

Beauty and health: Anthropological perspectives

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This essay, written as a 'teaser' for an up-coming symposium, reflects on how human beauty can be understood from an anthropological and medical anthropological perspective. First, it considers how aesthetic and healing rationales can conflict or merge in a variety of medical technologies and health practices. Second, it discusses beauty in relation to the socioeconomic transformations of modernity and globalization. It suggests the need for a theoretical framework that departs from a strictly constructivist approach and views beauty as a distinct domain of social experience, not reducible to an effect of other inequalities.

[beauty, aesthetic health, anthropology, modernity, gender, social class]

The anthropology of human beauty? When I mention the phrase, I often get an enthusiastic response: "Yes! I saw a National Geographic film on the X, who (bizarrely) find Y attractive". In other words, it is assumed that anthropology will simply demonstrate cultural variation in aesthetic ideals and practices. And it is true that the ethnographic record contains an astonishing range of body modification practices: Nuba scarification, Caduveo facial painting, Burmese neck elongation, Papuan corseting, Chinese foot binding, etc. Many of these are so violent or harmful that anthropologists seem to have felt a particular burden of interpretation. An image of a dangling lip plug can threaten to awaken the slumbering imagination of the savage laid to rest by the meticulous work of cultural contextualization. But in emphasizing how such practices are embedded in political and cosmological systems, we have tended to neglect their aesthetic and sexual rationales and emotional force. And, understandably in thrall to diversity, we have not had much to say about the pervasiveness of the impulse to improve the human form.

It is true that such a relativist approach can have a critical edge to it. In parts of the world where the "tyranny of slenderness" (Chernin 1981) reigns, a reminder that most societies have valued female plumpness can help de-naturalize ideals of body weight. But one consequence of this orientation has been a limitation to descriptive approaches to beauty ideals and practices, often made in passing in works with other objects of analysis. Anthropology has rarely theorized human beauty as a distinct domain of social and psychological experience.

More theoretical approaches within the social sciences can be found in feminist critiques. This line of scholarship analyzes the relationship between beauty and patriarchal domination (e.g. Bartky 1990, Bordo 1989, 1993, Faludi 1992, Spitzak 1990, Morgan 1991, Wolf 1991, Jeffreys 2005, Rankin 2005). Various emphases are placed on the coercive power of men, the profit motive of industry and medicine, and in a Foucauldian vein, a diffuse, internalized, and 'disciplinary' power. Despite differences in theoretical orientation, these critiques converge on the point that beauty practices act as a means for the social control of the female body within patriarchy. As Naomi Wolf (1991: 3), perhaps the best-known critic, put it: the beauty myth is "the last best belief system that keeps male dominance intact." Feminist critiques have shown how commercial and medical beauty practices do not just offer women 'choice' and cure psychic suffering, but also inscribe norms of gender and race on the body. Women more than men are interpellated as consumers and patients by the beauty industries, and are more subject to an unofficial system of discrimination.

But there are problems with this approach too. Patriarchy in some form is found in almost every society. How then can we understand the specificity of beauty in different historical epochs and groups? Moving outside the Euro-American region requires taking into account class and cultural differences in attitudes towards sexuality, race, and the body. And recently beauty industries have extended their reach to men: erotic images of the male nude are more prominent in popular culture (Bordo 1999) while body size disorders and steroid use for aesthetic motives suggest a rise in male appearance anxieties (Sabino 2002). Moreover, many regions have experienced the most rapid growth of beauty industries during a time when rights have expanded for women, and many of the formal structures of patriarchy are weakening: restrictions on women's economic activity, male control over family members, asymmetric sexual norms encoded in law (Castells 1997). It's true that beauty in most regions continues to reflect gender inequality. But this perspective raises a problem of reductionism: the function of beauty practices and ideals may be to reproduce inequality, but this leaves unanswered the question of why in the domain of beauty, and why during particular historical periods?

A third field of research led by the disciplines of sociobiology and its newer cousin evolutionary psychology focuses on the "biology of beauty" (the title of a Newsweek cover article). Sexual selection has worked in humans, the argument goes, as it does in many other animal species to influence the shape of the body as well as inherited aesthetic preferences. Low waist to hip ratios for women, high shoulder to waist ratios for men, as well as traits like symmetry and smooth skin are innately sexy (Etcoff 1999). Cultural variation exists, but there is remarkable consensus across class, ethnic, and national boundaries. Even infants respond more to faces judged attractive by adults, implying that humans are born with, rather than learn, a template of beauty (Slater 2003).

Understandably (and perhaps predictably) cultural anthropologists and other social scientists have objected. Saharan moors admire not plump but obese women (Popenoe 2003), while the Japanese traditionally bound breasts and developed an erotic fetish for the nape (Miller 2006). But there are many examples of course within the West:

in the eighteenth century a well-turned calf connoted virility, while today's casual bodybuilders prize the contrast between a built-up torso and spindly legs. And the theories of sociobiologists often reflect gendered ideologies of sex and love in their own societies (men want beauty, women want resources) (Lancaster 2003). In my view, both sides have not engaged with each other much and have exaggerated their claims. Whatever sexual-aesthetic preferences we inherit, they are in a sense unknowable, 'blackboxed' as they must always be expressed in culturally-variable contexts. But the basic premise that humans are bio-cultural beings, that sexual selection exists in some form, and that responses to beauty have at least a partly inherited component could serve as a useful departure point for research approaching beauty as a biological and historical phenomenon.

There is no space here to examine this debate in more detail, but I take the evolutionary perspective as simply a reminder that beauty is neither (only) a social construction, nor always a reflection of other forms of inequality. Aesthetic ideals may be constructed in part, but this does not help us to understand more generally the emotional intensity and social effects of beauty. Seeing beauty only as an empty category, an effect of domination, makes it difficult to analyze historical change, and explain why female beauty in particular seems to increase in social salience as societies come into contact with global capitalism. Rather than do a literature review, in what follows I explore new possibilities for theoretical approaches. My aim is to stimulate studies for the *Medische Antropologie* symposium in December 2008 that consider the theme 'beauty and health' from a diversity of perspectives. How can human beauty be constituted as an object of study worthy of analysis in its own right?

Aesthetic health

I use the term to indicate the use of a variety of medical and other body practices that merge a concern for aesthetics, psychological and sexual well-being, and self-improvement. Typically, aesthetic health is defined not negatively, as the mere absence of disease, but analogically or in qualitative terms.¹ Aesthetic health is generally not a state that can be 'on' or 'off,' but rather a process in which continuous improvement becomes desirable and possible. Fitness practices oriented towards perfection, or psychotherapy that improves well-being rather than just heals mental illness, have for the most part become uncontroversial. But technological tinkering – whether through the 'flexible eugenics' (Taussig et al. 2003) of assisted reproduction, cybernetic enhancement, or indeed cosmetic surgery – can evoke a dystopia populated by post-humans.

Aesthetic health, though, does not belong to some futuristic scenario but is already implicit in a range of current medical practices and technologies of the self. Plastic surgery is perhaps one of the most obviously disturbing examples, but there are many other areas where a concern for aesthetics is shaping medical practices and technology. I emphasize not just the decoration or enhancement of the human body, which is after all a quasi-universal social practice, but the way in which *aesthetics and the physiological health of the organism become linked*. For one, many body modifica-

tion procedures – from breast reduction surgery to scarification rituals – carry health risks. But there are many less obvious instances. Take for example the very high rates of cesarean deliveries in Brazil, which can reach 60 percent in some hospitals. This phenomenon has complex causes, but one is the mother's "sexual-aesthetic motives" for electing cesarean deliveries (i.e. to preserve vaginal anatomy) (Carranza 1994). Another factor fueling demand is the possibility of obtaining a free or discounted tubal ligation. Some women hope to combine the latter operation with liposuction, while many plastic surgery operations are seen as techniques for 'repairing' changes to the body undergone in childbirth. ObGyns advise pregnant women to minimize weight gain during pregnancy for aesthetic as well as health reasons, and to reduce the need for referral to a plastic surgeon for 'postpartum corrections.' Plastic surgery then is only one tool in a larger array of practices called *medicina estética* ('aesthetic medicine') that manage female reproductive, sexual, and psychic health (Edmonds 2007a). What is most remarkable about this field is its ability to forge links between diverse medical and non-medical specialties and effectively merge notions of health and beauty.

The notion of aesthetic health is quite explicit in a practice such as plastic surgery, but there are other examples where aesthetics and health are entwined in subtle ways. Among the side effects of antiretroviral drugs are distinct patterns of fat deposits and other changes in appearance, such as a yellow hue to the eyes, which in themselves pose no major health risk. But some communities of gay men interpret these changes to the body as aesthetic markers, which are incorporated into complex and tacit codes for recognizing HIV positive men or 'serosorting.' The decision to take antiretroviral drugs can be a difficult one, as therapy must be life long. Thus the 'aesthetic stigma' resulting from side effects can affect decisions to undergo treatment, initiate other practices with health risks (such as bodybuilding and steroid use), or affect sexual behavior, thus having the potential to become implicated in HIV treatment and epidemiology (Strong 2008).

Other pharmaceutical regimes too can be seen as having an aesthetic logic. The term 'cosmetic psychopharmacology' was coined to describe the practice of 'chipping' anti-depressants and anxiolytics with the purpose of subtly altering personality, mood, and social performance (Kramer 1994). But the notion of cosmetic pharmaceuticals might apply more broadly to a range of drugs with an sexual-aesthetic rationale: from weight loss pills to Propecia to Viagra to Androgel and other hormonal therapies used to enhance lifestyle, physical beauty, or the body's capacity for pleasure. Administered with or without the guidance of health care workers, many of these are also combined with street drugs, or bought without a prescription. Communities of users have emerged to trade practical information about side effects, dosage, particular combinations. The point is that aesthetic health is a broad notion linked not only to medical technologies but the larger ethos of consumer culture.

Cosmetic surgery and pharmaceuticals diverted for cosmetic-sexual uses are big business of course (Kuczynski 2006). Where permitted by laws and medical associations, direct advertising to 'educate' patient-consumers is common. But I argue that the emerging ideal of aesthetic health should not be dismissed as simply the creation

of the aggressive marketing of plastic surgeons and pharmaceutical companies. Nor is it only a symptom of a 'narcissistic culture' (Lasch 1979) obsessively cultivating hedonistic pleasures and neurotically denying the human realities of ageing and death (though it may also be that). Rather, I want to suggest here that it is rooted in some of the major changes in the significance of health and appearance for the modern self. Consider, for example, the Romantic notion that one's life can be turned into a work of art. This idea is perhaps reflected in the pursuit of health as a qualitative state of well-being rather than the absence of disease that can be continually cultivated, or in a view of the human body as malleable and perfectible material. Alternative health practices, such as Traditional Chinese Medicine and yoga, emphasize the qualia of inner experience, and reflect the idea of an 'art of health' that is practiced by both patient and healer throughout the life course.

The body of course is not just a passive object of medical practices, but also seat of experience and vehicle of its own aesthetic transformation. Beauty is often not a static quality but is revealed in motion: a smile, a toss of the head, displays of grace and agility. Body modification practices paint, cut, and puncture the skin, crush, file, mold and even remove bones. But in addition to these arts of decorating and sculpting the human form (many of which have an aesthetic rationale), societies have developed an equally vast range of arts of movement, training, and performance. The body in motion – walking, dancing, loving, playing, competing, fighting – is not only social but often beautiful too.

Here too though health can exist in tension with beauty. The Futurists may have been unique in aestheticizing modern warfare, but many forms of battle have had highly ritualistic elements where the aesthetics of warrior etiquette, body, and dress were crucial. Health risks in war are obvious, but they are also present in highly competitive forms of training and performance such as ballet. Anna Aalten (2003, 2004, 2007) has analyzed conflicts among dancers' health, the aesthetic principles of ballet, and the corporeal form necessary for performance. The beauty of ballet depends on an illusion of weightlessness and upward thrusting straight lines, creating "a gap between (the aesthetically acceptable) ballet body and the material body of the dancer." (Aalten 2004: 267) But though dancers suffer from eating disorders and debilitating injuries, ballet cannot be seen purely as an oppressive form of discipline and body alienation. Drawing on ethnographic fieldwork, she shows that female dancers know and feel that the beauty that "ballet connotes goes together with a feeling of strength and stretch in the muscles. In their training and dancing they perceive a level of bodily control that is not (only) metaphorical, but definitely physical" (2004: 272). The discipline required for mastery can be unhealthy but also leads to feelings of joy and satisfaction that are part of a broader notion of health as mental and physical well-being.

I have indicated some of the ways in which health practices and aesthetics mutually shape each other. Health has perhaps always been beautiful (a proposition that sociobiologists and others have tried to empirically demonstrate). But a disturbing implication of the rise of fields such as 'aesthetic medicine' is that beauty can become a prerequisite of health. Aesthetic health, however, should not be seen as always a harmful practice or ideology. Indeed the critiques of medical anthropologists and oth-

ers of mind-body dualism suggest a potential for fluidity between aesthetic, sexual, and physical well-being. If the mind partially affects physical health, then can feeling beautiful – a mental state – be seen as a legitimate dimension of health? The desire to look good, regardless of the structures producing it, can of course result in practices that either increase or endanger physical health. I have emphasized here that aesthetic health merits the broad approach often taken by anthropologists in order to understand how it depends not just on medical technologies and marketing but also the larger meanings and moral frameworks of health and appearance for modern subjects.

Beauty, markets, and globalization

Beauty may be in a sense the ultimate commodity, but this still begs the question: *why* should it sell so well? In part the rising emotional and social significance of appearance in the modern era is perhaps a natural consequence of the social transformations of democracy and capitalism. Modernity can be seen in part as a process of ‘creative destruction’ (Berman 1982) that undermines traditional sources of moral authority, from clerics to family patriarchs to aristocrats. Identities become defined more in terms of the immanent qualities of the person, including appearance and the new notion of ‘personality’, rather than only through social inheritance and relations (Haiken 1997). This is by now a familiar, and to many dubiously ‘grand’ narrative of historical change (I return to this point in a moment). But I think it affords a useful angle from which to understand the salience of beauty in industrialized societies.

The new emphasis placed on appearance in democracy increases body anxiety, but it may also diminish other attributes formerly essential to success, such as family, birth, and character. Changing norms of female (and male) sexuality also perhaps contribute to the notion that appearance is integrally linked to health. Beauty ideals are implicated in eating disorders, which can be interpreted as a negation of female sexuality (Bordo 1993). But perhaps one reason attractiveness has such social and emotional significance in modernity more generally is the emergence of “elective sexuality” and sexual autonomy as desire and pleasure are partially de-linked from reproduction, familial control, and traditional moralities (Castells 1997: 236). I am not suggesting a triumphant story of liberation. Anxiety, alienation, and violence also accompany the greater visibility of female bodies in the public sphere. And while beauty seems to echo (simulate?) the democratic promise of health and freedom for all, it is also intertwined with the class and sexual competition generated as new spheres of social life are subjected to a market logic. Beauty, one might say, thrives in the cracks of a basic contradiction in modernity: the tremendous incitement of social aspirations co-existing with class stratification. Of course, markets are embedded still in older networks of power and privilege. But they remain ‘free’ enough to enable the social fantasy of mobility and self-invention, and competitive enough to arouse tremendous body anxieties, often in relation to work and sex.

This is a gendered contradiction. Women more than men are subject to the commodification of appearance in work markets. In love and sex, beauty competition is

perhaps more psychologically significant for women. And so beauty is both a resource for the self, a vehicle of transformation, and a constraint on choice as the consumer encounters the objectification of female bodies in the market. Baudrillard (1990: 25) makes a similar point: “As the feminine becomes a subject, it also returns as object, as generalized pornography.” Modernity enables new possibilities of self-determination in the arena of love and sex as traditional constraints weaken, such as family control and patriarchal morality. But the search for autonomy and freedom is jeopardized by the extension of a market logic to biological and sexual experience. And so in a sense, beauty mirrors the ambiguous emancipatory power of capital itself: it challenges traditional hierarchies, but exposes the ‘liberated’ body to the new hazards of generalized exchange.

I can’t pursue this argument further here, but I do want to briefly indicate how it can inform an understanding of beauty in the enormously diverse global settings where anthropologists do fieldwork. The female body and its aesthetic alteration can serve as a touchstone for fears and aspirations surrounding modernity. Riots in Nigeria in response to a beauty contest are only one example of how beauty can be interpreted as a threat to national and religious identities. The production and consumption of glamour and sexual allure in the public sphere of the developing world can be seen not only as evidence of cultural imperialism, but as a window onto areas of other moral and emotional conflict rooted in local politics.

Anthropologists of course have often critiqued the notion of modernization as a process of unilineal evolution. It has become more common to speak of ‘modernities’ – Indian, Mexican, etc. – than modernity. And modernization often results in neither the progress of Development nor the wholesale destruction of local traditions, but rather a process of indigenization (Sahlins 1994). The photograph on the cover of the French edition of *Vogue* has different meanings for consumers in Paris and Casablanca (Ossman 2002). The same brand of cosmetics has a different social use when worn under a veil by a woman in Riyadh than by a Cairo resident in public. And while beauty contests seem to inscribe homogenous global ideals, they are thoroughly intertwined with regional and national identities (Banet-Weiser 1999). Viewed cross-culturally these spectacles seem to make everyone different, but in the same way (Wilk 1995). These variations suggest that while beauty is a “special category of women’s experience” in modernity (Banner 1983: 9), it is inflected by local values.

Consider for example the disturbing nexus of race and aesthetics. Globalization has undeniably brought an invasion of images of white or often whitish beauty to new parts of the globe, even as the fashion industry half-heartedly embraces multicultural chic. Cosmetic work such as hair straightening, skin lightening, and cosmetic surgery procedures with names like ‘westernization’ surgery or ‘correction of the Negroid nose’ indicate cultural imperialism. But the global beauty industry does not always override or erase local traditions. In Brazil, some beauty practices aim at a national aesthetic ideal of *morenidade*, brownness, which is linked to racial mixture, though blackness is stigmatized (Edmonds 2007b). Eugenia Kaw (1993) has argued that in the US demand for cosmetic surgery on racial traits – such as eyelid surgery performed on Asian Americans – is fueled by stigma experienced by racial minorities in a

white-dominated society. But East Asian countries where eye-lid surgery is on the rise have complex cultural and economic relationships with the West and multi-directional flows of trade, fashion, and popular culture. In a rich, ethnically homogenous country like Japan it is not clear whether cosmetic eye surgery or the fetishization of pale skin reflect cultural imperialism or the activation of older, local aesthetic ideals (Miller 2006). The beauty industries very broadly defined are major economic phenomena, driven by a market logic. But an anthropological approach can show how they are also embedded in the 'irrational' symbolic field of culture.

Much beauty work was traditionally a semi-secret practice that made use of home remedies and 'artifice' passed between generations of women often to the disapproval of male clerics, reformers, and doctors. It is only relatively recently that it has been rationalized and commercialized on a mass scale. But though many beauty practices are now marketed and performed by experts, in everyday life they are employed as 'tactics' (de Certeau 2002) by the relatively weak on terrain controlled by others. On the face of it, we might think that beauty is just another realm for encoding class domination, a function that so many aspects of the body perform. But attractiveness often impetuously disregards social hierarchy. It is quite obvious that the socially dominant are not always good-looking, even when their privilege thoroughly pervades others aspects of their habitus, from taste in photography to table manners. Beauty hierarchies do not simply mirror economic ones. Rather it is precisely the gap between aesthetic and other scales of social position that make beauty such an essential form of value and all too often imaginary vehicle of ascent for those blocked from more formal routes of social mobility.

Physical allure can thus be a social and psychological asset that actually seems to disrupt the class hierarchies that pervade many other aspects of their lives. Though this belief also testifies to relative powerlessness, it cannot be simply dismissed as false consciousness. The point is recognized in passing in Pierre Bourdieu's (1984) *Distinction*. He argues that the body "is the most indisputable materialization of class taste" (p. 190). Taste literally shapes the body by determining everything from eating habits to posture. But oddly enough, Bourdieu makes a glaring exception for physical beauty. Bodies "*should*," he writes, "be perceived as strictly corresponding to their 'owners' position in the social hierarchy" (1984: 190, my italics). And yet, he argues, they don't. Why? His answer is that the logic of heredity "sometimes endows those least endowed with the rarest bodily properties, such as beauty." This quality of beauty, he continues, is "sometimes fatally attractive, because it threatens the other hierarchies, and ... denies the high and mighty the bodily attributes of their position, such as height or beauty" (p. 190). Bourdieu sees these physical attributes as a kind of dangerous residue not contained by class structures. Beauty is a kind of 'double negative': an unfair hierarchy that can disturb other unfair hierarchies.

This idea hints at one reason why beauty industries are being embraced in emerging markets. Cosmetic surgery is booming in the developing world, from neoliberal Latin America to post-socialist China. In Brazil's *favelas*, there is a general scarcity of small businesses, but next to the ubiquitous bars and evangelical churches there are a surprising number of beauty parlors. Billboards with oversized images of semi-nude

models and athletes dot landscapes of urban decay. Medical and informal cosmetic practices are embraced not only as technologies for sculpting the erotic body but also as a vehicle of social mobility (Edmonds 2007a). And seduction is imagined as an economic tactic and potential escape route from poverty (Goldstein 2003). For workers and consumers on the peripheries of markets, appearance can be seen as a primary form of capital, and beauty work an economic investment. Ethnographers have often aimed to understand social life from the perspective of virtuosos acting in a dynamic, intersubjective field. Applying this perspective to beauty may result in a more complex view of how gendered oppression intersects with the desires, anxieties, and aspirations unleashed by modernity.

I have discussed here the complex relationship between beauty and human health and happiness. The rising visibility of cosmetic surgery, eating disorders, body building, dieting pills, silicone injection, and other consumer and medical practices has meant new public awareness of the dangers of beauty. Cross-country surveys suggest a near epidemic of appearance-related 'low self-esteem' (Etcoff et al. 2004). As beauty industries – broadly defined to include the production of glamorous and sexy images – become entrenched in new parts of the world, they have the potential to shape local ideals and norms of sexuality, gender, and well-being. But to evaluate these changes is tricky, requiring not just critiques of medicalization and commodification, but also consideration of the shifting moral and economic *value* of beauty and health.

Notes

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- 1 I borrow the distinction between 'digital' and 'analogical' from Sedgwick's (1995) discussion of affect in her introduction to the work of psychologist Sylvan Tompkins.

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