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Introducing ‘Beauty and Health’

Alexander Edmonds & Sjaak van der Geest

The authors discuss the concepts ‘beauty’ and ‘health’ and their ambiguous relationship. The quest for beauty is perceived both as an enhancement of health and well-being and as a health risk. The article is an introduction to a collection of six anthropological essays on beauty and health.

[beauty, health, culture, anthropology, body]

‘Beauty’ and ‘health’ are two elusive concepts that anthropologists rarely have been able to grasp effectively. Nevertheless, in a small symposium in December 2008 these two phenomena were explored in their relation to one another. Six papers were discussed. Four of them have been revised and appear in this special issue; two new papers were added to the collection.

Beauty

Few anthropologists have taken bodily ‘beauty’ as a distinct subject for ethnography or theorizing. More attention has been paid, however, to body modification, though analysis has tended to view such practices as rituals with a social function, and neglected their aesthetic and erotic dimensions. Beauty practices and ideals have been theorized in feminist critiques, though usually within regions in the West (Bartky 1990, Bordo 1993, Chernin 1981, Wolf 1991, Jeffreys 2005, Rankin 2005). More recently, anthropologists and others have analysed the global dimensions of beauty industries, looking at the encounter of Euro/American media with local aesthetic values and racial common sense (Banet-Weiser 1996, Ossman 2002, Miller 2006, Edmonds 2007b). But an interest in the striking cross cultural contrasts in beauty standards and practices is hardly confined to contemporary sensibilities. Michel de Montaigne was one of the first ‘anthropologists’ to point out the cultural relativity of beauty. In 1595 he wrote that beauty is what people want to see: “We imagine its forms to suit our fancy.” And he continues:

In Peru, the biggest ears are the fairest, and they stretch them artificially as much as they can; and a man of this day says he saw in one oriental nation this care for enlarging them and loading them with heavy jewels in such favor that time and again he could pass his arm, fully clothed, through the hole in an ear. Elsewhere there are nations that blacken their teeth with great care, and scorn to see the white ones; elsewhere they stain them red... Mexican women count among their beauties a small forehead; and whereas they trim their hair on all other parts of the body, on their forehead they cultivate it and increase it by art; and they have such esteem for large breasts, that they aspire to be able to suckle their children over their shoulder. We would represent ugliness that way (De Montaigne 1958: 355-356).

The relativity of beauty ideals was mentioned as well by later European philosophers, often in passing as they discussed the larger (to them) questions concerning the objectivity of aesthetic judgments. Voltaire makes reference to a toad's conception of beauty (Synnott 1993: 90), while Hegel discusses the custom of "crushing of the feet of the Chinese ladies" (1920: 42). Hegel's point though is not just that beauty practices aim at arbitrary ideals, but that they stem from a 'rational ground' – the desire to alter the natural form – even if they may be 'tasteless' and 'injurious.' While human beauty has appeared as a subtopic within the branch of philosophy that deals with aesthetics, its fundamental connection to sexuality also raises distinct questions (often neglected by philosophers) not at issue in debates about taste in relation to art or nature. Discussion of beauty is often inseparable from Western moral notions, not least the sins of vanity and luxury. It also reflects a long tradition of equating the feminine with deception and artificiality (Lichtenstein 1987). On the other hand, romantic movements have idealized feminine beauty. The ironic tone of commentators who use exotic examples to underline the relativity of beauty ideals can thus serve diverse purposes: from satirizing the vanities of the fashionable to gently poking fun at those who seem to lose their reason in the presence of a beautiful person.

Writing in a different genre, contemporary anthropologists of course tend to contextualise 'exotic' beauty within a larger social world. But their work also has an implicit or explicit comparative dimension as well, and sometimes reflects a critical perspective on aesthetic ideals in their own societies. Becker (1995), who examined body aesthetics in Fiji, writes that Fijians are not obsessed by norms of individual slimness. Body shape is more a marker of social connectedness than of personal identity:

Fijian women enjoy a positive self-image irrespective of their weight status... [They] are relatively unconcerned to discipline their bodies and appetites to attain a desired shape. By contrast with Western women, whose self-image is heavily contingent on body image – and, specifically, a thinner body – Fijian women tend to be relatively unconcerned with weight status... (Becker 1995: 46).

Sobo (1993, 1994) writing about rural Jamaica comes to similar conclusions. Large bodies are a sign of generous social interaction, which is valued higher than personal bodily performance and presentation. Poppenoe (2004) studied body images among

Azawagh Arab women in Niger. Fatness is regarded as beautiful¹ and attractive and associated with womanliness.

... in becoming fat, Azawagh Arab women cultivate an aesthetic of 'softness', stillness, seatedness, which is in direct opposition to the aesthetic of men that valorizes 'hardness', uprightness, mobility (Poppenoe 2004: 191).

Fatness makes women less mobile and less 'useful' in the strictly economic meaning of the term. But it is that 'uselessness' which makes them at the same time valuable.² Poppenoe's observations about the appreciation of 'useless' beauty in this Arab community recalls Veblen's classic theory of the value of beauty, even though the aesthetic ideal he described was the opposite of what Poppenoe refers to. The value of a beautiful woman, according to Veblen, lies in the fact that she cannot work as a result of the beauty that she embodies and carries as decoration. She becomes a status symbol (Synnott 1993: 93). Veblen:

The ideal requires delicate and diminutive hands and feet and a slender waist. These features ... go to show that the person so affected is incapable of useful effort and must therefore be supported in idleness by her owner. She is useless and expensive, and she is consequently valuable as evidence of pecuniary strength (Veblen, in Synnott 1993: 93).

Veblen is perhaps correct in his observation that at least part of the value of beauty flows from its rarity. But the social connotations of feminine beauty have also changed, and fashion models today represent a kind of attractiveness imbued with sporty energy or 'daring' style, not just delicacy or idleness. They are also undoubtedly role models for some young women not just because they are beautiful, but because they have power, wealth, and mobility.

Veblen's emphasis on the social function of beauty within capitalist societies suggests also a limit to the relativist perspective. Beauty ideals and practices are interconnected with key institutions in modernity: mass media, consumer culture, and medical and health technologies. Through globalization of these institutions, many societies are encountering beauty as a 'problem' in similar ways. The salience of images of female beauty in global media can touch off debates about Western cultural imperialism, or provoke local struggles over the control of female sexuality. As market economies undermine traditional authorities, attractiveness can become an asset of the self within new 'markets' of sexual and romantic relationships and service economies (Edmonds 2007a). And as the techniques of beauty industries spread to new populations, beauty becomes entangled with a number of ethical issues. To what extent should humans alter or enhance the natural body? Is sexuality a resource that needs management, and if so, what risks of self-objectification or self-commodification are involved? Are aesthetic preferences a matter of personal taste or do they reflect larger power relationships that should be questioned? As these questions suggest, beauty then is also connected to questions of value and 'health', understood broadly to include the conditions that allow or enable humans to thrive.

Health

‘Health’ is another elusive concept, which is usually approached in its absence, in what it is *not*. The inability to define it recalls the desperate attempts of theologians who want to describe God via a *theologia negativa*: a summing up of what God is not. Montaigne – again – set the tone:

Health is a precious thing... *without* it, life is wearisome and injurious to us: pleasure, wisdom, learning, and virtue, *without* it, wither away and vanish (de Montaigne 1958: 134, emphases ours).

Medical anthropologists have written often enough about meanings and experiences of illness but feel at a loss when they are asked to describe and interpret health – almost as much as medical doctors who know everything about disease but are evasive when it comes to health. This scholarly and medical lack of attention to health also reflects subjective experience. One is rarely aware of ‘good health’, except after a long illness. The human capacity to forget pain and suffering perhaps may even have adaptive value, but in any event, a feeling of health rarely impinges on consciousness – except when it is absent, and then once again eloquence often returns. What is ‘ordinary’ is not noticed and does not present itself as noteworthy; it does not ask for a definition because we already ‘know’ it, even though we cannot describe it in exact and distinct terms. It is, as we say, taken for granted.

Yet, health does need a clearer definition as it causes considerable controversy, especially between those who hold a rather narrow physical / medical view of health and those who favour a more holistic perspective. Wright (1982: 38) who advocates a broad view of ‘health’ circumscribes the narrow view as follows:

With respect to the body, health is a good thing in the same way that, with respect to a piano, being in tune is a good thing. Both are machines whose purposes can be fulfilled only if they are functioning properly; therefore, in terms of the machine, functioning properly is a good thing.

Perhaps, however, that definition is not as useless as Wright argues in his book. The narrow definition, as we will see in a moment, does not prevent us from perceiving health in a wide social, psychic and moral perspective.

Interestingly, the WHO with its predominantly biomedical agenda has produced one of the most holistic definitions of health: a state of complete physical, mental and social well-being. That definition does not make things easier, however. Does social well-being, such as good relationships at work and in the family, really feel like ‘health’? And, as a consequence, should loss of social well-being be taken to a health worker? The unwelcome companion of a holistic definition would be medicalisation, indeed a development that most of us probably deplore.

In a similar vein, the mental part of the WHO definition has its problems. Thomas Szasz, one of the most prominent protagonists of the anti-psychiatry movement in

the seventies of the previous century, does not want the terms health and illness to be used for people's mental condition: "Strictly speaking ... disease and illness can affect only the body. Hence there can be no such thing as mental illness. The term 'mental illness' is a metaphor" (Szasz, in Wright 1982: 100). Elsewhere he writes: "The practice of mental health education and community psychiatry is not medical practice, but moral suasion and political coercion... Mental health and illness are but new words for describing moral values" (Szasz 1974: 35-36).

Anthropologists have contributed little to a more precise or experience-near description of 'health'. They mostly followed the biomedical tradition of focusing on disease (calling it 'illness') and overlooking the taken for granted state of health. An additional handicap for them was that in several of the cultures where they carried out research there was no good equivalent to the English 'health'. The nearest terms were more comprehensive and included – as the WHO does – social, psychic, moral and even economic conditions of life (e.g. Whyte 1981, Willis 1979).

Attempts to define health too may seem suspect in the light of state experiments with eugenic and hygienic projects. Applied to groups of people, the modifier 'healthy' has often reflected social judgments of normality and served to categorize or brutalize disempowered groups, dissidents, and racial others (Stepan 1991). Nevertheless, because health in modern societies has become an object of governance, the attempt to understand or measure is still an important political or economic matter. The World Bank introduced the concept of the DALY (disability life adjusted years) in order to help quantify the aggregate economic costs of disease – though this measurement of health is again a negative one. Attempts to approach health as a 'positive' state – not merely the absence of disease – have often taken a broader view that emphasizes interconnections between mind, body, and society. This broader understanding of health aims to include socio-economic determinants of disease, as well as the more elusive idea of 'mental health' – an often neglected area in government and international development health budgets. But as mentioned above, such a broad definition also raises questions about the extension of the concept of health to new spheres of life.

Returning to the WHO definition, the example of bad social relationships helps us to dissect what we mean by calling a relationship healthy. The qualification 'healthy', in this case, reveals two expansions of the meaning of 'health', a metaphoric and metonymic one. The metaphoric expansion consists in *comparing* the quality of the relationship with the smooth functioning of the physical body. As we know, the body, our immediate 'reality', is the most prolific provider of metaphors. It is no surprise, therefore, that the healthy body proves to be a popular metaphor. 'Healthy' as an adjective can be used for almost anything which, in analogy with the body, functions properly. In Dutch for example one can speak of 'healthy sense' (best translated as common sense). Both in English and in Dutch one speaks for example of 'a healthy economy', 'a healthy business', and 'healthy (or sound) ideas'. Applying the terms 'health' and 'illness' to mental, social and behavioural phenomena is also metaphorical. Both Szasz and Wright point out that the term 'healthy' becomes synonymous with morally good. In that – secondary – meaning it can be added to words as differ-

ent as judgment, taste, worldview, marriage, hobby, character, humour, art, language, and situations.

The metonymic expansion exists in calling 'healthy' what *produces* (physical) health. In that sense, a relationship, but also food, sport, hobbies, education, holidays, religion, housing, environment and, indeed, beauty, can be called healthy; they produce and promote health in its narrower physical sense (cf. Van der Geest 1985), without falling into dualistic heresy and clashing with the concept of 'mindful body' of Scheper-Huges and Lock (1987).

Contributions

The papers span a range of ethnographic contexts: Brazil, Chad, Spain, Norway, and the US (Trakas' paper deals with a trend emerging in many regions). They also deal with quite a diverse group of practices and visions of health and beauty: spa treatments, cosmetic and reconstructive plastic surgery, female genital cutting, bodily self-harm, and the aesthetic affirmation of the pregnant body. As this list suggests, there is a focus on the female body, which is not surprising given that beauty has often been seen as a distinct domain of femininity. The gender focus also perhaps reflects the fact that the emergence of aesthetic logics in health and medical practices has been especially prominent in the management of female reproduction and sexuality.

Each of these practices has different implications for health and enjoys different degrees of social and medical legitimacy. Female genital cutting is seen as a human rights violation, while plastic surgery is often viewed as a legitimate, if controversial, consumer practice. But as the papers make clear, notions of health are quite labile, and must be understood – at least in the first instance – in relation to specific historical circumstances. Thus, ethnographic contextualisation and a hermeneutic inquiry into the larger values forming judgments of beauty and health is a necessary step towards understanding the relationship between these two conditions.

Alexander Edmonds discusses the rise of cosmetic surgery and a larger field called 'aesthetic medicine' used to manage female reproduction and sexuality in Brazil. Patients and surgeons embrace cosmetic procedures such as liposuction or breast surgery as a means of body 'contouring' that manages passage through the female life cycle. As 'legitimate' medicine, tightly linked to other specialties such as ObGyn and wider psychotherapeutic understandings of health as an expansive state of well-being, these practices effectively merge cosmetic and healing rationales. While beauty becomes a form of health in this medical practice, Edmonds shows that a cosmetic logic can also conflict with the goal of health, and minimize perceptions of risks associated with surgical interventions. Much scholarship on beauty industries has focused on the West, but the Brazil case shows that enhancement technologies are also emerging as a 'problem' in the developing world, where health care systems often have very different market and cultural dynamics.

Ingun Klepp discusses the ambivalence toward beauty and health among Norwegian employees and visitors of spas. That ambivalence reflects the uncertainty dis-

cussed earlier in this introduction. Sometimes, beauty is criticized as superficial and fake and contrasted to 'inner beauty', well-being and comfort that are 'real'. At other moments, however, the same people seem to expect that obtaining outer beauty will eventually also bring about inner beauty. Spa business thrives on that very ambiguity of beauty and health/well-being.

A remarkable change in the perception of beauty and health is taking place with regard to pregnancy. Pregnancy was – and still is – worldwide regarded as a critical state full of danger. The pregnant body was/is often concealed to avoid being seen by others, in particular by people with an 'evil eye'. Showing the pregnancy was considered an act of hubris, inviting misfortune. In addition, pregnancy refers back to sex. Displaying the pregnant body bordered on exhibitionism in times and places where body and sex were covered and dissimulated. If the body was denied its beauty, the pregnant body even more. Deanna Trakas, in her contribution, writes:

... there is the feeling that there is something intrinsically 'wrong' with flaunting the belly; an idea which has less to do with issues of modesty than it does with endangering the pregnancy outcome. "Why show it off when no one is really sure what will happen?" The 'it' here refers not to the belly but to what is inside.

But that has all changed, according to Trakas. Pregnancy may still be regarded as a precarious condition and closely monitored for medical complications, but it is, at the same time, a celebration of health *and* beauty. Trakas:

Young women – in their late 20s – late 30s are not worried about the evil eye; instead, the lure of the belly beautiful has caught their eye. "I loved my belly when I was pregnant. I liked to walk with it out in front as much as possible."

Trakas' essay analyses one of the most exciting 'revolutions' in our perception of beauty and health. That new attitude started with pictures of glamorous stars showing their pregnant bellies in glossy magazines and on the internet but has now become a common practice in many regions. The bulging belly is an almost provocative advertisement of new kinds of beauty and health.

The significance of the 'body beautiful' in capitalism plays a surprising, highly ambivalent role in the practice of body cutting discussed by Lina Casadó i Marín. Clinicians and media have reported an alarming rise in the incidence of bodily self-harm among young people in several Western countries. Rather than see this practice only as a psychiatric pathology, Casadó prefers a meaning-centred analysis, interpreting self-harm in relation to wider notions of selfhood, emotional expression, and bodily aesthetics. Here she follows the approach taken by other scholars to eating disorders, suggesting that such practices can also be read as a meaningful symptom of social distress (e.g. Bordo 1993). The moving testimonials she presents reveal strong feelings of isolation, boredom, and emotional pain. Casadó argues this form of suffering gives rise to a practice that can be read "as a form of resistance to normative patterns of beauty." Consider Dark Rose's statement: "I'm as beautiful and special as my scars."

Unlike with cosmetic surgery, scarring is not an unintentional side effect of surgical incision performed by an expert, but the intentional result of cutting that reasserts control of the body. Not only media images of body plasticity, but also medical and psychological approaches to this syndrome play a role in its spread. Casadó shows evidence of a 'nocebo effect' produced by labelling, where diagnostic categories can become implicated in a worsening of the problem, as practitioners wonder if they have become addicted to endorphins the body secretes in response to pain.

Whether judged as a symbol of vanity, vulgarity, or even expanded choice for women, cosmetic surgery is often associated with the consumer culture of Late Capitalism. Female genital cutting, on the other hand, is one of the most powerfully charged symbols of the tribal or pre-modern. But such a contrast is challenged by Lori Leonard's paper on female genital surgeries in southern Chad, which shows that in some villages this practice has only recently been introduced. What is remarkable is not only that this 'tradition' in some contexts turns out to be invented, but that the agents are young girls acting often in defiance of kin and political authorities. In contrast to much anthropological literature that stresses the social purpose of circumcision, Leonard notes the practice does not "serve any ritual function," such as marking a status passage or serving as a pre-requisite for marriage. Rather, the 'coming out' ceremonies following the surgeries – which require considerable resources to pull off – are large spectacles that emphasize the beauty of the girls, and demonstrate their ability to act in the modern world of the market. Significantly, one village chief opposed the practice, not only because the "ancestors didn't do it," but also because he saw it as "commerce." Leonard not only complicates the opposition between 'modernity' and 'tradition' that is an underlying assumption behind international efforts to regulate or prohibit this practice, but also shows that notions of beauty – as they are shaped by larger market circuits – play a role in provoking the desires of a disempowered group to seek out a procedure many see as highly injurious to health.

Anastasia Karakasidou also discusses changing views on health and beauty; she looks at breast cancer, a disease that destroys the beauty of the body. Mastectomy is often unacceptable for women with breast cancer. The operation is experienced as a traumatic mutilation of the body. The beauty of health is confirmed in the negative. Aesthetic surgery, however, enables women with breast cancer to reconstruct the breast and salvage their bodily integrity. Karakasidou argues that such procedures mask the reality of the disease and thus perpetuate – in a different manner – the old conspiracy of silence that surrounded the disease. Beauty, in this case, works as a denial or masking of ill-health.

Beauty and health

Despite the range of regions and practices discussed in this collection, a few themes and tensions emerge. First, these papers suggest that notions of health and beauty are often interlinked: the cultural or medical definition of one often shapes perceptions of the other. It is quite obvious that many beauty practices, from genital cutting to diet-

ing, have health risks. But these practices may also revise the very meaning of health, broadly defined to include mental well-being and social thriving. For example, as cosmetic surgery becomes normalized as a tool for managing reproduction and sexuality, it is chosen not just as a beauty practice, but also a health one. There is a merging of cosmetic and healing rationales suggested by the very phrase 'aesthetic medicine.'

Such a merging of 'health' and 'beauty' is emerging in other practices as well. Klepp shows that the perception of cosmetic practices as health practices is a powerful ingredient in the marketing of beauty industries. Decisions to undergo surgery or take pharmaceuticals can be influenced by their potential negative aesthetic outcomes. Among the side effects of antiretroviral drugs are distinct patterns of fat deposits and other changes in appearance, which in themselves pose no major health risk. But the 'aesthetic stigma' resulting from side effects can affect decisions to undergo treatment or initiate other practices with health risks (such as steroid use) (Edmonds 2008). ObGyn – in Brazil at least – also takes aesthetic considerations into account in managing pregnancy, such as the effects of weight gain on appearance, or even 'deformations' to anatomy resulting from vaginal birth (Carranza 1994: 113-14). As interventions on the reproductive and sexual body become routine, they may also affect perceptions of the necessity and desirability of other procedures. If 'elective surgeries' such as cosmetic plastic surgery become normal, then reconstructive surgery on the cancer patient may become a 'necessity.' Conversely, the spread of non-cosmetic medical interventions can also lend legitimacy to cosmetic enhancement. The rise of mastectomies, hysterectomies, tubal ligations, and other surgical procedures on the female body can make plastic surgery seem more acceptable. If we must suffer through these other surgeries, why not have cosmetic procedures, which are 'good for the self,' one Brazilian patient asked herself (Edmonds 2009). One implication of this mingling of healing and beauty is that attention may be diverted from other aspects of health, including the risks of surgical interventions.

Another theme in this volume is the prominent role global media play in defining beauty and health. One perhaps underestimated, though immediately obvious, feature of modernity is the saturation of public culture with images of the body beautiful (Edmonds 2008). National and local beauty pageants have become common in many regions (Banet-Weiser 1996), but more generally images of female youth and beauty are a near ubiquitous medium of commodity exchange in global capitalism. The remarkable salience of beauty in the media has variable, not always predictable, effects on health. For example, the rise of self-harm may be partly a reaction – or even resistance – to media obsession with normative femininity. And yet, this form of resistance also has a more ambivalent relation to consumer culture. Casadó shows that the practice became "culturally legitimated" through its association with fashionable subcultures, such as Goths and Emos, celebrities, and mass-market paperback describing personal stories. This paradox suggests a larger one: the ability of consumer capitalism to encompass different countercultures and types of resistance within its own market-based, aesthetic logic.

Media are not only a primary arena for defining beauty, but also for disseminating health practices. The rise in spa treatments, for example, is clearly linked to savvy

marketing that stimulates demand by suggesting links between well-being and aesthetics. The pregnant body first presented its beauty through glossies and the internet and later became the focus of beauty competitions that received generous media attention. Cosmetic medical procedures too are aggressively marketed in both the West and some regions of the developing world. Here the tremendous power of the photographic image to represent the beauty of the human form is key. Miraculous 'before and after' transformations give cosmetic surgery a prominence in popular culture not enjoyed by other medical technologies. As surgeons compete for patients in a crowded market, advertising alters the perception of health risks or 'acceptable' health risks. But media marketing does not only point to the presence of a profit motive within medical practices, nor a threat to women's health. Consumption is also a cultural process that cannot be reduced to an economic logic (e.g. Sahlins 1994). It's true that some of the demand for beauty services and products is an effect of rising female incomes (Dweck 1999). And even cosmetic genital cutting in rural Chad at least partly reflects the market aspirations of young girls. But such forms of 'demand' for beauty and health practices also reflect complex changes in gender roles as women become sexual subjects with greater amounts of autonomy and choice for longer periods of the life cycle, but also encounter the pressures of self-management. The intermingling of beauty and health thus reflects a larger ambiguity in modernity, as women are interpellated by consumer and medical cultures simultaneously as sexual subjects and objects (Edmonds 2008).

Consider the trend of 'aestheticizing' female reproduction: the affirmation of the pregnant body as beautiful has also been accompanied by the emergence of new anxieties and desires surrounding attempts to regulate the reproductive and erotic body. Media images that celebrate the beautiful pregnant body seem to flaunt widespread traditions of treating pregnancy as a dangerous state requiring circumspection if not concealment. This trend is driven partly by the internal logic of fashion, which incessantly seeks to challenge taboos in order to maintain the interest of markets and media. But it also perhaps reflects changes in women's sexual and reproductive lives in many regions. On the one hand, by affirming the aesthetics of the pregnant body, women are defying patriarchal traditions that in many instances created a 'split' between reproduction and sexuality (Young 1990). On the other hand, some mothers embrace plastic surgery as means to correct 'defects' in the postpartum body or else have 'elective' Caesarean deliveries motivated by sexual-aesthetic concerns. These two examples suggest that the larger aestheticization of everyday life in consumer culture can have contradictory effects. Media and medicine can both promote new sexual subjectivities that reflect women's autonomy and freedom, but also a view of female reproduction as an object for aesthetic management, including through the use of surgical techniques that themselves carry health risks.

There are several aspects of beauty and health not addressed by this volume. The papers tend to focus on the risks that beauty poses to health and well-being. But if we take seriously the notion that health is not simply the 'absence of disease,' but a broader state of well-being dependent on mind-body interactions then perhaps beauty too could play a positive role in health. As sexuality becomes a primary domain of the

self for new groups of people, for longer periods of the life cycle, feeling attractive may become a more salient aspect of health understood – in the WHO's definition – as a state of 'physical, social and mental well-being'. In any event, less attention has been devoted to what it is like to *feel* beautiful. But attention to subjective experiences as well as the real social effects of beauty may help to shed light on the motivations of those who undergo cosmetic practices that are injurious to physical health.

This perspective could also be applied to practices on the male body, which are also neglected here. It's true that 'beauty' is often seen as a domain of femininity in Western societies, but male concern for appearance – as European novelists often point out – is perhaps a simply less socially acceptable, though no less prominent, feature of the male psyche. Moreover, men are increasingly becoming subjects of medical and consumer marketing, though they are targeted with slightly different promises of transformation. Skin care products are marketed as 'grooming' rather than cosmetics, health practices often aim at building muscle, and many anxieties and enhancement practices focus on sexual virility. The semi-nude, muscle-bound, smooth-skinned male form – once a fringe, homoerotic ideal – achieved a new mainstream cultural visibility in a remarkably short period of time (Bordo 1999). In the process, it partially displaced traditional markers of masculinity such as character traits, or for that matter facial and body hair. An increase of medical practices used to achieve or enhance new ideals of masculinity – such as experimental sex hormone use (Sabino 2002) – points to health risks of 'beauty' for men too, but also a new importance of erotic and aesthetic self-tinkering for male health.

This volume points to a 'special relationship' of interdependence between beauty and health. Such a relationship makes it more difficult to judge what 'true health' is from the neutral or universal standpoint often taken by bioethicists and philosophers of science. Instead, this collection suggests the need for critical and interpretive approaches that balance attention to local values with analysis of the transnational circuits that make it possible for medical technologies and beauty ideals to gain traction in diverse regions.

We have become accustomed to hear that a cultural obsession with beauty in the Western media poses a threat to health and well-being, particularly for women. The 'tyranny of slenderness' (Chernin 1991) in fashion has been implicated in the spread of eating disorders. The aesthetic focus on whiteness – or often relative lightness – in the media can promote internalised racism in multiracial societies, or reinforce traditional colour hierarchies (Kaw 1993). But viewing beauty through a political lens has been perhaps limited to a few regions in the West. In Latin America, for example, critiques of beauty as a patriarchal form of social control have been much less common than in the US. Nevertheless, beauty has been connected to diverse ethical questions in many societies, including the threats and opportunities it poses for human happiness and well-being. For example, while images of beauty pose a risk to the modern consumer who takes them as a model for her own work on the self, for the Ancient Greeks, the eros aroused by contact with a beautiful person was an irrational force that undermined self-control (Scarry 2001).

This volume has tended to focus on the problems posed by modern beauty practices to health. But the papers also challenge broad oppositions between modern and traditional, and complicate the boundaries between oppressive and self-expressive bodily practices. Compare, for example, cosmetic surgery and female genital cutting. Cosmetic surgery is ostensibly the more modern – or perhaps postmodern – practice. But Brazil, a developing country often seen as ‘not yet’ modern, is pioneering new uses of this eminently modern technology. And girls in Chad must challenge traditional authorities in seeking out a practice they equate with the modern world. While there are certainly differences in the health effects of the two practices, they both raise difficult questions about the kind of agency exercised by the women who desire them. Do these practices point to the persistence of traditional patriarchy that limits women’s freedom? Can they be seen as techniques of self-transformation or self-expression? Do they represent new forms of alienation and the spread of self-commodification in capitalism? Similar questions can be posed in relation to self-harm, reconstructive surgeries, aestheticized reproductive management, and a myriad of other practices that bring health into an uneasy relationship with beauty. To respond to them, these papers suggest the need to begin by finding out how notions of health and beauty acquire moral significance and emotional force in relation to local values.

Notes

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- 1 Several anthropologists have written about fatness as beauty, probably because of its stark contrast with beauty ideals in their own society (Brink 1989; de Garine 1995, Poppenoe 2004, Ritenbaugh 1982).
- 2 This ideal of ‘softness’ and ‘uselessness’ contrasts again with ideals of ‘hardness’ and bodily strength that constitute the value and attractiveness of women in other societies, see for example Matinga (2008) about womanhood in Pondoland, South Africa.

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