

## Perceptions of Beauty in a Western Society

**Abstract:** Is beauty really skin deep? Historically, an association between ‘outer beauty’ and ‘inner beauty’ has been noted by poets, philosophers and writers. Does this attitude spill over into society today? Unfortunately, this seems to be the case- in research commissioned by *Changing Faces* 9 out of 10 people were found to hold subconscious prejudices. This essay will explore perceptions of what constitutes ‘beauty’ before examining how these apply to people with disfigurements. The social effect of disfigurement will then be examined, both externally due to popular beauty ideals (the role of the media is also discussed) and, internally, due to psychological problems causing self-imposed stigmatising behaviour. Solutions will then be proposed on both external and internal levels, as well as recommendations for future research.

### Introduction

“Beauty is truth, truth beauty.”<sup>a</sup>

Over the ages philosophers and poets, amongst them Aristotle, Plato and Keats, have associated beauty with virtue.<sup>1</sup> In modern society we like to think that we have discarded this simplistic notion; however, there is much evidence that it still prevails.<sup>2,3,4</sup> This paper aims to examine the evolution of attitudes to beauty, the psychosocial problems for people with disfigurements and how they can be solved.

### What is Beauty?

The term ‘beauty’ is used in multiple contexts. These can be divided into ‘inner beauty’, describing a goodness of personality, and ‘outer beauty’, concerned with aesthetic

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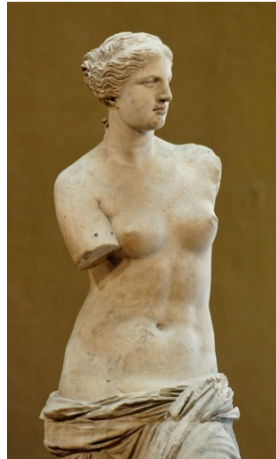
<sup>a</sup> John Keats, *Ode on a Grecian Urn*, Line 49 (first published 1820).

appearance. On the surface disfigurement affects outer beauty, but it has been found that changes in appearance can cause anxiety, depression, grief, and a lowered self-esteem.<sup>4,5</sup> These strongly affect a person's disposition. Thus, defects in outer beauty can indirectly alter inner beauty.

From ancient times outer beauty was revered as it was believed to be representative of inner beauty; Francis Bacon summarises that "virtue is nothing but inward beauty; beauty nothing but outward virtue."<sup>b</sup> However, perceptions of what constitutes beauty have evolved. The 'Venus of Willendorf' is a paleolithic sculpture discovered in 1908 believed to represent the ideal woman of that age. The blank face suggests she is an "anonymous sexual object... it is her physical body and what it represents that is important."<sup>6</sup>



*The Venus of Willendorf*



*The Venus de Milo*



*Marilyn Monroe*

In stark contrast, the 'Venus de Milo' depicts Aphrodite, the Greek goddess of beauty, as a very slender figure. The veneration she inspired is bluntly put in Homer's 'The Odyssey' when Hermes says "*all ye gods be looking on and all the goddesses, yet would I lie by golden Aphrodite.*"<sup>c</sup> Her image is paralleled by the iconic 20<sup>th</sup> century beauty, Marilyn Monroe. Even between the 1950s and 1990s the aesthetic focus of plastic surgery in North America changed for the eyelids, noses and lips.<sup>1</sup> The differences between the Venus of

<sup>b</sup> Francis Bacon, *The Works of Sir Francis Bacon*, Vol. 9. Boston: Taggard and Thompson; 1884.

<sup>c</sup> Homer, *The Odyssey*, Book VIII.

Willendorf and the later figures illustrate that while outer beauty depends on cultural context, the association between outer and inner beauty has always been made.

## **The Importance of the Face**

Emphasis is placed specifically on the face as a symbol of personal identity. Synnott states that the face is both “the mirror, and the mask, of the self.”<sup>7</sup> The mirror either ‘reflects’ or ‘distorts’, whilst the mask is what “an agent wishes to present to an audience.” In short, “our faces are us.” Thus, facial disfigurement can be particularly distressing.

Darwinian theory states that “human sexual attraction is fully explained as a means of obtaining a mate that will result in offspring with a mating advantage because of physical attractiveness alone.”<sup>8</sup> However, it has been found that average looking faces are, in fact, deemed more attractive.<sup>9</sup> Langlois and Roggman produced composite images using 32 faces.<sup>9</sup> They made three male and three female composite faces, pairing these 6 images with the set of photos used to create them. Subjects rated only 4 out of the 96 real female faces and only 3 of the 96 real male faces more attractive than the composites. The authors couldn’t satisfactorily explain “the attractiveness of averaged faces”.<sup>10</sup> They concluded that “a face is perceived as attractive when its facial gestalt is close to the average or mean of a population of faces.”

## **Self-Schematics**

Disfigurements of outer beauty may have a harmful psychological effect on inner beauty and negative social consequences. The relationship between appearance, and the self-concept of appearance, is well documented. A study of the psychological status of a sample of cleft lip and palate patients by Turner et al. found that 73% felt that “their self-confidence had been very much affected.”<sup>11</sup> Similarly, Millard and Richman have reported that children with clefts may suffer with behavioural inhibition, self-doubt regarding

interpersonal relationships, anxiety and general unhappiness more than their non-cleft peers.<sup>12</sup>

The concept of body image can be defined in terms of self-schemata, which are “internal mental representations of self-related information... that influence cognitive processing” and which usually develop in childhood.<sup>13,14,15</sup> Markus states that “if a person has developed self-schema, he should be readily able to... resist counter-schematic information about himself.”<sup>16</sup> So, if someone has developed negative self-schemata, they will resist any opinion to the contrary.

Developing this idea, Higgins’ self-discrepancy theory states that different types of discrepancies between appearance and body image create different negative emotions.<sup>17</sup> Higgins defines three domains of self. ‘Actual self’ is the set of attributes you actually possess, ‘ideal self’ is the representation of your ideal aspirations, and ‘ought self’ is attributes you feel you should possess. A study of subjects with high actual/ideal mismatch exhibited dejection in response to self relevant priming, whilst subjects with high actual/ought mismatch displayed agitation.<sup>18</sup> This demonstrates that our ‘ideal’ and ‘ought’ self (both self perceptions) significantly influence behaviour.

## **Influences on Self-Schematics**

If self-perception is so important, what influences self-perception? Culturally dependent beauty ideals are hugely influenced by the mass media with their unrealistic and ‘inescapable’ images.<sup>19</sup> Are the media simply reflecting public preferences, or do they exploit the beauty ideal?<sup>20</sup> Becker et. al studied rates of eating disorders in the Nadroga province of Fiji amongst adolescent girls.<sup>21</sup> Before 1995, in this area, there was a lack of television and the “prevailing ‘pressure to be slim’... was distinctly absent.” However, after three years of exposure to television 74% of the sample population felt “too big or fat”, in contrast to previously held “Fijian traditional aesthetic ideals” of “preference for a robust body habitus.”

The media creates exaggerated views of 'ideal self' and impractical 'ought self' characteristics.

As media exposure increases, celebrities are placed under more pressure to act as exemplars of beauty. Both media and celebrities perpetrate the cycle, with the media wanting 'beautiful' images traded by celebrities for favourable exposure. This has had significant effect- for example, fashion models have got just under 16% thinner than 25 years ago.<sup>22</sup> In addition to pushing celebrities to 'look good', "most magazines airbrush photos and use expensive computer technology to correct blemishes and hide figure flaws" so that "the figures portrayed by the media are rarely real."<sup>22</sup> Celebrity icons today, whether through the fault of the media or themselves, could be said to represent unhealthy ideals.

Media images of unrealistic celebrity icons subvert what is thought of as beautiful. Suddenly, average looks are no longer good enough; people are constantly seeking to change themselves (for example, through dieting<sup>21</sup> or cosmetic surgery<sup>1</sup>). This is one of the reasons why *Changing Faces* 'Face Equality' campaign is so important- it is an effort to show the population what is realistic and normal.<sup>23</sup> Research commissioned by *Changing Faces* found that 9 out of 10 people had negative attitudes towards people with disfigurements, despite saying that they did not.<sup>24</sup> Undoubtedly, the media have had a massive effect on the population. *Changing Faces* is tackling this in two ways. Firstly, as part of the 'Face Equality' campaign, the charity is displaying posters across London's tube stations to help alter underlying subconscious prejudice in the population. Secondly, it offers journalists guidelines on how to report the experiences of people with disfigurements, as all too often they are associated with negative language.<sup>25</sup> This code of practice should help to prevent development of subconscious prejudices.

## **The Possible Psycho-Social Effects of Disfigurement**

A person who acquires a disfigurement will need to re-evaluate their perception of their 'actual self', whereas someone with a congenital disfigurement will not experience this

'identity crisis'. However, both may be subjected to ill treatment from the population.<sup>24</sup> What must be remembered is that the psychosocial effects of disfigurement on a patient are not necessarily proportional to the "severity, size or location of scarring"- each patient should be treated as an individual.<sup>26,4</sup>

Blumenfield and Schoeps describe the psychological reactions of an adult after acquisition of a disfigurement.<sup>4</sup> The patient may suffer from anxiety, as their "brush with death disrupts the usual psychologic defences" by sharply focussing "an acute awareness of one's... mortality". They may employ denial to protect from reality, distorting the actuality of the situation. Depression may set in and "intensify with time" as the full extent of loss is realised. Each patient attaches meaning to the injury based on their personal experience, so that the psychological outcome is "impossible to predict" but has "an individual discernible meaning". The patient may feel the injury is "punishment for past sins" or guilt "that goes beyond the reality of the accident itself". There will be a period of mourning for other victims or property loss, and they may experience recurring and stressful post-traumatic waking episodes or dreams. These have a wide range of triggers- for example, an image on television or an anniversary of the accident. Attempts to detach from these triggers can lead to social isolation and emotional muffling.

The solutions to the problems outlined revolve around the period of rehabilitation.<sup>4</sup> A multidisciplinary team approach will provide holistic care. Mental health professionals can suggest the best way "to accommodate the patient's psychologic needs into the... rehabilitation plan", and specialist nurses have "an important role to play in... psychosocial support."<sup>4,27</sup> An early positive doctor/patient relationship can "leave a door open for further intervention."<sup>4</sup> Treatment options are broad but include hypnosis and behaviour conditioning techniques. Cognitive behavioural therapy (CBT) can be effective at making people with disfigurements "less concerned with and vigilant towards others' behaviour, to entertain alternative interpretations of others' behaviour, and be less absorbed by ideal-actual

discrepancies.”<sup>15</sup> Papadopoulos et al. have also shown that CBT improves self-esteem, body image and quality of life as well as reducing negative automatic thoughts post-treatment.<sup>28</sup>

The social interaction of people with disfigurements can be impaired externally due to negative attitudes of the population and internally by a distorted self body image with its attendant problems.<sup>24</sup> Whilst changing the subconscious of the whole population may seem unachievable, Blumenfield and Schoeps state that the only way to overcome stigma is “in courts, offices, classrooms... on a one-to-one basis.”<sup>4</sup> *Changing Faces* ‘Face Equality’ campaign is testament to this.<sup>24</sup> Robinson et al. also describe social interaction skills workshops for facially disfigured people.<sup>29</sup> This study was based on one of many courses run by *Changing Faces*, which involve instruction, modelling, role-play, feedback and open discussion. 91% of the sample “found the workshop helpful”, with 61% reporting a positive change in previously problematic social situations.

Finally, disfigurement impacts on the whole family in practical and psychological ways, such as shifting financial responsibility and children “acting out behavioural problems.”<sup>4</sup> The medical and mental health staff caring for the patient must remember to prepare and teach the family “what to expect during all phases of recovery.” Counselling and therapy can be offered, with joint sessions proving very helpful. Blumenfield and Schoeps note that, if applicable, “special attention often needs to be provided to the children” of patients.

## Notes for the Future

Blakeney et al. report that “research on the psychosocial aspects of burn care has been funded at levels far lower than many other areas of burn research.”<sup>30</sup> They also recommend study of “why the public react negatively or with curiosity to seeing people with burn scar disfigurement”. When both of these targets have been accomplished, the authors advocate development of “public education initiatives.”

The importance of this field of research cannot be overemphasized. Outer beauty and inner beauty influence people's perceptions and treatment of themselves and others. Beauty itself, however, is not set; it seems beauty really is in the eye of the beholder. From my study of the literature two planes for changing perceptions of beauty have emerged: on an individual psychological level using techniques such as CBT to alter self-schemata, and using the media to banish unrealistic ideas of beauty from popular consciousness. Only when these changes are achieved may we truly come to realise that beauty is only skin deep.

## References

1. Adamson PA and Zavod MB, *Changing perceptions of beauty: a surgeon's perspective*, Facial Plastic Surgery, 2006; Vol. 22 (3), pages 188-193.
2. Berschied E and Gangestad S, *The social psychological implications of facial physical attractiveness*, Clinics in Plastic Surgery, 1982; Vol. 9 (3), pages 289-296.
3. Dion K, Berscheid E and Walster E, *What is beautiful is good*, Journal of Personality and Social Psychology, 1972; Vol. 24 (3), pages 285-290.
4. Blumenfield M and Schoeps M, *Reintegrating the healed burned adult into society: psychological problems and solutions*, Clinics in Plastic Surgery, 1992; Vol. 19 (3), pages 599-605.
5. Lerner RM and Karabenick SA, *Physical attractiveness, body attitudes, and self-concept in late adolescence*, Journal of Youth and Adolescence, 1974; Vol. 3 (4), pages 307-316.
6. Witcombe CLCE, *Women in Prehistory: the Venus of Willendorf*. [Online]. Christopher L.C.E. Witcombe, Department of Art History, Sweet Briar College, Virginia, USA. [Accessed: 30<sup>th</sup> December 2008.] Available from:  
<http://witcombe.sbc.edu/willendorf/willendorfdiscovery.html>
7. Synnott A, *The beauty mystique*, Facial Plastic Surgery, 2006; Vol. 22 (3), pages 163-174.
8. Thornhill R and Gangestad SW, *Facial Attractiveness*, Trends in Cognitive Sciences, 1999; Vol. 3 (12), pages 452-460.
9. Langlois JH and Roggman LA, *Attractive faces are only average*, Psychological Science, 1990; Vol. 1 (2), pages 115-121.
10. Langlois JH, Roggman LA and Musselman L, *What is average and what is not average about attractive faces?*, Psychological Science, 1994; Vol. 5 (4), pages 214-220.

11. Turner SR, Thomas PWN, Dowell T, Rumsey N and Sandy JR, *Psychological outcomes amongst cleft patients and their families*, British Journal of Plastic Surgery, 1997; Vol. 50 (1), pages 1-9.
12. Millard T and Richman LC, *Different cleft conditions, facial appearance, and speech: relationship to psychological variables*, Cleft Palate-Craniofacial Journal, 2001; Vol. 38 (1), pages 68-75.
13. Cash TF and Labarge AS, *Development of the appearance schemas inventory: a new cognitive body-image assessment*, Cognitive Therapy and Research, 1996; Vol. 20 (1), pages 37-50.
14. Altabe M and Thompson JK, *Body image: A cognitive self-schema construct?*, Cognitive Therapy and Research, 1996; Vol. 20 (2), pages 171-193.
15. Thompson A and Kent G, *Adjusting to disfigurement: processes involved in dealing with being visibly different*, Clinical Psychology Review, 2001; Vol. 21 (5), pages 663-682.
16. Markus H, *Self-schemata and processing information about the self*, Journal of Personality and Social Psychology, 1977; Vol. 35 (2), pages 63-78.
17. Higgins ET, *Self-discrepancy: a theory relating self and affect*, Psychological Review, 1987; Vol. 94 (3), pages 319-340.
18. Strauman TJ and Higgins ET, *Automatic activation of self-discrepancies and emotional syndromes: when cognitive structures influence affect*, Journal of Personality and Social Psychology, 1987; Vol. 53 (6), pages 1004-1014.
19. Sarwer DB, Magee L and Clark V, *Physical appearance and cosmetic medical treatments: physiological and socio-cultural influences*, Journal of Cosmetic Dermatology, 2003; Vol. 2 (1), pages 29-39.

20. Sarwer DB, Grossbart TA and Didie ER, *Beauty and society*, Seminars in Cutaneous Medicine and Surgery, 2003; Vol. 22 (2), pages 79-92.
21. Becker AE, Burwell RA, Gilman SE, Herzog DB and Hamburg P, *Eating behaviours and attitudes following prolonged exposure to television among ethnic Fijian adolescent girls*, British Journal of Psychiatry, 2002; Vol. 180, pages 509-514.
22. Derenne JL and Beresin EV, *Body image, media and eating disorders*, Academic Psychiatry, 2006; Vol. 30 (3), pages 257-261.
23. Changing Faces, The Face Equality Campaign. [Online]. Changing Faces, The Squire Centre, 33-37 University Street, London, WC1E 6JN, UK. [Accessed: 4<sup>th</sup> January 2008.] Available from: <http://www.changingfaces.org.uk/Face-Equality>
24. Changing Faces, The Face Equality Campaign- The Evidence. [Online]. Changing Faces, The Squire Centre, 33-37 University Street, London, WC1E 6JN, UK. [Accessed: 4<sup>th</sup> January 2008.] Available from: <http://admin.changingfaces.org.uk/downloads/FE%20Campaign,%20Public%20Attitudes%20survey.pdf>
25. Changing Faces, Guidelines for journalists on reporting the experiences of people with disfigurements in the media. [Online]. Changing Faces, The Squire Centre, 33-37 University Street, London, WC1E 6JN, UK. [Accessed: 4<sup>th</sup> January 2008.] Available from: <http://admin.changingfaces.org.uk/downloads/Guidelines%20for%20journalists.pdf>
26. Partridge J, Skin scarring: new insights may make adjustment easier, British Medical Journal, 2003; Vol. 326 (7392), page 765.
27. Valente SM, *Visual Disfigurement and Depression*, Plastic Surgical Nursing: Official Journal of the American Society of Plastic and Reconstructive Surgical Nurses, 2004; Vol. 24 (4), pages 140-146.

28. Papadopoulos L, Bor R and Legg C, *Coping with the disfiguring effects of vitiligo: a preliminary investigation into the effects of cognitive-behavioural therapy*, British Journal of Medical Psychology, 1999; Vol. 72 (3), pages 385-396.

29. Robinson E, Rumsey N and Partridge J, *An evaluation of the impact of social interaction skills training for facially disfigured people*, British Journal of Plastic Surgery, 1996; Vol. 49 (5), pages 281-289.

30. Blakeney P, Partridge J and Rumsey N, *Community Integration*, Journal of Burn Care and Research, 2007; Vol. 28 (4), pages 598-601.

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'*Venus Of Willendorf*'. Photograph taken by Matthias Kabel. Licensed under the 'GNU Free Documentation License'. [Accessed: 30<sup>th</sup> December 2008]. Available from:

[http://en.wikipedia.org/wiki/File:Venus\\_von\\_Willendorf\\_01.jpg](http://en.wikipedia.org/wiki/File:Venus_von_Willendorf_01.jpg)

'*Venus De Milo*'. Photographer unknown. Released into Public Domain. [Accessed: 20<sup>th</sup> December 2008]. Available from:

[http://en.wikipedia.org/wiki/File:Venus\\_de\\_Milo\\_Louvre\\_Ma399\\_n4.jpg](http://en.wikipedia.org/wiki/File:Venus_de_Milo_Louvre_Ma399_n4.jpg)

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