



Beauty and aesthetic surgery: cross-cultural patterns of social representations and practices

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European/International Joint Ph.D.
in Social Representations and Communication

The added value of Networking

From Europe to Latino-America, Asia: and extension
to three continents of the cross-national study

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Social representations of female-male beauty and aesthetic surgery: a cross-cultural analysis

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*Michael Jackson face evolution
as “celebrity case” of the figural objectification of
cosmetic surgery
25 operations: “Ethnic surgery” (from Black to White);
“Gender identity plan” (from Man to Women)*

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Cosmetic intervention on **body** as “**cookie**”: anchoring cosmetic surgery into **everyday merchandise** at **low price** for **everyone accessibility**

GENERAL ASSUMPTION of our research program:

- aesthetic surgery is at the same time a “**social practice guided by**” and “**object of**” SR
- aesthetic surgery, as a **body-related practice**, lends itself to the use of the Social Representations frame
 - the **body** - a topic which has led to various socio-cultural controversies with individual relevance
 - **aesthetic surgery** - a medical scientific branch – the investigation of its SR can reveal the manners in which it is familiarized by the public, its anchoring and objectifications in the common sense
- connections between the SR of aesthetic surgery and the SR of beauty – **Interrelated system of SR** (de Rosa, 2011; “family of Social Representations” (Milland, 2001))₆

BACKGROUND

- The theoretical approaches: high heterogeneity
 - each focuses on a:
 - limited range of underlying phenomena
 - unique layer of analysis (individual / social / cultural)
 - self-sufficient, with few references to others

THE BODY: contemporary research lines

A. the “**body image**” approach

- Large heterogeneity of the meanings assigned to body image (in 1999, 16 definitions)
- Topics of research:
 1. core dimensions of body image (Cash, 1994: evaluative / investment) and cognitive mediators (e.g. appearance related self-schemas – Cash, 2002)

THE BODY: contemporary research lines

2. construction and development of body image

- Tripartite Influence Model (Keery et al., 2004):
peers, parents, and media (sociocultural influences - *Sociocultural Attitudes Towards Appearance Questionnaire*)

3. body dissatisfaction: frequently - as a function of mass-media portrayals of beauty ideals

- Generally, body dissatisfaction appears to be, in modern society, the statistical norm and not the exception

THE BODY: contemporary research lines

4. **body image disturbances** – cognitive - behavioral

Account

5. **evolution of body image across the lifespan**

6. **eating disorders** - behavioral correlate (or even consequence) of body dissatisfaction

7. **body malleability** – beliefs about one's capacity to change the body

– mediator of the causal relationship between one's body image and his/her behaviors aimed to correct body flaws

THE BODY: contemporary research lines

- b. “*Cultural studies*” - inspired by various theories and approaches, mostly from sociology and anthropology
- general aim: to reveal the cultural inscriptions and dependencies of the human body by focusing on a specific referent or context in which the body is salient, such as *biotechnologies*, “*body work*” *contexts*, *food consumption practices*, *sexuality*, *bodily experiences*

THE BODY: contemporary research lines

- Some cultural studies denounce:
 - *the fragmentation of the body and the disposable character of its parts* in various contexts, such as organ transplantation, sports, reproductive technologies, DNA, etc.
 - **Commodification**: body as a form of merchandise
 - “**medicalization of bodies**” (Seale et al., 2006), leading to the reification of body parts, which are assigned a social life, independent from their “owner” .
 - “the transformation of health and the body into **business opportunities**” (Gracia-Arnaiz, 2010)
 - arbitrariness of nowadays body norms and their stronger dependency on socio-cultural imperatives – such as **body control** – than on biomedical health

THE BODY: contemporary research lines

- c. in the **Social Representations** approach, the initial work: Jodelet (1982, 1984);
- the consecutive studies have focused on the body in relevant contexts, such as *health and illness* (Herzlich (1968, Camargo & Wachelke, 2010), *aging* (e.g. Teixeira et al., 2007) or *body weight* (Stenzel et al., 2006; Costalat-Founeau et al., 2002).
 - explicit inclusion of the cultural referents as building blocks of the individual's relationship to his body, as a “product of techniques and representations”.
 - dual nature of the body, as simultaneously social and private

BEAUTY: contemporary research lines

a. **Evolutionary approaches:** attractiveness as a function of the genetic quality of the individual, defined as health status and reproductive potential and quality.

b. **cross-cultural standards of beauty** – the opposite hypothesis to evolutionism

Overall, a joint model seem to be the most valid:

“Beauty is skin deep, but ugly is to the bone”

- cosmetic surgery has the potential to alter and adjust one’s appearance “to the bone”, fitting it even to the structural, geometrical criteria

BEAUTY: contemporary research lines

c. factors of beauty:

- The **perceiver**: variations in attractiveness judgments brought by experiences in ongoing relationships between people, critical periods in the development of personal tastes in appearance styles, gender differences, etc.
- The **perceived**: “ideal” proportions of the body – important in the aesthetic surgery literature: the need to “determine the beauty of the final result as precisely as possible”
 - neoclassical canons of beauty have been used as working guides on patients, even though they do not represent the populational average

BEAUTY: contemporary research lines

d. the **effects and personal benefits of beauty**:
psychological, social, economical.

–Berry (2007) hidden commercial purpose of
“looksism”: the persuasion of those less gifted
in the attractiveness domain to invest their
earnings in the solutions provided by beauty
industry

BEAUTY: contemporary research lines

- g. **socio-cultural approaches**, preoccupied with:
- the ubiquitous influences of beauty in all social aspects – the “social aesthetics” research field
 - the opposite relationships, the socially constructed character of attractiveness criteria and norms
 - e.g. the cultural construction of obesity.
 - The **feminist** perspective: beauty ideals and practices as oppression tools

AESTHETIC SURGERY: contemporary research lines

- a. studies on the increasing “**normalization**” of **cosmetic surgery**
 - b. **Media studies**
 - c. **psychological factors leading to cosmetic surgery:** sexual satisfaction and body dissatisfaction, self-confidence, attachment style and neuroticism, religion, age, etc.
-
- On a general motivational level, the social consequences of beauty suggest a *rationalistic* perspective: cosmetic surgery as a legitimate path towards the benefits that beauty brings in our society

AESTHETIC SURGERY research lines

- The largest trend of research: “**body image**” approach - two main contributions:
 1. a valid psychopathological referent for screening purposes (BDD)
 - around 70% of the samples of people with BDD sought and 65% received cosmetic surgery, but:
 - BDD rate in the cosmetic surgery samples varies between 3.2–16.6% - lower explanatory power concerning entire population of cosmetic surgery clients
 - BDD also has a strong cultural dependency – used by the medical industry to shift the responsibilities for the negative consequences to the level of the individual patient

AESTHETIC SURGERY research lines

2. a coherent causal model of the psychological factors leading to the decision to undergo aesthetic surgery (Sarwer et al., 1998)
 - cosmetic surgery is “body image surgery”
 - body dissatisfaction - main determinant of cosmetic surgery intentions

AESTHETIC SURGERY research lines

d. socio-cultural studies – focused on the latent social forces and the clients' perspective

- the “new medicine” is gradually transforming the patient into a consumer
- The sick body is no longer the central object of medicine, being replaced by the healthy one in search for beauty
- Relevant moral frames:
 - one' s *responsibility* of the appearance of his/her body
 - one' s *deserving* of aesthetic surgery – “paying the price” + the independence of choice

AESTHETIC SURGERY research lines

- **The radical feminist perspective:** “personal is political” (Hanisch, 1970)
- cosmetic surgery as a technological oppression tool, used for the alignment of women’s bodies to the societal ideals of beauty
- beauty becomes mandatory for women, since cosmetic surgery can reshape any genetic drawbacks
- “the ultimate symbol of invasion of the human body for the sake of physical beauty” (Gimlin, 2000)

AESTHETIC SURGERY research lines

- A more “*liberal*” feminist perspective - *The survival of the prettiest* + an easy way to become “normal”
- The second *liberal* perspective: a way to express one's “true identity” – “body projects”
 - identity constructions through bodily display

ARGUMENTS FOR A S.R. APPROACH

- one of the main benefits of approaching these topics through the SR paradigm: the inclusion of several layers of analysis
- all the perspectives inscribe into one of the two types of status that the body possesses: social and private
 - For instance, evolutionism and body image approach focus on the individual level, while sociocultural approaches focus on the cultural level
 - Yet, this dual nature of the body is seldom respected and kept track of

THEORETICALLY – GUIDED DATA INTERPRETATION

- The SR approach allows the connection between the scientific and ideological discourses and the actual people's perspective
- These discourses - various manners in which aesthetic surgery might be conceived, in reference to its clients and the cultural trends shaping body and beauty
- These various positions and ideas – *hermeneutical referents* in the exploration of the empirically extracted SRs
- PLUS: a *comparative* frame – possible through a segmentation of the population according to various criteria, both social and psychological (given the dual nature of the body)

Research design

- The general aim of our research: to investigate the SR of aesthetic surgery and of masculine and feminine beauty, both as expressed by participants defined by various criteria (nationality, gender, faculty, psychological dimensions) and as transmitted by the aesthetic surgery advertisement
- *Multi-dimensional and Multi-method Modelling Research Design* (de Rosa, 1990, 2013)

Research design

- Cross-cultural approach – focusing on five countries (on 3 continents) with variable degree of diffusion of the social practice of aesthetic surgery
- “Family of representations”: SR of masculine and feminine beauty and of aesthetic surgery
- Complex frame of analysis, respecting the dual nature of the body
 - both social *and* psychological criteria of population segmentation

Three interrelated research lines:

1. Field Study: multi-technique questionnaire–based research on the SRs of aesthetic surgery, masculine and feminine beauty
2. SRs in the aesthetic surgery new media (forum discussion) communication
3. *Selling beauty through SR*. An investigation on the aesthetic surgery advertising images

1. Cross-cultural study of the “family of SR”

- 948 participants
 - Europe: 495 (Italy + Spain + Romania)
 - China: 333
 - Brazil: 120

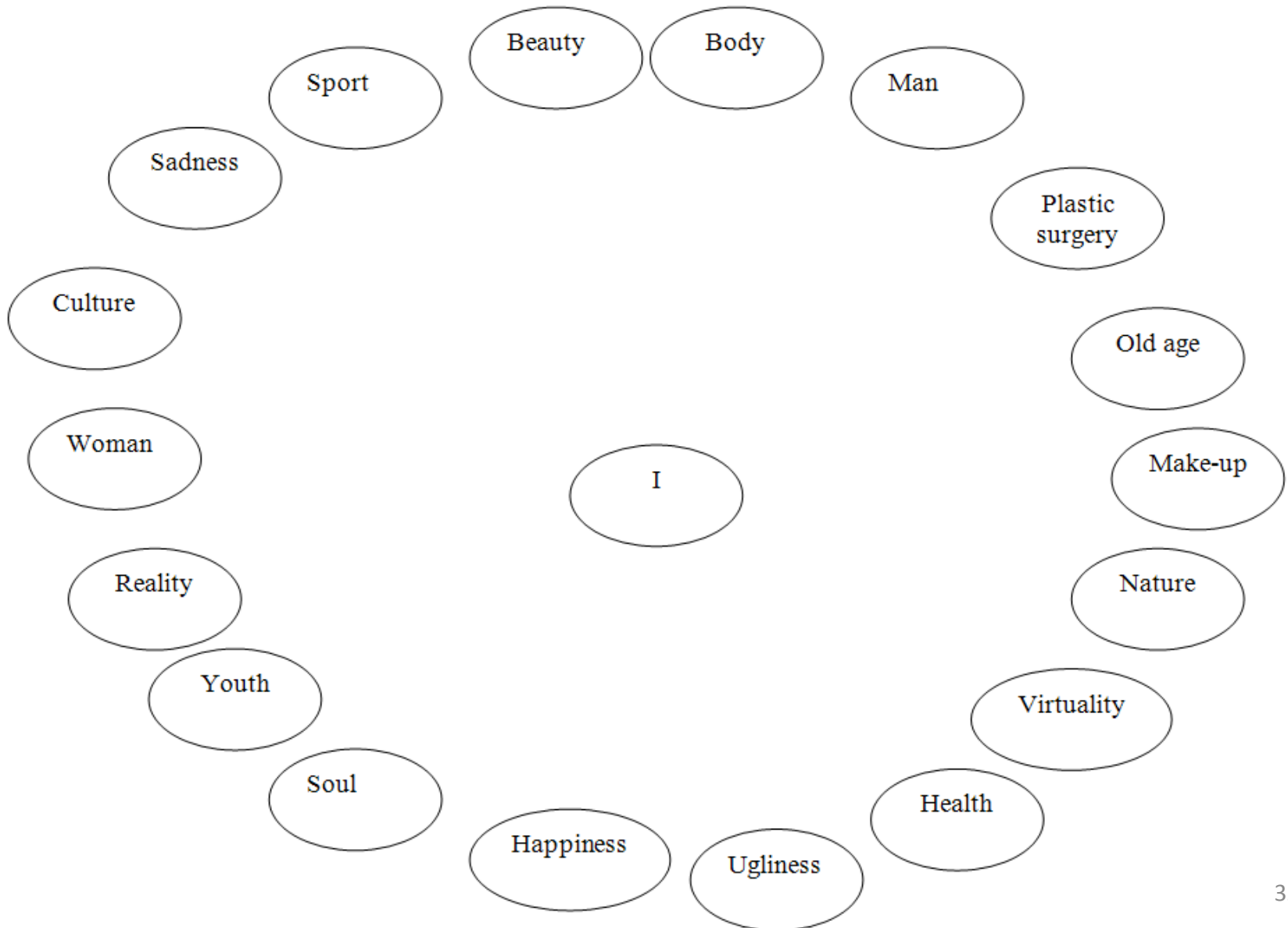
Variables

- Other *independent* variables:
 - Gender
 - Psychological dimensions:
 - main cultural identification
 - aesthetic surgery most probable area: Face / Body / None
 - level of self – rated attractiveness
 - level of self-involvement in the topic of aesthetic-plastic surgery
- *Dependent variables*: SR content, indexes, dimensions

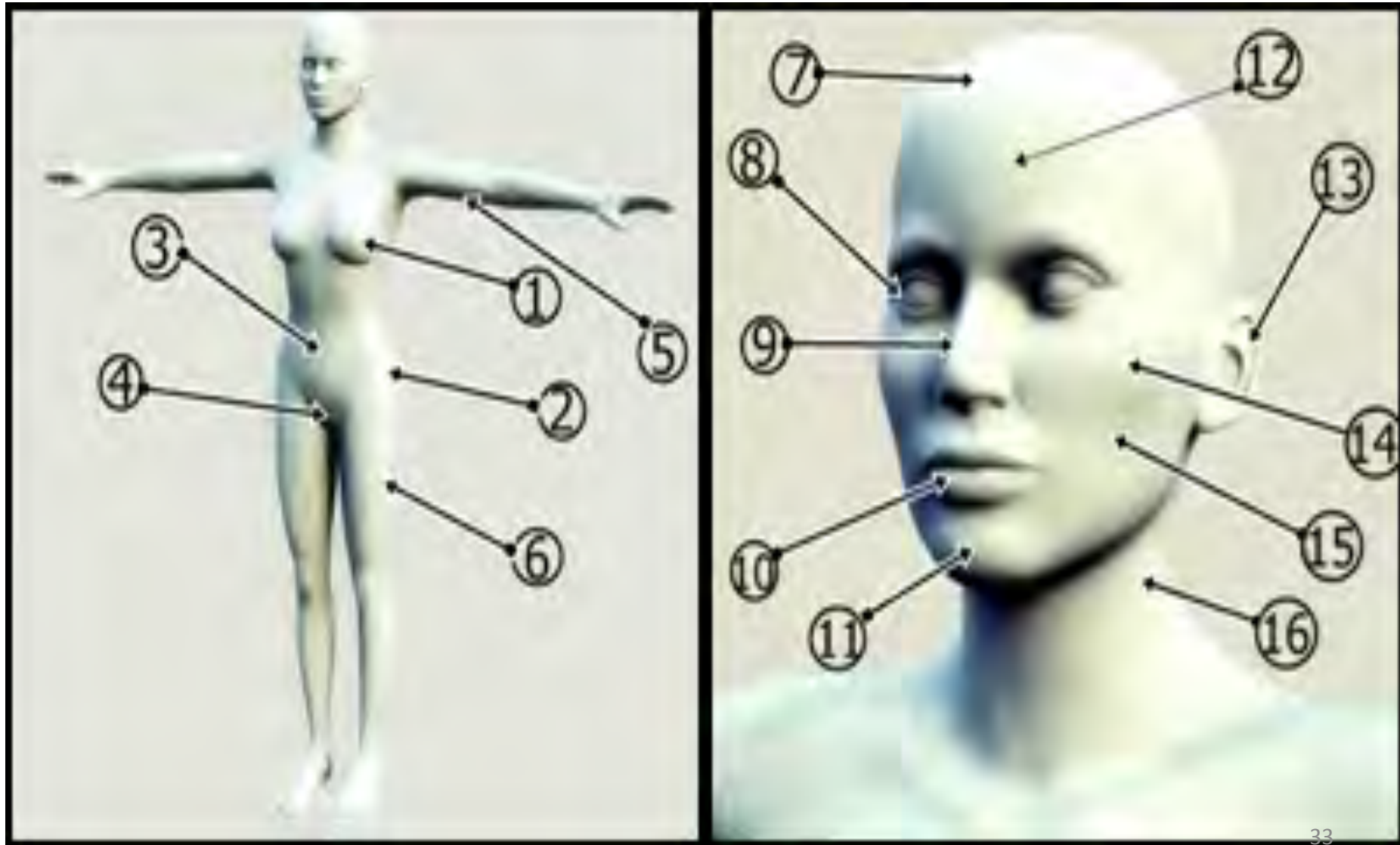
A set of multiple techniques

- *SR: Associative Network with three inductors:* masculine / feminine beauty, aesthetic surgery
- *Self Identification Conceptual Network:* main cultural referents as object of identification
- *The Body Map of aesthetic surgery:* aesthetic surgery most probable area

Self Identification Conceptual Network



The Body Map of aesthetic surgery



1. Results from the Self Identification Conceptual Network

Highest means of identification ***within each national sample:***

- *Spain*: health, happiness, youth, culture
- *Italy*: health, happiness, culture, sport
- *Romania*: health, youth, culture

- *China*: body, nature, virtuality, health, happiness, youth, reality, culture, sport

- *Brazil*: nature, health, happiness, youth, culture, sport

1. Results from the Self Identification Conceptual Network

Cross-national comparison:

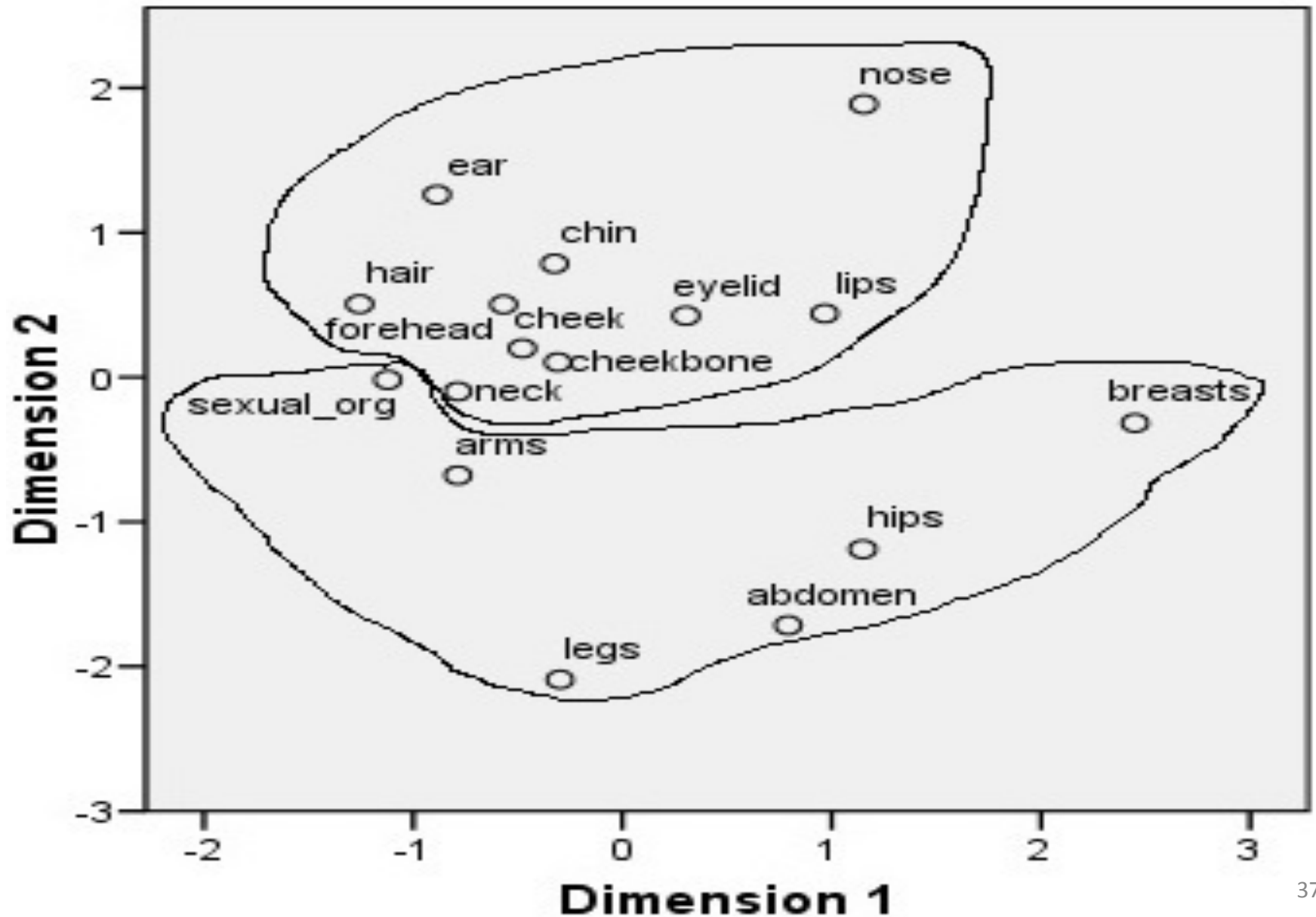
- **Spain:** highest means of identification with *aesthetic surgery* and *make-up*
- **Romania:** *sadness*
- **China:** *body, man, nature, virtuality, health, ugliness, soul, youth, reality, culture*
- **Brazil:** *happiness, sport, beauty*

2. Results from the Body Map of aesthetic surgery

A. Cross-national comparison on the overall level (the sum of all 16 body parts): highest in the Brazilian sample (2.07) and lowest in the Romanian one (1.36).

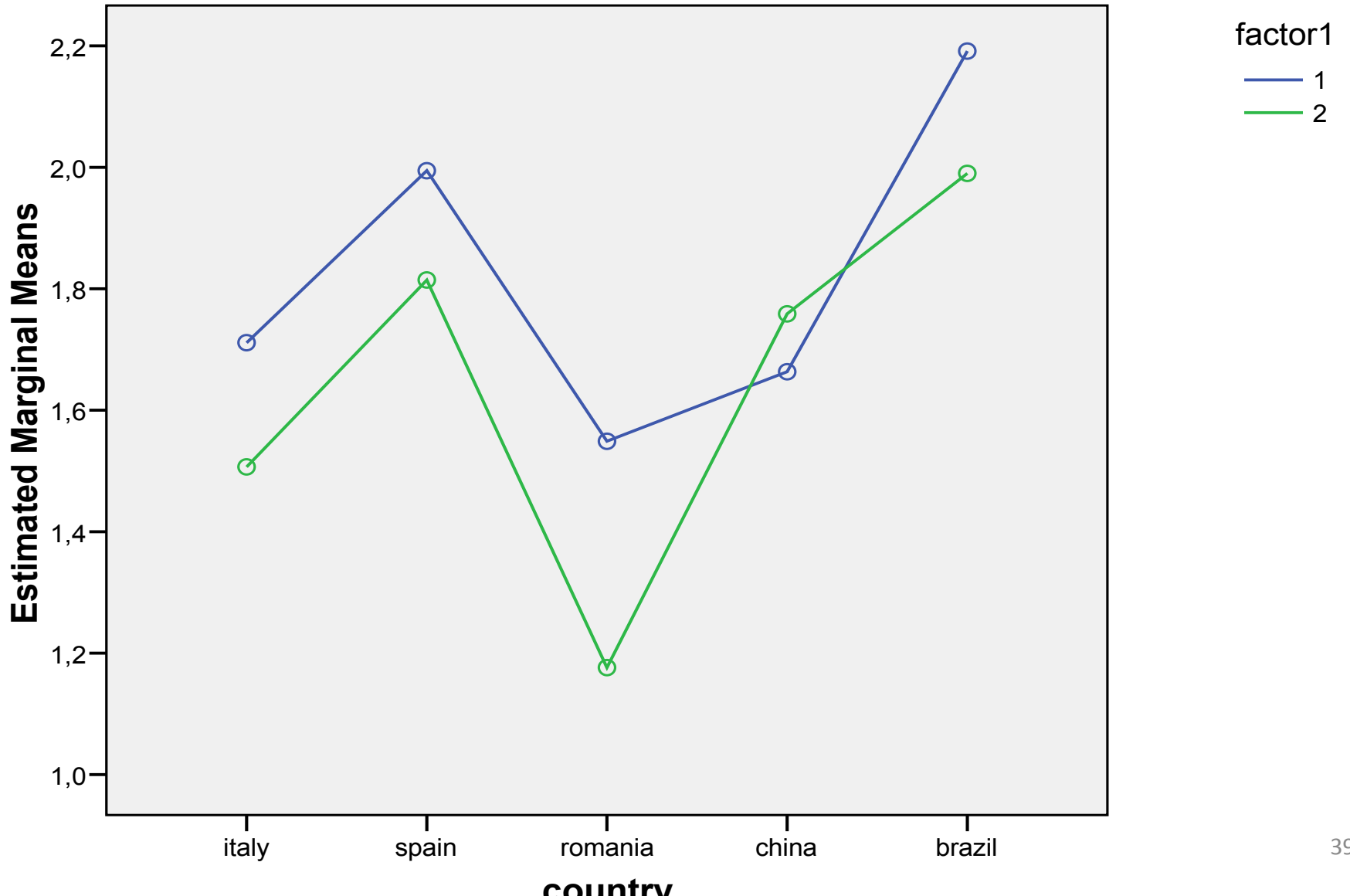
B. multidimensional scaling analysis

MDS – factors and 2 clusters



- Next, the 16 body parts were divided into the two groups: the *face* and the *rest of the body*
 - The mean scores of probabilities for each of the two clusters were then computed
 - significant country & „locus of aesthetic surgery” **interaction effect:**
 - for most countries the probability of aesthetically improving the *body* is significantly higher than that of the *face*, *except for Italy and China*

Estimated Marginal Means of MEASURE_1



Modeling Approach: a multi-step variable definition

- in the following stage, we extracted the independent variables of the next step of analysis:
 1. *Main cultural identification*: the specific self-identification category of each participant - the category towards which he / she had the maximum standardized z score, computed inside his / her national sample
 - 5 reference categories: *body, nature, soul, culture, beauty*

Modeling Approach: a multi-step variable definition

2. *aesthetic surgery most probable area*: face / body / none:
- *face* –participants with a higher mean of probabilities for the elements in the “face” cluster than in the “rest of the body” cluster;
 - *body* –higher mean of probabilities for the elements in the “rest of the body” cluster than in the “face” cluster;
 - *none* –participants which estimated, for all the 16 body parts, that the performing an aesthetic medical intervention on them in the future is impossible

Stage 2 of data analysis: results from the Associative Network

1. SR of masculine beauty

A. Stereotyping index: Italy: -0,69; Spain: -0,77; Romania: -0,88; China: -0,28; Brazil: -0,67.

B. Polarity index: Italy: 0,34; Spain: 0,38; Romania: 0,37; China: 0,75; Brazil: 0,56.

C. “Inductive power”: Italy: 7,99 expressions/participant; Spain: 5,83; Romania: 4,97; China: 9,94; Brazil 6,48.

D. Candidates for the Central Nucleus of the SR

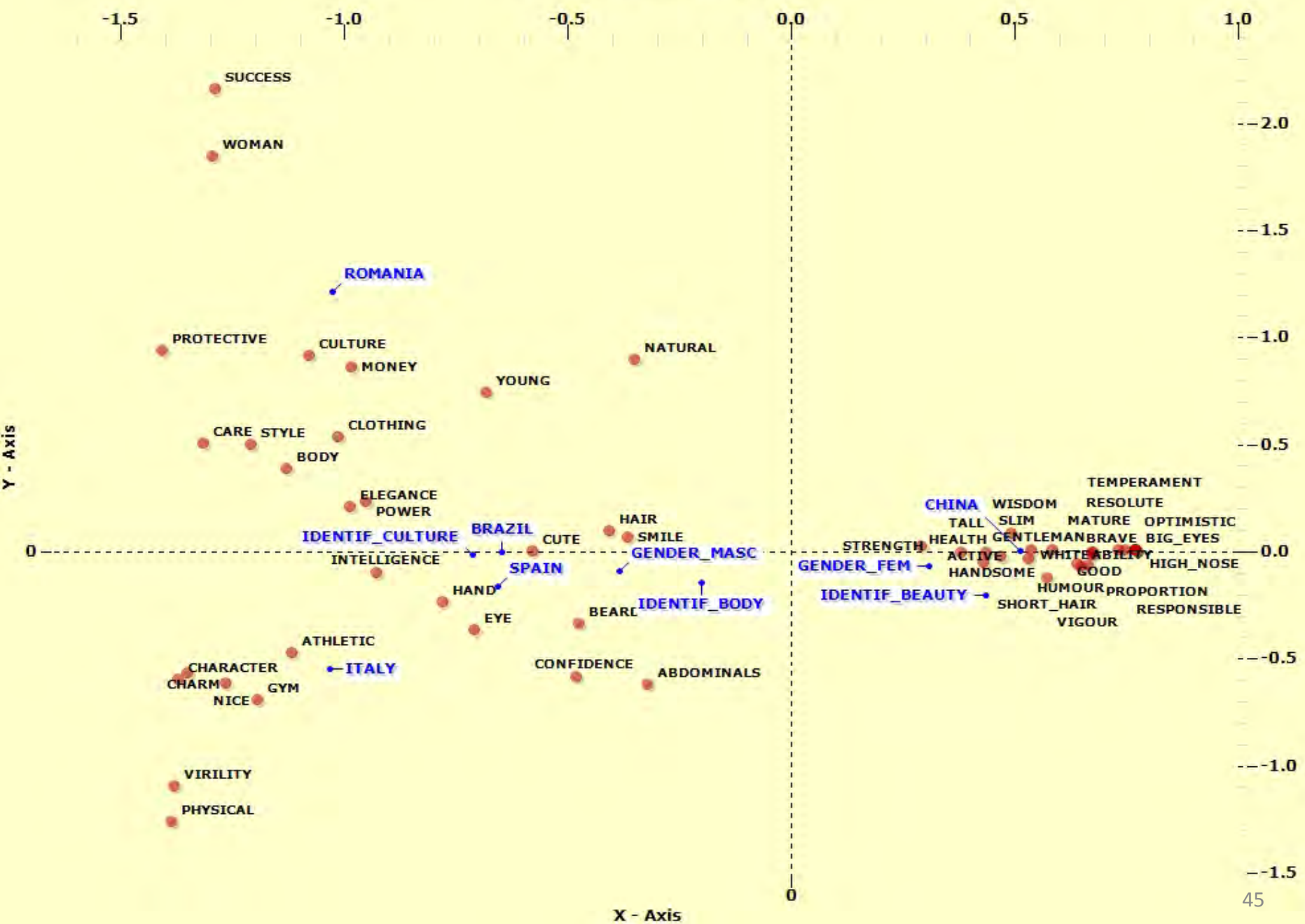
ITALY	SPAIN	ROMANIA	CHINA	BRAZIL
charm	body	body	health	health
muscles	eyes	muscles	mature	intelligence
physical	force	clothing	optimistic	smile
	man	tall	responsibility	cute
			strong	
			tall	
			well_balanced	

- Europe: *body*; China & Brazil: *health*
- In **red**: specific references for each country

- **E. Lexical correspondence analysis** on the frequency of co-occurrences *lemmas x countries*

LEMMAS-VARIABLES

X = Fact. 1 (60.41%) ; Y = Fact. 2 (18.10%)



2. SR of feminine beauty

A. Stereotyping index: Italy: -0,64; - Spain: -0,78; - Romania: -0,76, China: -0,28; Brazil: -0,75.

B. Polarity index: Italy: 0,31; Spain: 0,33; Romania: 0,30; China: 0,72; Brazil: 0,56.

C. “Inductive power”: Italy: 8,95; Spain: 6,1; Romania: 5,47; China: 9,92; Brazil: 6,78.

D. Candidates for the Central Nucleus of the SR

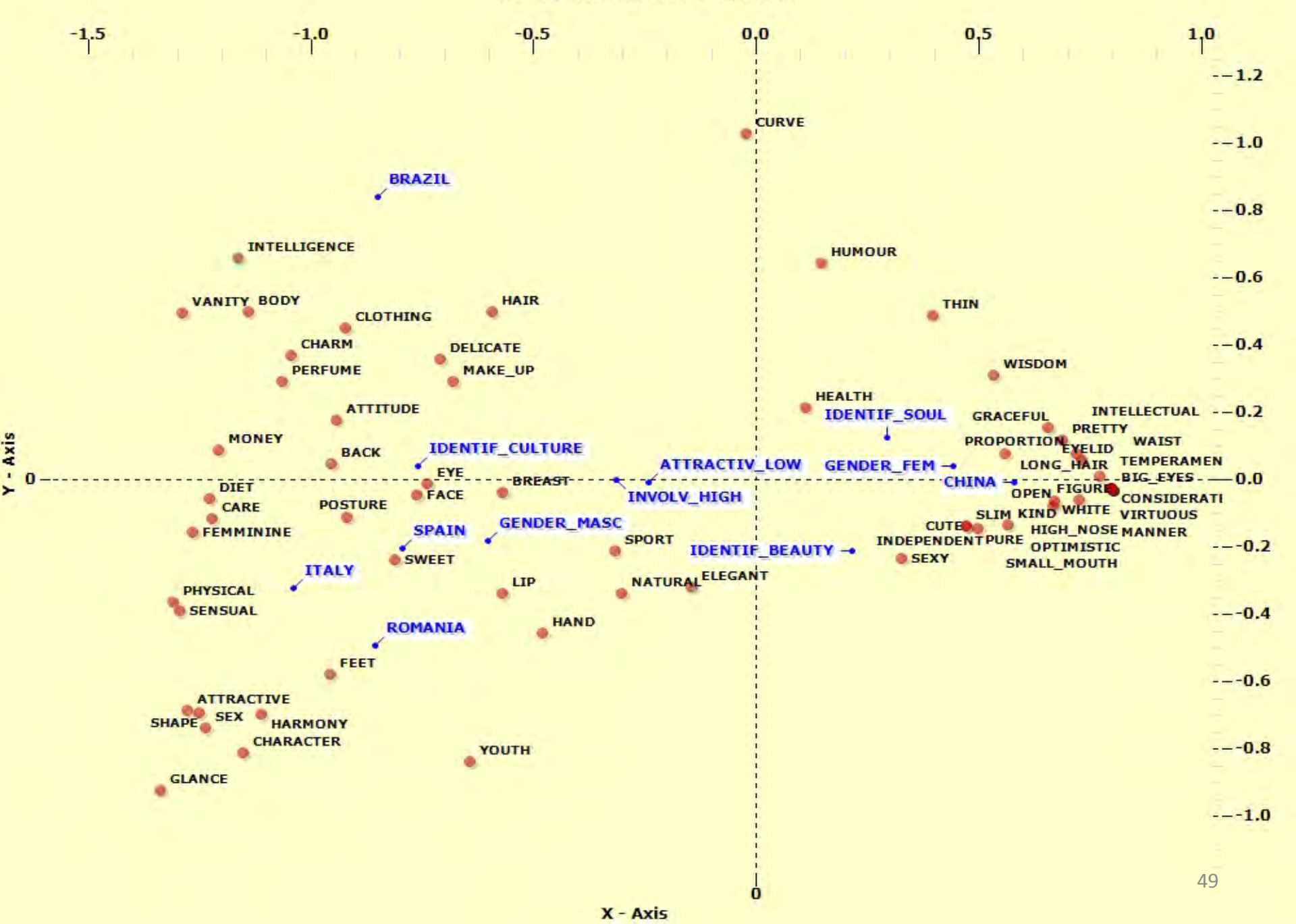
ITALY	SPAIN	ROMANIA	CHINA	BRAZIL
charm	attractive	body	elegant	health
face	body	natural	figure	body
physical	cute	success	health	intelligence
shapes			independent	
			kind	
			natural	
			temperament	
			tender	

- Europe: *body*; China: *health*; Brazil - both
- In red and blue: specific references for each country

- **E. Lexical correspondence analysis** on the frequency of co-occurrences *lemmas x countries*

LEMNAS-VARIABLES

X = Fact. 1 (65.78%) ; Y = Fact. 2 (14.13%)



Main lines of interpretation - beauty

- Italy: interpersonal dimension of beauty (*charm / sensual*)
- Spain: physical traits (*eyes / breasts*) + stereotyped personality dimensions (*confidence / sweet*)
- Romania: character (*protective / harmony*)
- Brazil: *intelligence*
- China: traditional sex-roles traits (*responsible / manner*) + racially-relevant physical traits (*high nose, eyelid, big eyes, tall*)

Main lines of interpretation - beauty

- Romania + China: salience of the *natural* in defining beauty
- Brazil and Romania: highlighting the cultural dependencies of masculine (Romania: *money, success*) and feminine (*clothing*) beauty

3. SR of aesthetic surgery

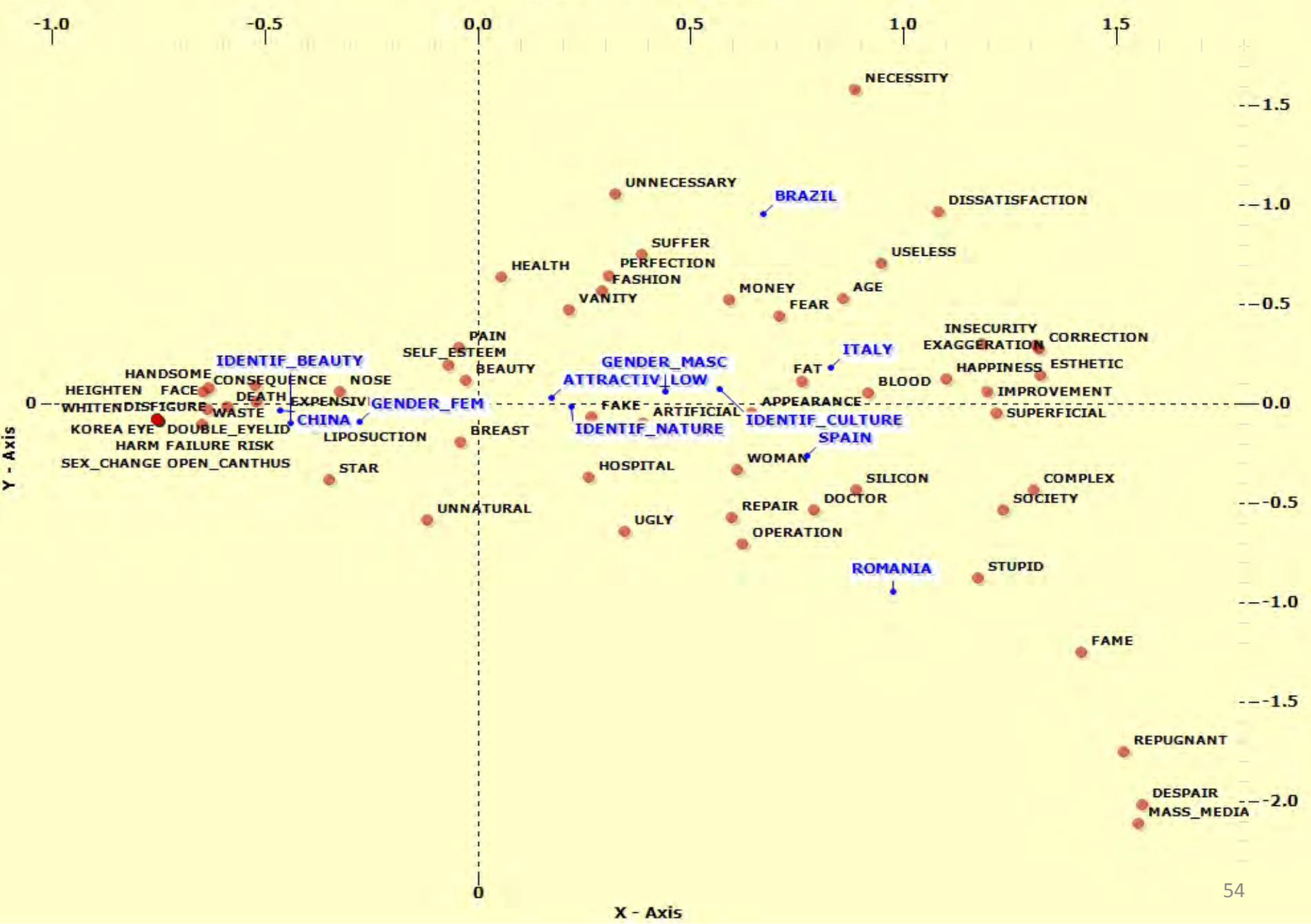
- A. Stereotyping index:** Italy: -0,64; Spain: -0,72; Romania: -0,61, China: -0,38, Brazil -0,77.
- B. Polarity index:** Italy: -0,23; Spain: -0,05; Romania: -, 24, China: -0,15; Brazil: -0,02.
- C. “Inductive power”:** Italy: 6,80; Spain: 5,14; Romania: 3,74; China: 10,5; Brazil: 5,46.

D. Candidates for the Central Nucleus of the SR

ITALY	SPAIN	ROMANIA	CHINA	BRAZIL
artificial	silicon	artificial	beauty	beauty
beauty	beauty	beauty	breasts	necessity
breasts	breasts	happiness	d o u b l e - eyelid	s e l f - esteem
happiness	doctor	repugnant	expensive	
dissatisfaction		stupid	face	
insecurity			pain	
useless			risk	
			self-esteem	

LEMMAS-VARIABLES

X = Fact. 1 (51.61%) ; Y = Fact. 2 (23.88%)



Main lines of interpretation – aesthetic surgery

- **Italy:** concern for the psychological causes: *insecurity, fear*
 - An “expensive and failed technological solution to a psychological problem” (second feminist liberal perspective)
- **Spain:** detached, objectified perspective (*doctor, hospital*)
 - + an acceptable way to address the cultural pressures and exterior definitions of beauty (*ugly, repair*)
 - first feminist liberal perspective (*survival of the prettiest*)

Main lines of interpretation – aesthetic surgery

- **Romania:** unjustified alteration, falsification of the natural prerequisites of beauty (*stupid, repugnant*)
 - attributed to social pressure (*mass-media, society*)
- **Brazil:** disputing the social utility of a.s. (*necessity / unnecessary*)
 - a.s. as a personal decision to obey the cultural norms of beauty (*vanity, perfection, fashion*)

Main lines of interpretation – aesthetic surgery

- **China:** concern for the risks (*risk, failure, death, pain*)
 - objectified through “race – corrective” procedures (*double eyelid surgery, open canthal surgery, whitening*)
 - the **face as main locus of identity**
 - somewhat detached perspective: reserved for the upper layers of society (*expensive, star*)
 - “Korea”

Concluding remarks

- the SR perspective - employed in order to explore the topic of aesthetic surgery decisions, on several layers
1. the **content of the SR** of aesthetic surgery, together with that of its related object – beauty
 - dependencies of aesthetic surgery representations on the symbolic limits set by those of masculine and feminine beauty.
 - consistencies between SR and social practices in the area of aesthetic surgery, and also particular ways in which these consistencies manifest in the various national spaces

Concluding remarks

2. Aesthetic surgery as **social practice**:

- behavioral intentions - the “body map” instrument
- participants’ country of residence - differences in cosmetic surgery diffusion

3. **imagistic content** of the cosmetic surgery advertisement.

- Relevance of ideas from other approaches on body, beauty, aesthetic surgery – e.g. body image, body fragmentation, body as commodity, feminist positions etc.
 - they highlight the importance of the set of nested SR in the study of body-related matters (*beauty, gender, power, personal / social self* etc.), which define the boundaries of the legitimate interventions on the body;
 - they suggest hypothesis concerning more general changes of the subjective paradigm towards the body, in other words a certain dynamics of its SR
 - e.g. *fragmented body / body as an identity vehicle*