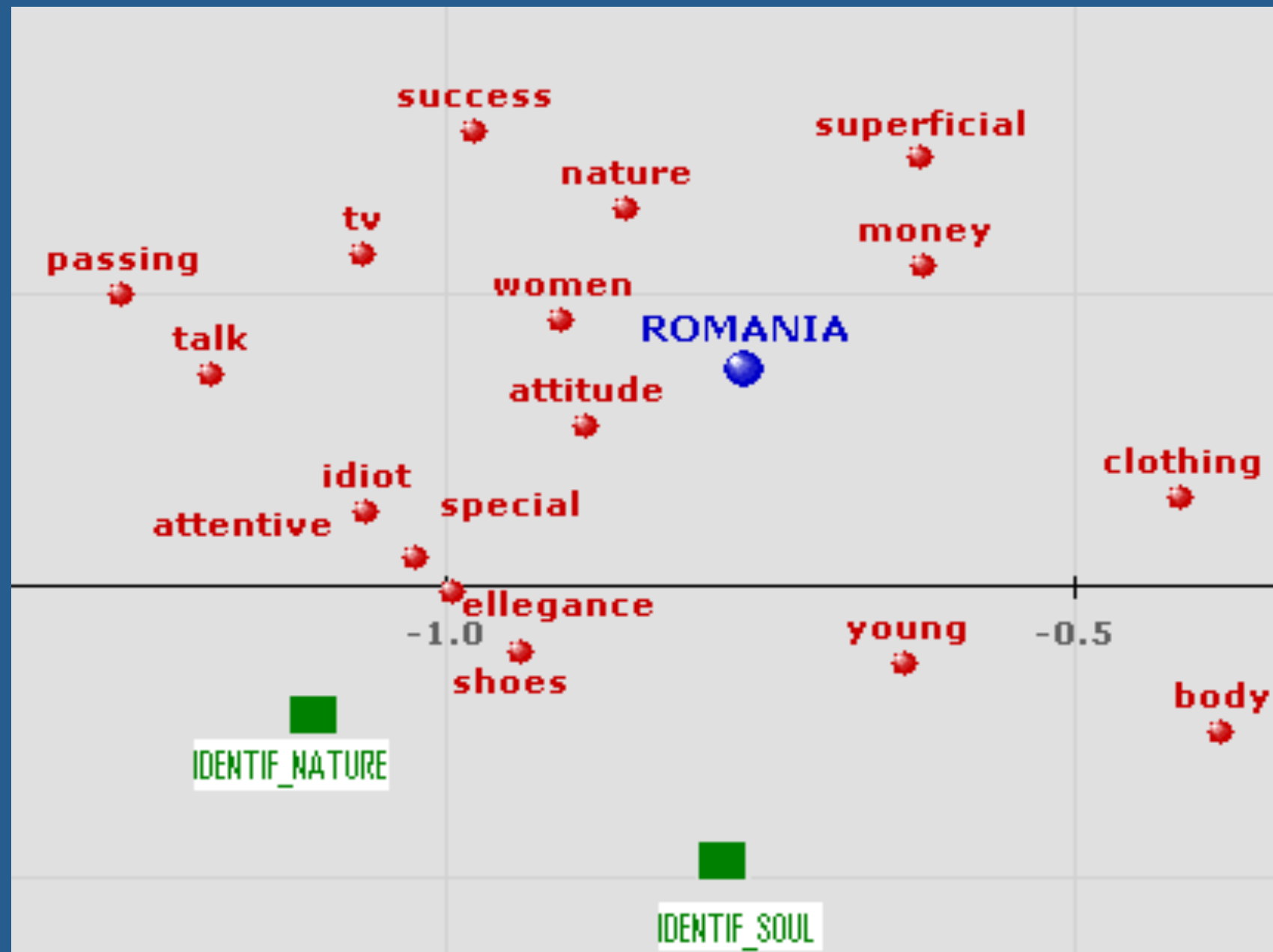
Masculine beauty: Italy



Masculine beauty: Italy

- a “classical” view on masculine beauty, with a strict reference to exterior landmark elements – *shirt, beard, six_pack*, and also to the necessary psychological traits that accompany and complete it: *arrogance, confidence, vanity, charm*, putting it “to work” in the interpersonal realm.
- It’s a vision close to other three consonant categories of participants (illustrative variables): *males*, mostly in the *Sports* faculty, who tend to identify more with the *body* as a reference, but also with *beauty*.

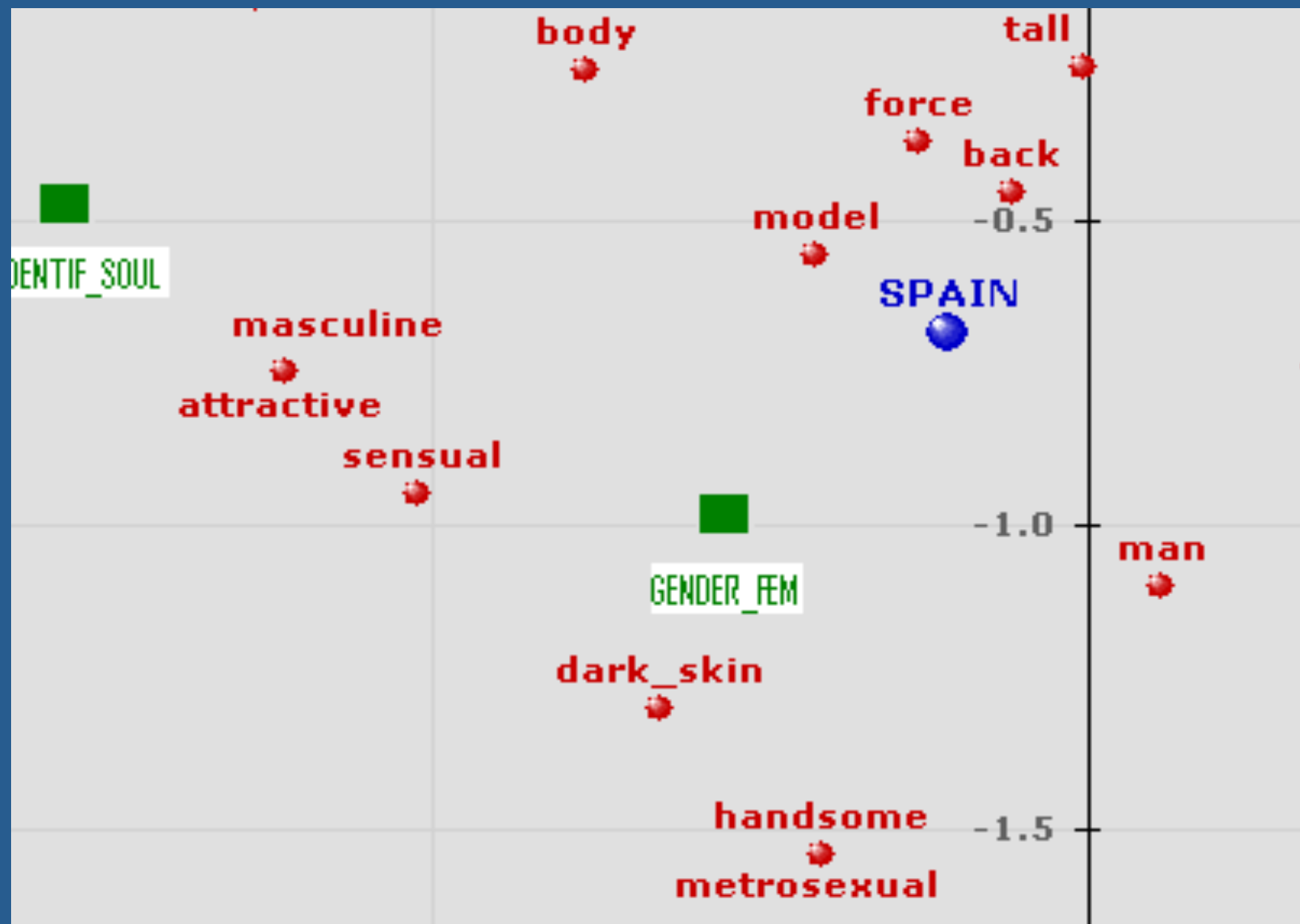
Masculine beauty: Romania



Masculine beauty: Romania

- a multiple discourse: on one side, a conscious view on the social rewards of masculine beauty – *money, success*, but also on its supplementary musts-have (*attitude, clothing, talk, elegance*).
- on the other – a critique of the same social conditioning of masculine beauty: *idiot, tv*
- probably derived also from the two illustrative variables associated – the identification with *nature* and *soul*, as opposites of the social fabric which contaminates beauty
- the connection to *nature* as a identity reference probably underlines another definition of masculine beauty, as a “return to basics”, in terms of *body, young* and *special*

Masculine beauty: Spain



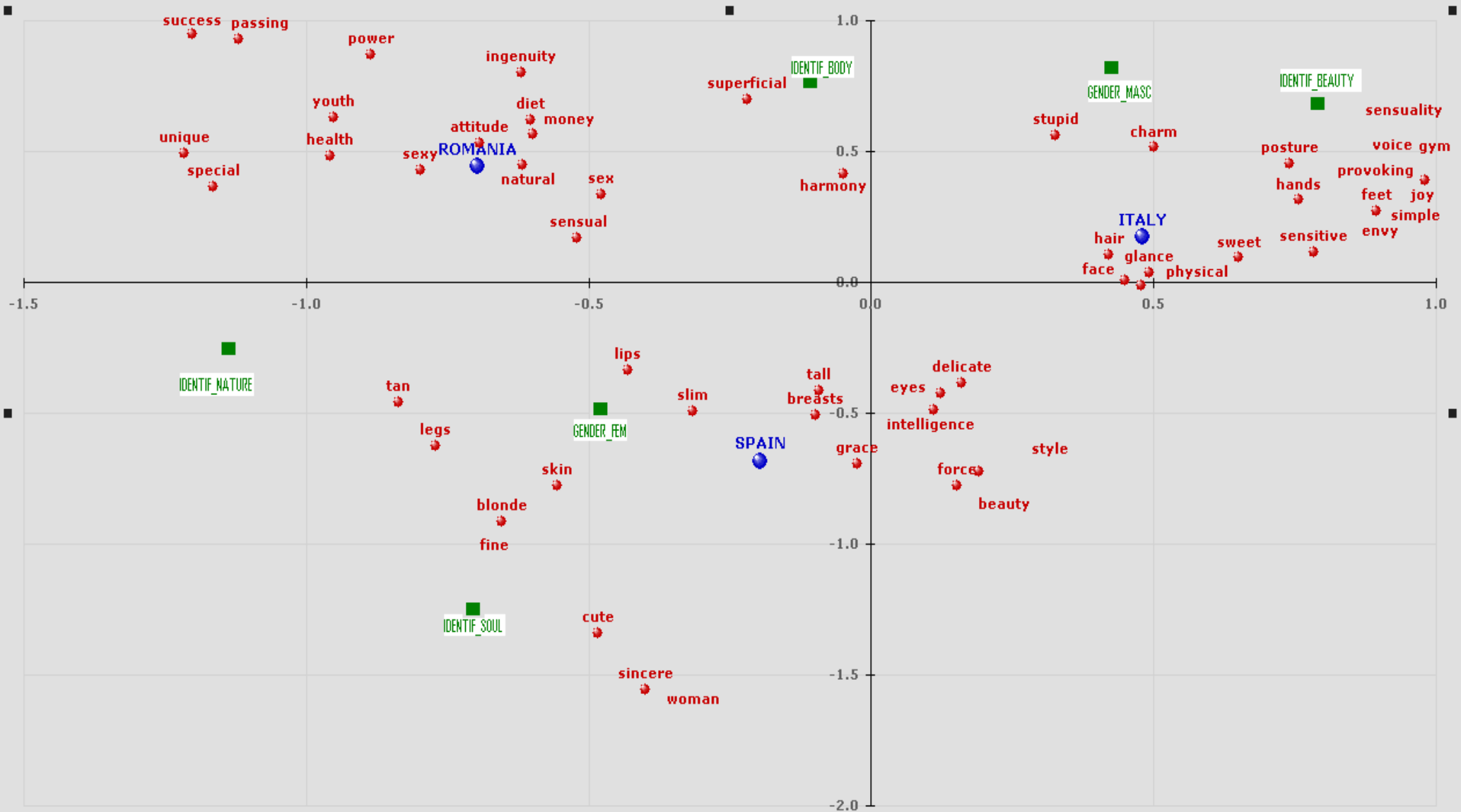
Masculine beauty: Spain

- a discourse mostly in terms of exterior characteristics: *dark skin, tall, body, back*, with a clear aesthetic perspective – *attractive, sensual, handsome*.
- a definition of a stereotyped and romanticized modern male (the term *man* is also present), with appealing qualities especially to the *females* (as a identification referent), and to those with a stronger identification with *soul*.

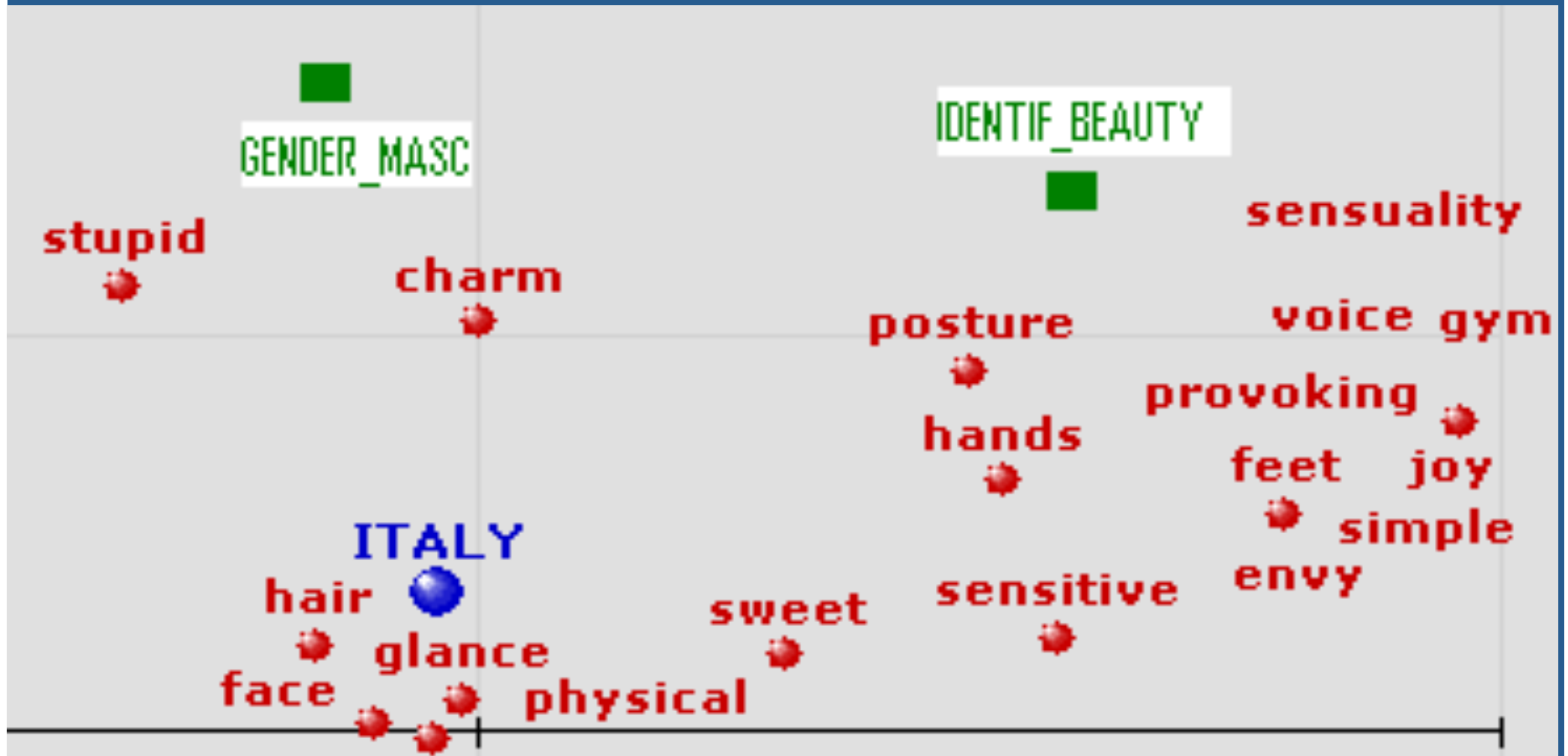
Feminine beauty

Lexical correspondence analysis

GRAPH ON X-Y PLANE (FACTORS 1-2)



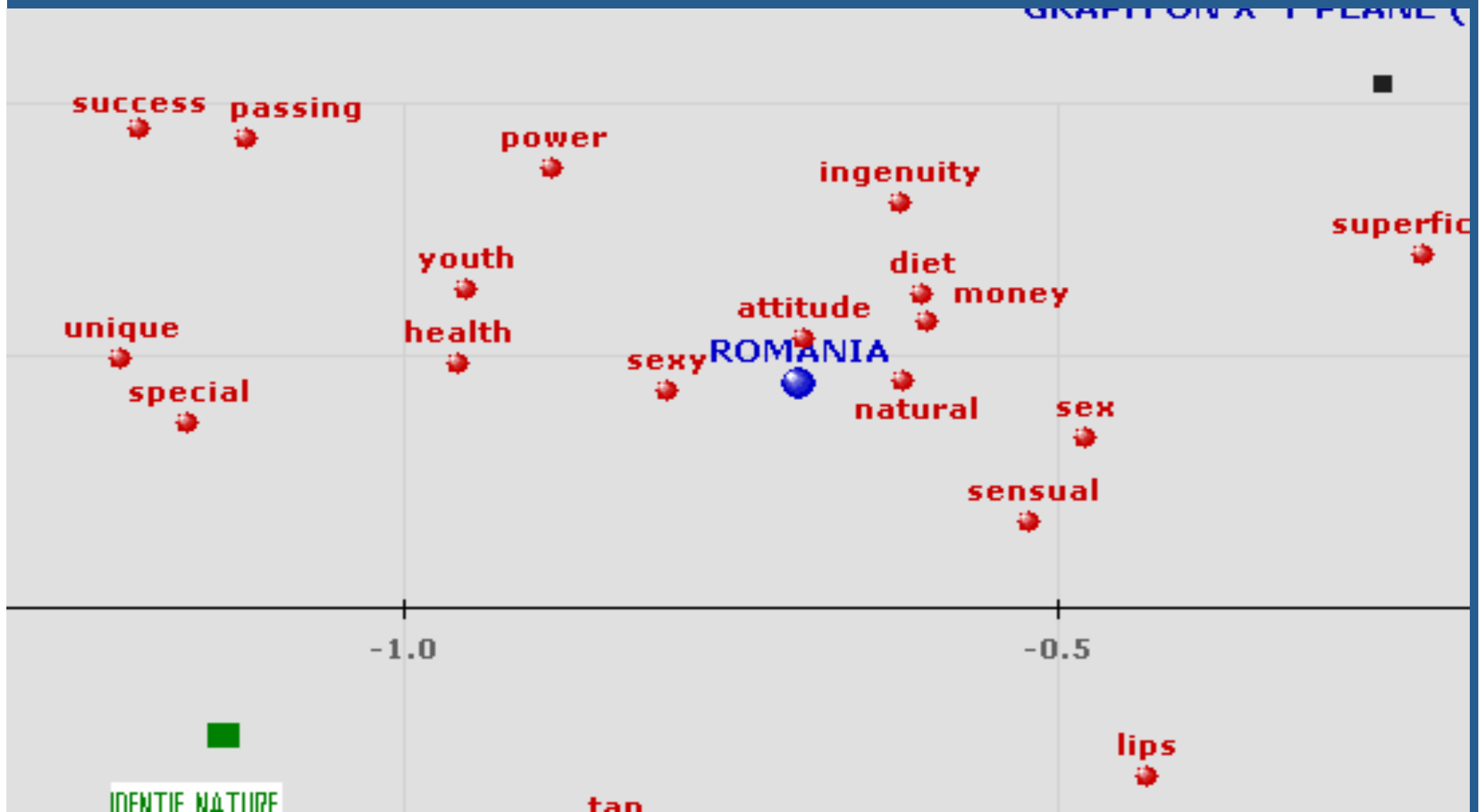
Feminine beauty: Italy



Feminine beauty: Italy

- mainly, a double discourse on the same topic: beauty traits;
- on one side, a clear physical discourse (*physical, feet, face, posture, hair, hands, gym*);
- on the other, a view conscious of the interpersonal nature of beauty, centered around the elements which serve as a vehicle towards the perceiver – *glance, charm, provoking, voice, sensuality, sweet, sensitive* - and his reactions to beauty – *joy, envy*.
 - This complex view is shared mostly by those with the highest identification with *beauty* as a cultural referent, and is a product, mostly, of *male* participants.
 - Yet, the image is not positive altogether – there is also the nuance of *stupid*.

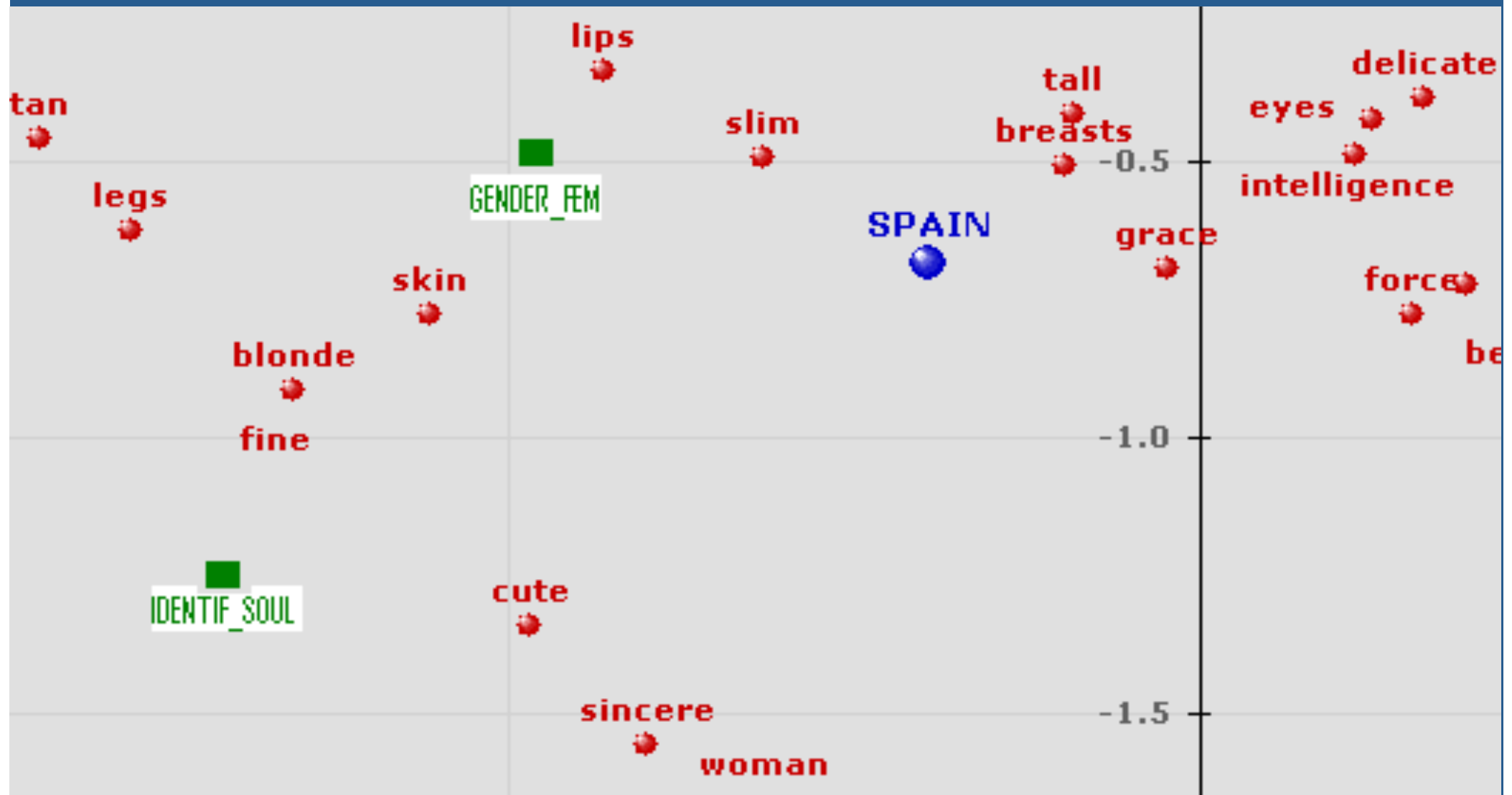
Feminine beauty: Romania



Feminine beauty: Romania

- a mixed view, between the references to:
- external, general characteristics (the radical perspective), as *health, youth, natural* – hence its association to *nature* as an identification category
- or to personal qualities which refuse any physical anchoring of beauty – *unique, special, attitude*
- and a socialized and sexualized view – *sex, sexy, success, money*.

Feminine beauty: Spain



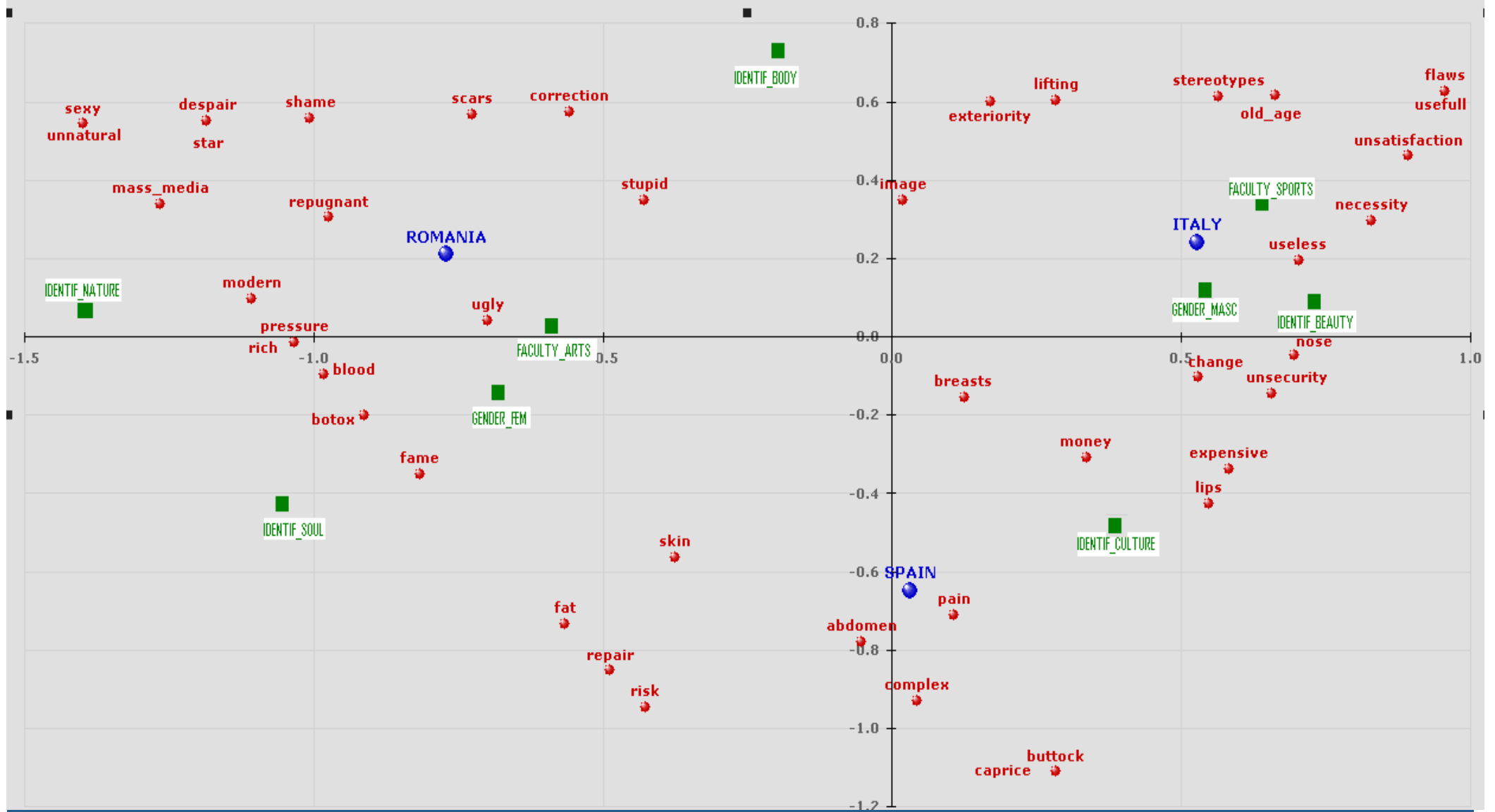
Feminine beauty: Spain

- on one side, an extensive set of stereotype physical characteristics – *tall, breasts, tan, lips, slim, blonde, skin* – assumed also by the *female* participants;
- on the other, an internal definition, based on enduring traits – *sincere, delicate*, some of them with a feminist root: *force, grace, even woman*.
- This split view is shared also by those with a stronger identity association to *soul*.

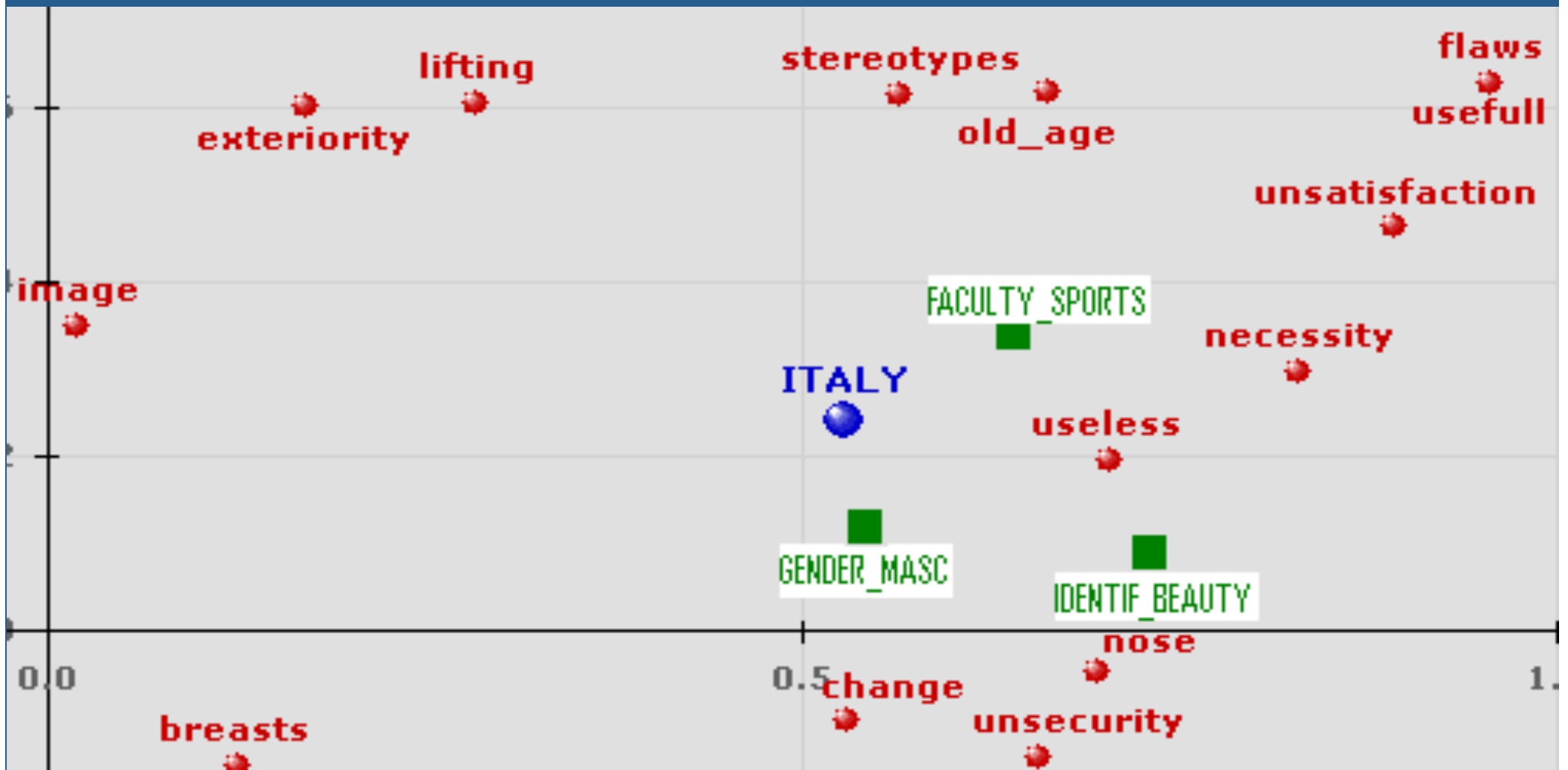
Results from the Associative Networks: **esthetic surgery**

Lexical correspondence analysis

GRAPH ON X-Y PLANE (FACTORS 1-2)



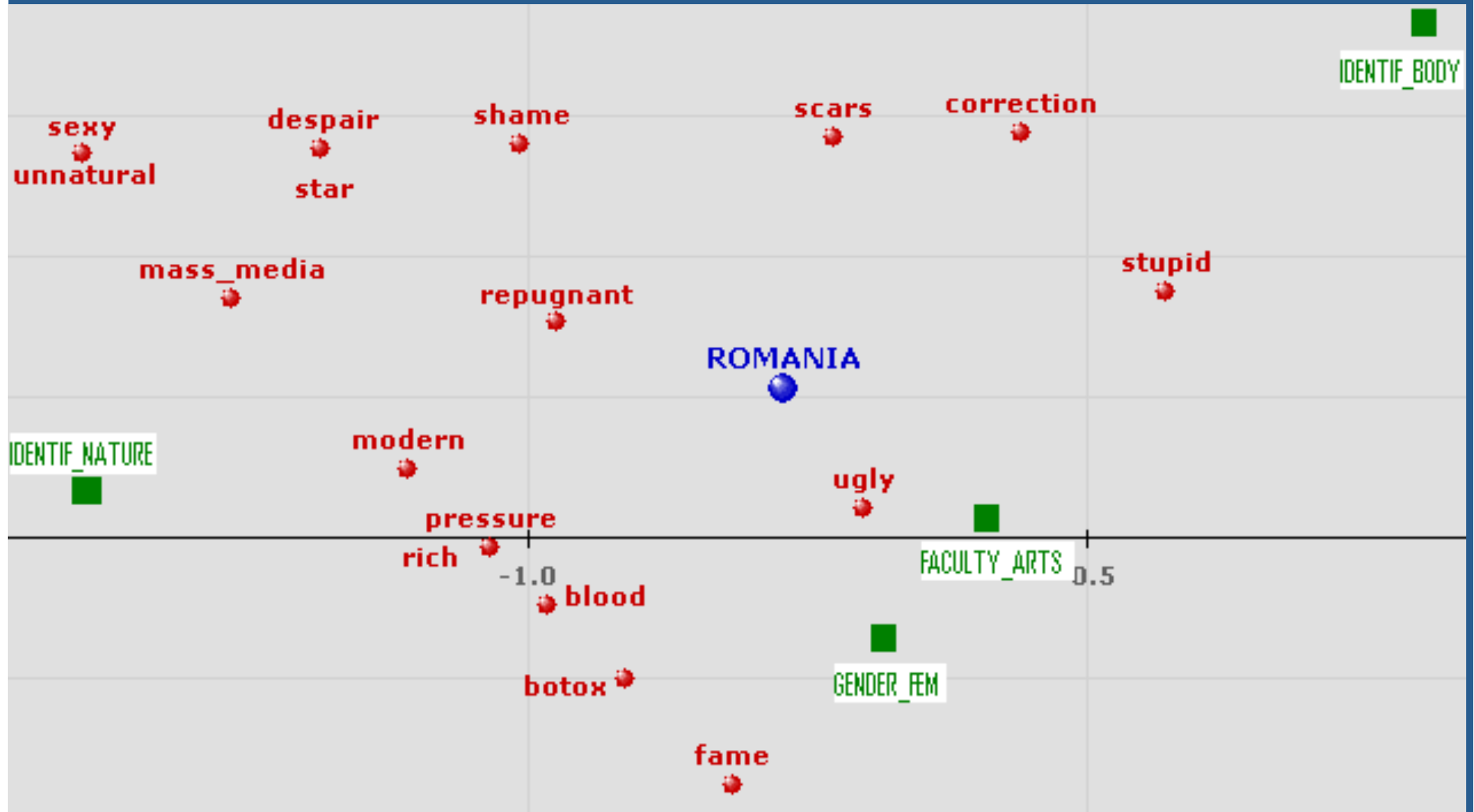
Italy



Aesthetic Surgery: Italy

- preoccupation with the psychological correlates and, generally, with the individual level of decision:
unsatisfaction, insecurity, necessity, change, old age, flaws
 - and with its real benefits: *useless, useful*
 - “an expensive and failed technological solution to a psychological problem”
- a perspective shared by those with *beauty* as a identity reference, but also by the *male* participants and the students in the faculty of *Sports*.

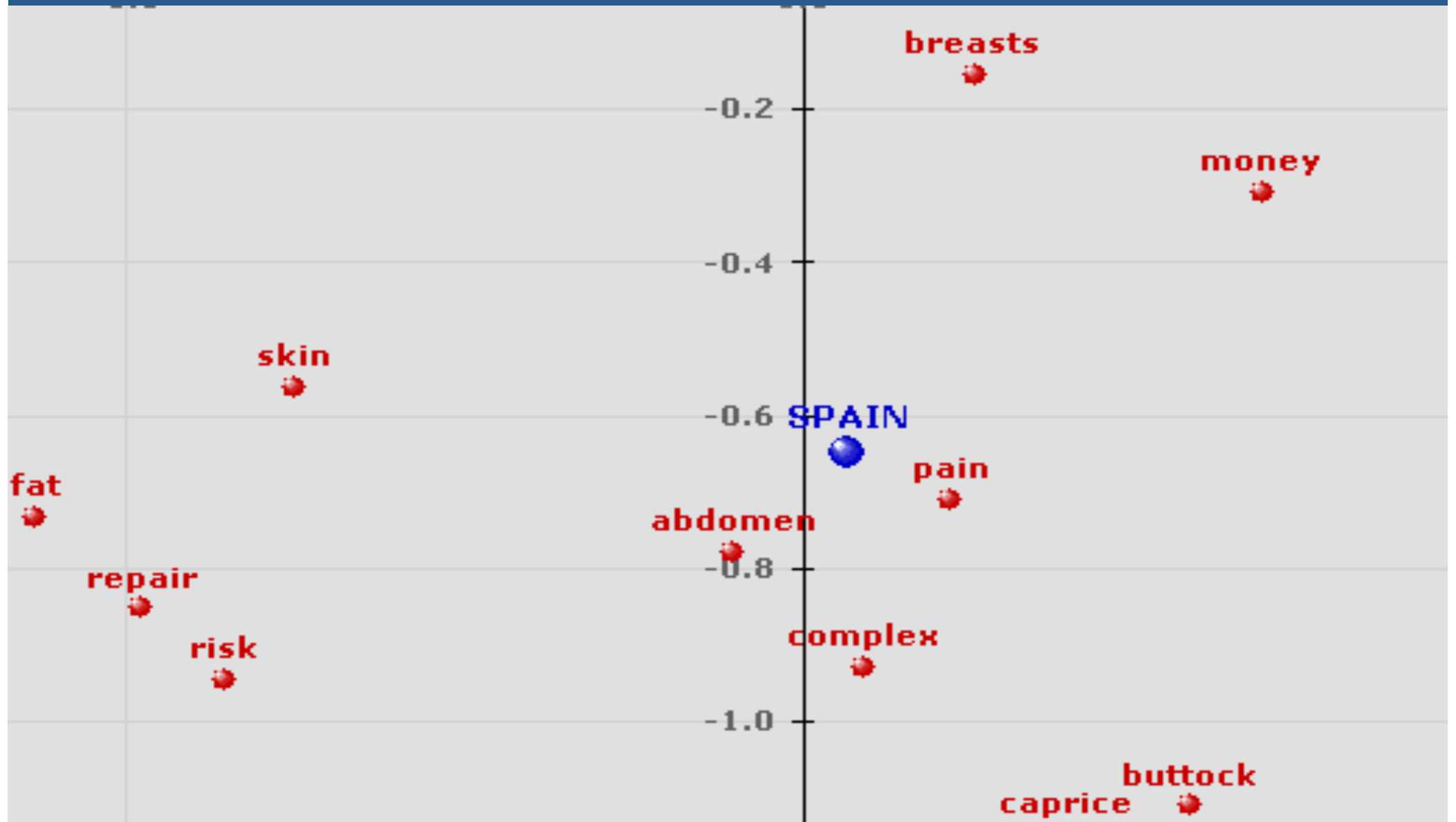
Aesthetic Surgery: Romania



Aesthetic Surgery: Romania

- Aesthetic surgery as motivated by *despair* or induced by the *mass-media* and the star / fame *modern* cultural system (thus its association to *sexy*);
 - this view is endorsed by those participants highly identified with Nature, as opposed to those from the *Arts* faculty, who challenge societal aesthetic stereotypes;
- From a descriptive point of view, it can be a *correction* of some *ugly* features that provoke *shame*, but leaves *scars* instead
- It is *unnatural* (thus the association with *nature* as identity category), requiring the opening of the body (*blood*), which makes it *repugnant*
- a stronger personal evaluation (*stupid*) and **external** attribution of the decision to undergo plastic surgery

Aesthetic Surgery: Spain



Aesthetic Surgery: Spain

- minimizing the motivations (*caprice, complex*)
 - yet, still internal (similar to the Italian view)
- maximizing the negative consequences (*risk, pain*)
 - a more detached, prudent view (the widest diffusion of the phenomenon is associated with more knowledge/experience about negative consequences)

CONCLUDING REMARKS

- Specific cultural patterns in **Self-Identification**
the connection I-Aesthetic Surgery is slightly Positive in Spanish sample;
Absent in the Italian sample; Negative in Romanian sample
- Connections between the **S.R. of beauty** (masculine and feminine)
and the **S.R. of aesthetic surgery, with positioning of the groups** not
only by the socio-demographic variables considered, but also
according to the significant self-identification links
- Systematic opposition of groups of subjects according to:
 - identification with **Nature** (more negatively oriented towards
aesthetic surgery) to those identified with **Culture** (more tolerant
toward aesthetic surgery);
 - students of **Arts** to those of **Sport**
 - Identification with **Feminine** and **Masculine Beauty**

- Connections between the **S.R. of beauty** (masculine and feminine) and the **S.R. of aesthetic surgery**

CONCLUDING REMARKS:

cultural peculiarities

Italy:

- **beauty** defined by its physical and interpersonal dimensions;
- although negatively charged, **esthetic surgery** becomes an understandable option for those in psychological need for an “update” of their beauty status

CONCLUDING REMARKS:

cultural peculiarities

Spain:

- a vision of **beauty** of both genders gravitating around the physical traits, yet with strong references to personality stereotyped dimensions;
- in this context, **aesthetic surgery** is integrated as a personal choice of modifying specific beauty - relevant body parts, but keeping in mind, at the same time, its potential negative consequences;

CONCLUDING REMARKS:

cultural peculiarities

Romania:

- negative view of **esthetic surgery**, as an unjustified alteration, falsification of the natural prerequisites of **beauty**
- a reasonable option only under social pressure, but even then it carries the social stigmata of the “mystifying”
- it evokes a more general psychological conflict between the individual and the societal

CONCLUDING REMARKS:

shared representations

Italy and Spain share:

- the internal, psychological attributions of the decision
- the financial considerations – *money, expensive*; this vision is characteristic to the participants with *culture* as the specific category of identification
- the focus on specific body parts to be “improved” – *nose, breasts, buttocks*
- A more personal relationship with the topic compared to the Romanian sample, more focused on the socio-cultural dimension of the phenomenon and on the media pressure