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► **To cite this version:**

| Eva Carpigo. Beauty at the Service of Humanity. . 2016. halshs-01512281

HAL Id: halshs-01512281

<https://shs.hal.science/halshs-01512281v1>

Submitted on 22 Apr 2017

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Beauty at the Service of Humanity. A Review on the Therapeutic Value of Aesthetic Treatments

Eva Carpigo

Abstract

Body modifications made with an eye towards attaining 'beauty' have been the subject of much debate by social scientists. Facing the tendency to judge beauty practices as an expression of superficiality, vanity or social 'oppression', this paper aims to approach aesthetic treatments in recognising their inherent complexity. First of all, I display an original perspective on these practices based on the theory of *anthropo-poiesis*, the theoretical mark proposed by the cultural anthropologist Francesco Remotti. As inferred by this author, concern with beauty can be read symbolically as an effort to grant subjects to pass into ontological categories of 'human-beingness'. In this regard, aesthetic procedures are demanded to resolve the feeling of 'incompleteness' or to face a condition of social marginality. Through the presentation of two field cases, the 'psycho-socio-aesthetics' and the 'humanitarian cosmetic surgery', I propose to focus the viewpoint of beauty practitioners who agree in considering aesthetic enhancements as their cathartic objectives to evacuate uneasiness and suffering. In consequence, I argue that aesthetic treatments should be recognised as practices of well-being, since their aim is to enhance user's psychological and social life. Lastly, I affirm the need to value ethics as a complementary skill to individuate appropriate conditions into which practices of *beauty-care* should take place.

Key Words: Aesthetic treatments, beauty, anthropo-poiesis, psycho-socio-aesthetics, humanitarian cosmetic surgery, beauty-care, self-improvement, ethics.

'Can medicine be aesthetic?' With this question the ethnologist Alexander Edmonds asks us to reflect on the growing superimposition of beauty and health.¹ This paper explores the problematic in further depth, paying close attention to beauty practitioner's representations on the therapeutic value of aesthetic procedures. A presentation of Francesco Remotti's concept of *anthropo-poiesis* will help us to understand how the therapeutic character of beauty treatments is coherent regarding their embedding within a system of cultural values. The aim of this paper is to propose a comprehensive and complex overlook on beauty treatments, which are intended as experiences through which people wish to improve their self (self-esteem, self-image), their sociability and their general state

of well-being. Two case-studies, issued from a qualitative research lead in France, will sustain this reasoning.

Functional Beauty: Why Do Humans Need to Improve Their Appearance?

The fundamental question which inspired scientists of multiples domains is : Why do humans need to improve their appearance? Socio-biologists and evolutionary-psychologists tend to see beauty as a tool used by the human species to achieve a concrete goal: reproduction. 'The shape of the body (...) or traits like symmetry and smooth skin' are considered to be physical characters which help them attract the attention of mates and prevail over their 'rivals'.¹² In sociology Georg Simmel argued that beauty and fashion are strategies to improve the personal desirability of individuals with respect to a social group of reference.³ In affirming this, Simmel aimed to denounce the race for beauty, seen as a paradoxical 'process of imitation and social equalization'. Beauty race is paradoxical because in 'changing incessantly, it differentiates from one time to another, and one social stratum to another.'⁴ Trying to keep up with this rat-race leads to 'a lack of personal freedom (...) and an intense individual subjugation.'¹⁵

The reflexion of Simmel probably influenced the development of beauty studies, and particularly feminist critical theories of society and culture. During the last fifty years, a lot of ink has flowed into a polemic against 'media culture' and the 'patriarchal oppression' expressed by the 'beautification' of women 's bodies.⁶ Until today beauty practises are still considered a symbol of women's unconscious submission to artificial aesthetic-models, which promote beauty and fashion industry.⁷ This 'beauty conspiracy', critics claim, objectifies and victimises women. Facing these theories, I propose to go further into analyses in showing how some authors complexified personal and social issues related to the enhancement of human appearance.

In the case of the sociologist Kathy Davis, she reminds us not to neglect the positive social and psychological consequences of aesthetic treatments on patients of cosmetic surgery.⁸ Davis founded her analysis following consultations with large sample-groups and scrutinised field research; this methodology permitted her to recognise the multiplicity of meanings linked to the act of going through an aesthetic enhancement. In another perspective, the French ethnologist Isabelle Faivre argued that aesthetic treatments can be intended as symbolic ways through which subjects aim to affirm their power on social relations, and so become masters of 'everything that they bypass in their social life'.⁹ Further, following the theories of the anthropologist Arnold Van Gennep,¹⁰ Faivre introduced to the academic world the concept of cosmetic surgery as an 'intimate ritual of passage'.¹¹ Following these comprehensive approaches of cosmetic surgery, the historian Sander Gilman proposes to see it as a practise which allows to get rid of a stigma- the ethnic stigma- and climb up the ranks of a more 'American' social-ladder.¹²

These contributions show us some original focuses through which we can understand the cultural value of aesthetic treatments. Following a symbolic approach to beauty, aesthetic practices can be intended as a way to step away from an ideal of humanity that is not socially valued, to an ideal of humanity that is socially valued. In the next session I will present Remotti's viewpoint, which expands this concept.

Ontological Beauty : A Quest for “Humanness”

Since the 1990's the anthropologist Francesco Remotti has focused on the subject of culture and identity, showing a particular interest in the practices of body alteration and enhancement.¹³ Remotti's vision of culture is that of: 'something more disorienting in its benefits, its utility and its capacity of adaptation'.¹⁴ Following this reasoning beauty practices, which are cultural products, cannot be reduced to their teleological objectives, which are focused on genes or species reproduction. Nor can they be understood simply as a submission to cultural determinism, or as a way to predominate over others through attractiveness. Revisiting Clifford Geertz's theories on human biological incompleteness, Remotti agrees that culture is the mean by which people accommodate for organic-indeterminacies and consequently produce particular forms of 'humanity'. Beauty, by Remotti's definition is a fundamental 'quest of humanness'.¹⁵

Focusing his attention on the plasticity inherent to body aesthetic modifications, Remotti coined the term *anthropo-poiesis*, meaning: the act of 'creating' or 'shaping' particular forms of humanness. In the theory of anthropo-poiesis individuals are perceived as craftspeople who forge their bodies following allegiance to a set of values (which can also be plural, mixed, syncretic or anti-normative).¹⁶ Remotti lists twenty-three different categories of aesthetic interventions on human body, including also non-interventions on the body.¹⁷ This general theory on beauty seems to be validated through all cultures in the world, since it argues that aesthetic treatments are part of the entire cultural process – symbolic and material – which allow people to imagine the so-called 'naked ape'¹⁸ as a human.

Taking Care of the Human Being: “Psycho-Socio-Aesthetic” Health Career

As it was noticed, anthropo-poietic acts can't be reduced to their alteration of the material structure of bodies. Undergoing aesthetic treatments can be understood as an effort to accomplish the desire to achieve a particular form of 'humanness,' which can provoke an associated sense of well-being and good health. The first field case that I have decided to present to you, shows closer the complexity of this issue.

Since the early 1970's, trained psycho-socio-aestheticians have worked with

private and public French institutions proposing aesthetic care to people in 'distress'. An association named CODES¹⁹ – Cours D'Esthétique à Option Humanitaire et Sociale – aims to train aestheticians to work with this particular public. Socio-aestheticians still have trouble gaining legitimacy as a profession of health care in society-at-large; despite this, they seem to be a relatively tightly knit group, unified by a shared humanitarian objective and believing in similar ethical principles.

The specificity of this profession is that it consists in organising aesthetic workshops in welcoming institutions (e.g. prisons, hospitals, oncology centres), aiming to show users how to increase their aesthetic appearance in order to improve their quality of life and reduce negative consequences and/or causes of their distress (disease, social marginalisation, mental illness, etc.). Unlike 'classical' aestheticians, psycho-socio-aestheticians don't consider the recipients of their care as clients, as their funding comes from institutions and not from the people they treat. Nor do they consider the people they treat as patients but simply as human beings in situations of distress and 'social fracture'. Categories listed below, show the heterogeneous panel of users by which can intervene a psycho-socio-aesthetician:

The elderly (dependent or independent)
 Female prisoners
 Oncology patients
 Alcoholics and drug addicts
 People with a physical or mental handicap
 Women in maternity
 Cosmetic surgery patients
 People in physical rehabilitation
 People suffering from food disorders
 Homeless people
 Helpers – people who help others in distress –

Applied with these categories of people, psycho-socio-aesthetics explicitly claim a therapeutic value involved in treatments. Through the enhancement of appearance, socio-aestheticians aim to awake bodily senses, pacify unease and improve people's sociability. A proper treatment, practitioners say, will mitigate pain, reduce feelings of loneliness, suffering, low-self esteem, ward-off illness, relieve stress, fix a lack of femininity and help people form a positive attitude towards the future. Most of the practitioners encountered have admitted the importance of the psychological approach to users, that's why during the entire session a verbal interaction with the participant is highly valued. In this perspective, the aesthetic workshop is also designed as a *catharsis*, allowing people to speak-up about the negativity of their condition – illness or distress – and

thereby evacuate it. A final efficacy of these treatments is confirmed when a 'grey complexion' and a sad expression are transformed into a 'brightly, smiling and relieved face'.

Following psycho-socio-aesthetician's rhetoric, the mere fact that the user accepts to participate in a beauty workshop is considered to be already a success. In this sense, through aesthetic treatments, which are often considered a pretext to achieve a proximity with the person, socio-aestheticians aim to transmit a sort of 'positive psychology' in order to improve the desire to re-integrate society or to simply get better. To promote this objective, psycho-socio-aestheticians recreate the ambiance of a *well-being centre*: soft lights and mirrors are hung, walls are painted with warm colours, relaxing music is played and essential oils are diffused in the air. Individual appointments can be available for each participant; everything is designed so that the patient feels calm and coddled. In an atmosphere like this, a socio-aesthetician can offer to handle the participants, allow two participants to treat each other, or allow participants to treat themselves. Among the services proposed are: massages with perfumed lotion (called 'modelling'), make-up, hairstyling, manicure, podiatry and hair-removal treatments. Though most services revolve around the skin, other workshops are offered to develop self-image through activities like: drawing, making collages out of beauty images, fashion courses and behaviour courses (which aim to help participants look and feel presentable during a job-search).

Restoring a Human Form: the “Humanitarian Cosmetic Surgery”

The second field case concerns the problematic of the recognition of a therapeutic value in cosmetic surgery procedures. Even if contemporary French society recognises the psychological and social benefits of *reconstructive* plastic surgery, most *cosmetic* surgeries are still treated as non-medical and non-therapeutic procedures. French media, as well as popular discourse, portrays cosmetic surgery as a risky practice, fetishizing perfection and propagating a 'cult of eternal youth'. To counter these distortions, cosmetic practitioners are seeking legitimacy through the recognition that their services are of therapeutic value. This controversial debate is not new. In their cultural histories of cosmetic surgery, historians Sander Gilman and Rossella Ghigi²⁰ have shown that the therapeutic effects of aesthetic surgical enhancement has most often gone unmentioned or been outright denied. While reconstructive plastic surgery is often praised for helping to reestablish a 'natural order' in the appearance, cosmetic surgery is commonly judged an unnecessary, superficial, and even a dangerous practice. But what exactly is the difference between the two? And what's the opinion of specialist surgeons on it?

The majority of plastic surgeons denounce the way in which these two branches of surgery are dichotomised. One of the world's most well-known cosmetic

surgeons, the Brazilian Ivo Pitanguy, argues that both types of surgery lead to similar, positive psychological effects. As he confided to Alexander Edmonds there is a substantial superposition between reconstructive surgery and cosmetic surgery: 'both emphasise the subtlety of mind-body interactions'.²¹ In his words, the healing value of plastic surgery takes place since it:

'Harmonizes the body with the spirit, emotions with reason, aiming to establish an internal equilibrium that will permit the patient to re-encounter himself, restructure himself, so that he feels himself in harmony with his own image and the universe that surrounds him'.²²

Plastic cosmetic surgery is for Pitanguy a good solution to manage interior concerns, and is therapeutic in so far as it can 'cure the soul'.²³ Pitanguy aims to spread this philosophy all around the world through his writings and by its transmission to his trainees, who come to visit and work in his 'temple' of cosmetic surgery. A further concept arisen and practised by Pitanguy is that of cosmetic surgery at the service of 'humanity' or plastic surgery at the service of the humanitarian cause. Since the 1960's, he has led the 'Santa Casa' clinic in Rio de Janeiro where lower-and middle-class Brazilians come in great numbers to gain access to cosmetic surgery at a low price. In this sense, plastic surgery seems to be proposed to Brazil's lower-and middle-classes as a better solution than psychotherapy because it is cheaper and more accessible.

During my fieldwork in Paris I had the opportunity to meet one of Pitanguy's trainees: the surgeon Patrick Knipper, who first theorised about the concept of a 'humanitarian aesthetic surgery'. In his book *Skin of Shagreen, Plastic Surgery at the Service of Humanity*²⁴ Knipper tells about his particular life trajectory which influenced his theoretical reflexion. Born in Congo but grew up in France, in 1992 Knipper joined the NGO InterPlast-France/Surgery Without Borders. Thanks to the experience gained in humanitarian missions, he started to ask himself about the efficiency of plastic surgery in humanitarian missions: 'Can a humanitarian mission do aesthetics? Can aesthetic surgery be a humanitarian mission?'.²⁵ In a documentary for the French television chain Arte he explained:

'When we are poor, when we have nothing, the only thing that we own is our skin. The skin is our home, our last house (...) So, finally, reconstructive surgery or cosmetic surgery is also the surgery of poor people'.²⁶

Arguing against the polemics about the difference between reconstructive and plastic surgery he reminds:

'We want to recall that it is not up to us to decide what is important for a patient and what is not. Our role is to answer to a demand wherever it comes from. (...) During our missions, patients taught us that aesthetics was for them almost as important as function, and so the aesthetics become part or a whole with the function of plastic surgery, and that, no matter the country'.²⁷

Knipper claims that wherever plastic surgery is practised it induces some complex repercussions in the person's representations of the world. To make this action positive, therapeutic, and healing, cosmetic surgeons should pay careful attention to the culture of the patient, to their family- and even their personal history. In that way, referencing to the interdisciplinary approach of ethno-psychiatry,²⁸ Knipper formed successful partnerships with psychologists and traditional healers. His case depicts how productive collaboration between members of a heterogeneous team can be, particularly when their aim is to heal people following a holistic approach.

Conclusion

This paper arisen the need to complexify the analysis on body aesthetic practices. I've chosen to value some analyses based on a comprehensive approach, because they enhance original perspectives on the reflection of beauty. Based on my field research and on the theories quoted, I argue that aesthetic body modifications should be considered first and foremost as an *experienced* process of changing, in which the aim is an enhancement of user's psychological and social world.²⁹ In light of Remotti's ideas about anthropo-poiesis, aesthetic treatments are part of the cultural process of 'shaping one's humanness'. In this perspective, practitioners and patients of beauty procedures seem to understand aesthetic services as a way to manage feelings of personal incompleteness or of social marginality. Furthermore, the cathartic character of beauty practices can help subjects to live the change as an improvement of their well-being, which seems to reinforce personal identity and a collective identification.

This overview on aesthetic practices aims to face 'dystopic' theories on beauty and sustain instead a positive epistemology on beauty. In this perspective, it seems to me impossible to recognise a therapeutic effect of beauty procedures if we don't admit the importance of its multiple repercussions (psychological and social) on a user's life. Nevertheless, the study of the conditions through which an aesthetic treatment turns into a healing act, shows that they are complex and far from being universal. As in medicine, also in aesthetics each practitioner has his personal formula through which they stimulate some positive repercussions on patients. In spite of this premise, field examples show that both health and aesthetic

practitioners are sharing similar representations around the management of uneasiness. A growing number of doctors and beauty practitioners are currently choosing to adopt a holistic approach to the person who asks for help.³⁰ Thereafter, both are searching to establish interdisciplinary collaborations with other specialists of 'care' with the aim to enhance the efficiency of their treatments. As I noticed, more and more psycho-socio-aestheticians work side by side with nurses, doctors, psychologists, social workers. While cosmetic surgeons are beginning to cooperate with nutritionists, psychologists, aestheticians and even traditional healers. Considering this tendency, a scenario where multiple specialists are gathered under-one-roof is arising: everyone knowledge contributes to improve the global well-being of the patient.

If we enlarge our perspective to the global dimension of the research, a general concept of *beauty-care* (doubly intended as : 'the care of aesthetic appearance' and 'beauty as an act of care') is spreading all around the world. As the philosophy of 'humanitarian cosmetic surgery' was 'imported' from Brazil to Europe, the concept of 'psycho-socio-cosmetics' has now been 'exported' from Europe to Asia (Singapore and Japan).³¹ In this global scenario, I argue that we're assisting to a progressive promotion of different and even personalised beauty ideals, jointly with personal re-appropriations of techniques and philosophies of beauty.

Obviously, some ethical questions linked to the accessibility and safety conditions of aesthetic procedures, must be taken into account. The question of power, arisen through this Interdisciplinary Beauty Conference, should also be developed. Thanks to the rising philosophy of *beauty-care*, beauty practitioners are becoming central references in contemporary societies as unique and legitimate owners of technical skills. In this scenario their power can easily be abused. During my interactions with beauty practitioners, there emerged an 'ideal' portrait of a beauty practitioner: someone who possesses both technical abilities with a human sensitivity, at the same time respecting the imperative of a 'patient's' desires. This ethical framework, which beauty practitioners share implicitly and transmit to their trainees, is considered to avoid the risk of transforming *beauty-care* into an aggressive act of subjugation. In conclusion, I affirm that an ethical reflexion on beauty is necessary, as much as it is for health concerns. Lastly, I support the idea of an interdisciplinary approach on beauty studies as a way to produce innovative results and to promote the encounter of heterogeneous reflections.

Notes

- ¹ Alexander Edmonds, 'Can Medicine Be Aesthetic? Disentangling Beauty and Health in Elective Surgeries,' *Medical Anthropology Quarterly* 27, 2 (2013): 233–252.
- ² Alexander Edmonds, 'Beauty and Health: Anthropological Perspectives,' *Medische anthropologie* 20, 1 (2008): 151-162 quoting: Nancy Etcoff, *Survival of the Prettiest: The Science of Beauty* (New York: Doubleday, 1999) and Alan Slater, 'Visual Perception in the Newborn: Issues and Debates,' *Intellectica* 31, 1 (2003): 57-76.
- ³ Georg Simmel, 'Fashion,' *American Journal of Sociology* 62.6 (1957): 541-558.
- ⁴ *Ibid.*, 541
- ⁵ *Ibid.*
- ⁶ A. Edmonds, 'Beauty and Health,' 152 quoting: Sandra Bartky, *Femininity and Domination: Studies in the Phenomenology of Oppression* (New York: 1990); Susan Bordo, *Unbearable Weight: Feminism, Western culture, and the Body* (Berkeley: University of California Press, 1993); Naomi Wolf, *The Beauty Myth: How Images of Beauty are Used Against Women* (New York: William Morrow & Company, 1991) and others.
- ⁷ Lipovetsky Gilles, *La Troisième Femme. Permanence et Révolution du Féminin* (Mesnil-sur-L'Estrée: Gallimard, 1997).
- ⁸ Kathy Davis, *Reshaping the female body. The dilemma of cosmetic surgery* (New York and London: Routledge, 1995).
- ⁹ Isabelle Faivre, 'Autoplastie de l'Apparence ou Enquête sur la Chirurgie Esthétique,' *Ethnologie française* 6 (1976): 241.
- ¹⁰ Arnold Van Gennep, *Les Rites de Passage* (Paris: Picard, 2011).
- ¹¹ Isabelle Faivre, 'La Chirurgie des Apparences. Un Rite Corporel Contemporain,' *Ethnologie française* XIX, 2 (1989): 107-110.
- ¹² Sander Gilman. L. , *Making the Body Beautiful: A Cultural History of Aesthetic Surgery* (Princeton: Princeton University Press, 2001).
- ¹³ Francesco Remotti, *Prima Lezione di Antropologia* (Bari, Laterza, 2006).
- ¹⁴ Francesco Remotti, *Fare Umanità. I Drammi dell'Antropo-poiesi* (Bari, Laterza, 2013), 68.
- ¹⁵ F. Remotti, *Prima Lezione di Antropologia* , 113.
- ¹⁶ F. Remotti, *Fare Umanità.*, VII.
- ¹⁷ F. Remotti, *Fare Umanità*, 78-150.
- ¹⁸ Desmond Morris, *The Naked Ape; a Zoologist's Study of the Human Animal* (New York: McGraw-Hill, 1967).
- ¹⁹ CODES (In English: Course of Aesthetics Applied to Humanitarian and Social Matters) Accessed on 19 October 2014 <<http://www.socio-esthetique-codes.fr/>>
- ²⁰ Gilman Sander L. , *Making the Body Beautiful* and Rossella Ghigi, *Per Piacere. Storia culturale della chirurgia estetica* (Bologna: Il Mulino, 2008).
- ²¹ Alexander Edmonds, 'Learning to love yourself: Esthetics, Health and Therapeutics in Brazilian Plastic Surgery,' *Ethnos*, 74.4 (2009): 466.
- ²² *Ibid.*
- ²³ Sander Gilman. L. , *Creating Beauty To Cure the Soul: Race and Psychology in the Shaping of Aesthetic Surgery* (Durham: Duke University Press, 1998).
- ²⁴ Patrick Knipper, *Peau de Chagrin. La Chirurgie Plastique au Service de l'Humanité* (Neuilly-sur-Seine: Michel Lafon, 2007).
- ²⁵ Patrick Knipper, 'Ethnochirurgie ou Réflexions Sur le Regard de l'Autre en Mission,' *Revue de Stomatologie et de Chirurgie Maxillo-Faciale* 112.6 (2011): 385-387.
- ²⁶ Meriem Lay, Jérôme Pavlosky et Luc Golfon, *Dessine-Moi Un Visage* (ARTE GEIE / Sunset Presse: 2007) Accessed on 19 October 2014 <https://www.youtube.com/watch?v=PpC1rG_J34Q>
- ²⁷ Interplast France/Surgery Without Borders 20/10/2014 <<http://missions-interplast.blogspot.fr/2010/08/chirurgie-plastique-en-situation.html>>
- ²⁸ Ethnopsychiatrie.net Accessed on 20 October 2014 <<http://www.ethnopsychiatrie.net/>>
- ²⁹ Kathy Davis, *El Cuerpo A la Carta. Estudios Culturales Sobre Cirugía Cosmética* (Mexico: La cifra Editorial, 2007), 24.
- ³⁰ Andrieu, Bernard, Gilles Boëtsch, David Le Breton, Nadine Pomarède, and Georges Vigarello (under the direction of) *La beauté holistique. Les Cahiers de l'Observatoire NIVEA n°7* (Savigny-le-Temple: Beiesdorf, 2008).
- ³¹ CODES Accessed on 19 October 2014 <<http://www.socio-esthetique-codes.fr/codes-japon.php>>

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