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RESEARCH ARTICLE

PLASTIC SURGERY, AN ARTISTIC PRACTICE FOR WOMEN'S PSYCHOLOGICAL AESTHETICS

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Abstract

Beauty and aesthetics are currently relevant issues. In the aesthetic act, the pursuit of beauty is a quest for the tranquility that rests between the plastic surgeon 's hands. Yet, women are driven by the desire to devote themselves to the beauty of their bodies in order to preserve their psychological integrity. The idea that beauty is a remedy and a consolation motivates plastic surgeons to avoid error and catastrophe. So, what place does psychology have in aesthetic demand and, conversely, what place does plastic surgery have in the psychology of women? An eight-month (8) exploratory study was carried out in various clinics. Seventeen women were included in the study, with a mean age of 34.76 years old. The psychological evaluation took place eight days after the first medical consultation and four months after the cosmetic operation. It included a semi-directive interview and two questionnaires (PQVS, GHQ12) to quantify the dimension of subjective psychological suffering. After the operation, the study showed an improvement in subjective quality of life, satisfaction with physical appearance, social investment, and better sleep. Finally, the study endorses the fact that the success of surgical treatment is associated with the artistic gesture adopted by the doctor in surgery and the favorable relationship maintained with the patient. Cosmetic surgery seems to contribute to a complete state of physical, mental, and social well-being. Ultimately, beauty is a therapeutic issue, where the aesthetic surgeon artfully performs, an operation on a woman in pain, with the aim of providing her more psychic than bodily aesthetics.

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Introduction:-

As early as 1910, Immanuel Kant tackled the aesthetic question in his "Critique of Judgment", asserting that natural beauty in its universality is superior to artistic beauty, and postulating that aesthetic judgment is likely to vary from person to person and is therefore not a logical judgment. Nevertheless, the two notions of beauty and aesthetics carry different meanings, even if they are extremely closely linked, but not far from the subjective sphere of sensations, emotions, judgments of taste, and imagination. The artistic act is considered to be an act oriented toward aesthetics and the search for beauty. In art, this search for aesthetics and beauty is based on a principle of idealization and a desire to give form to feelings. The artist is therefore committed to this artistic ideal, shaping his creation until it comes as close as possible to the aesthetic ideal. The aesthetic experience takes the form of perception and action.

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The artist, whether sculptor, painter, goldsmith, or visual artist, draws on his or her artistic sensibility and critical sense to produce, in the end, a singular work that strikes a harmonious balance between content and form. It may be an inert object devoid of meaning, or a person driven by the desire to access the beauty of his or her body in order to maintain inner psychic harmony.

Jacques Lacan, who says that beauty is considered the last rampart against anguish, before catastrophe or horror, means that beauty represents a perfect moment articulated by the desire to attach oneself to life. Beauty provides a sense of pleasure and a state of contemplation of the world where fears fade away.

However, sensitive faculties and psychic instances in conflict, to the benefit of violent or even suicidal behavior, are reorganized on the side of an understanding sustained by aesthetic experience, which enables reconciliation with a singular experience. With regard to beauty, for example, when women, in particular, have recourse to cosmetic surgery for a perceived disgrace to their bodies, they seem to experience emotions that enable them to escape, sublimate human greatness, and rise above natural beauty.

Research Objective:-

The clinical encounters we have had with plastic surgeons and cosmetic surgery patients in the course of this study, raise crucial questions about the place of medicine, which has found itself concerned in the same way as other social practices. For example, reconstructive surgery, which restores bodily integrity, has given rise to cosmetic surgery, which enhances physical appearance.

Despite its critics, cosmetic surgery has become an integral part of the daily lives of women, celebrities, and public figures, modifying facial features and other parts of the body to make them more harmonious or to slow down the aging process.

- So, what is the psychological functioning of the woman behind her request for cosmetic surgery and, conversely, what is the aesthetic function of the body through plastic surgery on the psychology of the woman?

- In other words, our objective in this study is to reveal what motivates a woman to request cosmetic surgery in clarifying what happens at the level of her psychology. And, paradoxically, define the impact that plastic surgery has on a woman's psychology.

Therefore, we suggest that if, etymologically, medicine is the art of healing, and the physician-surgeon presents himself as the man of the art, the notion of aesthetics would de facto entail emotional aesthetics, psychological improvement, and subjective quality of life secondary to the aesthetic surgical act.

We also consider that a request for cosmetic surgery resulting from a serious psychopathology, whose objective is not only appearance, would inevitably lead to a therapeutic goal, so by thinking of excluding a morbid act, in a preventive way, cosmetic surgery could constitute a bulwark against catastrophe" (Lacan, 1999).

Theoretical Framework

Æsthetica is a Latin neologism coined in 1750 by the German philosopher Alexander Baumgarten, which designates the philosophical discipline concerned with the sensible knowledge of beauty, subject to the authority of logic, which is concerned with the intellectual knowledge of the truth. This science of *Æsthetica* studies the type of sensual knowledge that leads to beauty. Its manifestation, originally based on human desire, is displayed in the sensitive forms of a being or a work of art when they harmoniously integrate their different components.

Yet, contemporary societies have systematically devoted themselves to the aestheticization of reality. Heidegger points out that one of the major features of the modern age is "the process of art's entry into the horizon of the aesthetic". When the ceiling of a chapel is painted, art is situated on the horizon of the sacred, not of the aesthetic one; the fresco is not sought for "sensation", but for contemplation.

Today, it is society as a whole, and not art alone, that has entered the aesthetic horizon. Reality must be considered from the angle of its mediatization through images, and thus of the aestheticization of human behavior.

However, at the intersection of Kant's aesthetic theory, which asserts that natural beauty in its universality is superior to artistic beauty, and Hegel's theory of the beautiful, which asserts that artistic beauty is "far above nature", Lacan's vision, set out in the Seminar on the Ethics of Psychoanalysis, finds that beauty is an intermediary

between life and death, and that the enjoyment of beauty makes it possible to avoid catastrophe. Within this continuum of ideas and thoughts, our study brings together the sensitive, subjective, and pleasurable aesthetic experiences felt (Holbrook, 1999) by the women, whose symptoms make it possible to distinguish their atypical psychic functioning in pre and post-surgery.

Our research, which is part of a psychodynamic itinerary, aims to shed light on the significance of certain human, even feminine, behaviors. By meeting these people, we explore their intrapsychic conflicts and the central issues that preoccupy them, starting with what we call the cult of prosperous beauty, which refers to self and body hatred. It's a process of self-deprecation that feeds constant anxiety about the physical while condemning women to exist solely through seduction, locking them into a state of permanent subordination (Mona Chollet -2015).

In this sense, the question of the body constitutes a subject of advanced rights for women, activism through the body pushes to engage the sacrifice body by reaching the ephemeral ideal of contemporary beauty, with the ultimate goal of making oneself heard and being able to exist with dignity.

Nevertheless, the clinical interview lends itself to a kind of empathic listening, handling useful reformulations, Colette Chiland (2016), and to a very reactive, interpretative, floating listening. The interview is semi-structured and not very directive. It remains an undeniably subjective mode of investigation, allowing the use of an open-ended type of questioning to facilitate expression and verbalization, without suggesting a certain way of response or expressing any kind of judgment. However, when patients are invited to verbalize their concerns and freely associate certain words or expressions, they are sometimes confronted with their unconscious and the contradictory elements in their discourse can shed light on the motive for their actions.

However, the clinical position of the family is to some extent at stake in the internal and external conflicts that arise from the interference between differentiation, personal affirmation, family judgment, and social pressures. Clinical responses are thus adapted to personal demands and linked to the multiplicity of symptoms and suffering encountered at all stages of life (Odile Bourguignon, 2006).

In the same vein, the clinical approach proves to be an appropriate alternative that supports the importance of interiority and subjectivity and brings to light the consciousness and intimate feel of a unique and singular subject. The subject is first and foremost encouraged to express his or her feelings and find their own solutions to problems (Odile Bourguignon, 2006).

Yet women's current, factual problems are mainly linked to the appearance of their bodies, and to feed their narcissism, they express the desire to change themselves, with the aim of achieving a sense of pleasure. The sensation of beauty is able to fill this need through cosmetic surgery.

Methodology:-

The history of cosmetic surgery in Morocco dates back to 1967 and began in Casablanca with Dr. Lentillac and Dr. Cochain, one of whose clinics still bears his name. Casablanca is home to the largest number of aesthetic clinics in the country, providing a very favorable base for our research, in which we can find no doubt so consilient people to participate in such an experience.

In practice, our objective, over a period of eight (8) months, is to carry out an exploratory study, using the clinical method and hypothetico-deductive reasoning, in the various clinical establishments with a plastic surgery department in Casablanca. Our study does not include visits to public hospitals: the service of plastic surgery is generally found in burns wards. It is, however, a more reparative task done after an accident.

Choosing the target population.

In the absence of official statistics, and according to the testimonies of some plastic surgeons, in recent years the craze for cosmetic surgery has involved both sexes, all ages combined, with a clear predominance of women. The sex ratio seems to be around 19-21% for men. We, therefore, chose to work with the largest possible population.

Thus, out of 52 women, identified by reasoned choice and for reasons of intimacy and privacy, only 17, whom I thank warmly, agreed to be included in the study. Their average age was 34.76. Five presented for rhinoplasty, three for breast implants, six for abdominoplasty, and three for liposuction. All signed a written consent form

before participating in the psychological evaluation. The study began in the presence of the surgeon at the second consultation, during which the informed consent form was explained before being signed.

Investigative tools.

Clinical interviews.

In the clinical approach, the specificity of the qualitative approach lies in the evaluation of each patient, with his or her specificities, symptoms, or conscious motivations. Indeed, the clinical interview with the patient is a process of elaboration on his or her psychic suffering, which can be reduced to a set of symptoms. Thus, the aim of this research is to make explicit, through the first interviews with women, all the dimensions that shed light on the unfolding of the cosmetic surgery decision-making process in the "pré-coup" phase.

The construction of clinical interviews in the "aftermath" as an investigative technique makes it possible to test the situation, privileging either positive expectations predicted by the desire to see oneself in beauty, or on the contrary a position of uncertainty that refers to the patient's inner psychic journey, carried along by a sense of failure and disappointment.

Furthermore, in clinical practice, and beyond the reasons for requesting cosmetic surgery, the individual obviously elicits reflective listening and a transferential dimension to the encounter that offers the patient a certain internal comfort and reassurance prior to cosmetic surgery, which engages her in an "intermediary path" where she is the observer of the patient's interiority.

Questionnaires.

With the aim of comparing the psychological state of our participants and understanding the emotional impact of surgery before and after the aesthetic procedure, our psychological evaluation, comprising two questionnaires, a test, and clinical interviews, took place in two stages: at T₁, 8 days after the first medical consultation, and at T₂, four months after the operation.

The Subjective Quality of Life Profile (SQLP), created by Dazord et al, is a questionnaire validated in numerous French populations and in the United States. It will enable us to explore the subjective quality of life of our candidates on two levels: their physical expectations, their degree of satisfaction, and their states, in eight domains: health, sleep, reflection, sexuality, relationships with loved ones, and with the environment in general, and finally the notion of future and inner life.

The General Health Questionnaire (GHQ12), developed by Goldberg, enables us to quantify the degree of subjective psychological suffering at the dimensional level, and at the categorical level to define pathological or non-pathological cases on the basis of threshold scores. The domains investigated in our women were somatic symptoms, anxiety, insomnia, social dysfunction, and depression.

Test of "Perception of beauty and its relationship with psychic harmony".

Experimentation:

We expose our target population (17 women) to beauty-related images to see the impact on their affect. Two sets of images, each composed of six visuals, are presented:

1. A set of images presenting beautiful art models (objects, jewelry, paintings.), natural landscapes, and women with ideal beauty, as most often conveyed in the media.
2. And a collection of images featuring objects at odds with beauty and photos of ugly women. The aim is to expose these people to positive or negative effects based on beauty more or less close to the dominant socio-cultural ideal.
3. Each assessment includes a semi-directive interview and the two questionnaires, as well as the "Perception of beauty and its relationship with psychic harmony" test, which is administered to participants towards the end of the first consultation in T₁.

Analysis and Results:-

1/ Content analysis of clinical interviews.

In T₁, we analyzed certain elements that show an aspect of enjoyment in our target population, who wish to have their bodies "worked on" for aesthetic reasons, in order to achieve beauty through cosmetic surgery, which could

offer them a gain in enjoyment. This research is based on semi-structured clinical interviews with eleven (11) clinical cases who have made the firm decision to undergo surgery.

Two of these 11 cases concerned patients with suicidal ideation, convinced that they could get out of their situation by going for cosmetic surgery. These were a young teenager suffering from obesity and an adult woman in psychological distress due to the prominent shape of her large nose.

- These two critical situations cost our two patients a disharmonious psychological state, with symptoms such as hypothermia, abulia, feelings of anxiety with episodic depression, as well as a poor quality of life caused by a mortifying environment that refutes the non-ideal beauty and practices gratuitous psychological violence.

-We, then examined the content of the clinical interviews of the six (6) other clinical cases in the postoperative period (T2), underlining the tendency to take pleasure in looking at oneself in the mirror and contemplating one's physical image.

- Among these seventeen clinical cases, we were able to identify those who had promised themselves, through plastic surgery, a positive effect on their affect, at the mere idea of seeing their appearance improve. Thus, internal psychic disharmony is a question of "beauty" and "art" that concerns the bodies of these suffering women.

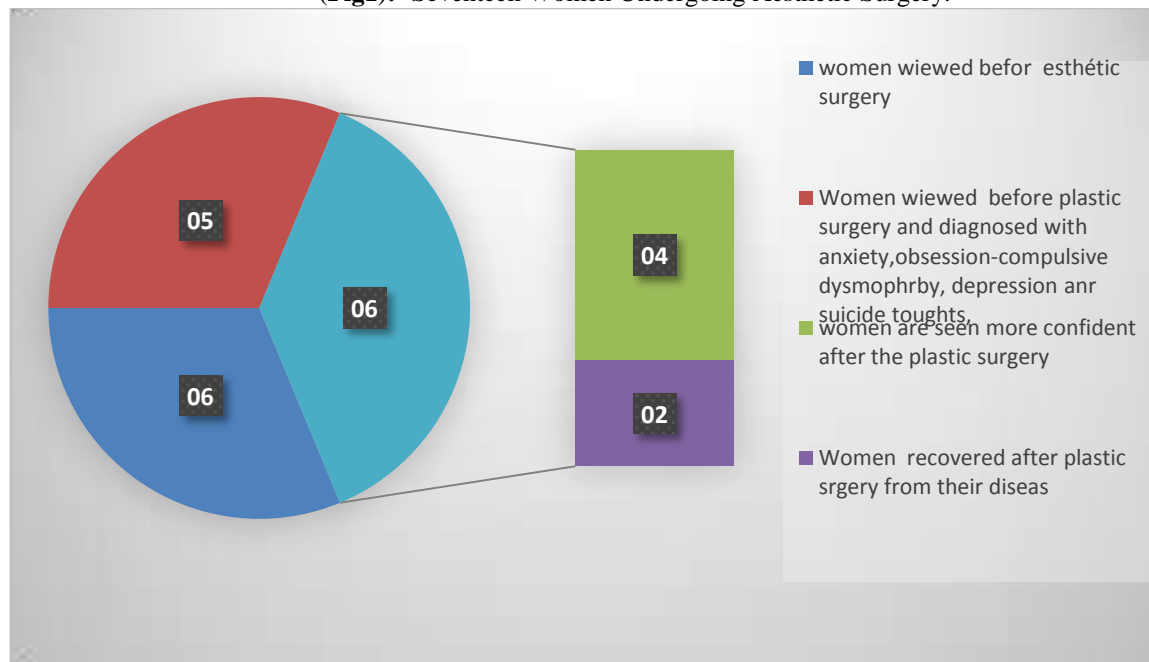
At a given point in the questionnaires, we were able to identify four (04) states pathologized by one total disinvestment from active life, another with a feeling of powerlessness and uselessness leading to social withdrawal, and the other with semiology of an anxiety state, dismorphophobia (BDD) and an obsessive personality disorder.

- The table below shows the number of women interviewed, before and after cosmetic surgery, illustrating two groups of women: one group who seem interested in beautifying their appearance by looking for pleasure in self-contemplation, and another group more focused on resolving external problems and internal conflicts linked to the consequences of knowing themselves far from idealized beauty.

- Thus, four (4) women saw their narcissism grow with greater self-acceptance in their own mirror, while two (2) others felt the sought-after appeasement: the teenager is no longer called the overweight cow, while Miss K. is able to play her role as a receptionist in front of the public with serenity.

- Furthermore, of the 17 women, 07 have serious psychological problems, 02 have proved themselves through body aesthetics and their psychology has gradually become harmonious. As for the other ten (10), they have gone for cosmetic surgery for the pleasure of reinforcing their own narcissism by seeing themselves as beautiful.

(Fig1):- Seventeen Women Undergoing Aesthetic Surgery.



BDD: Body Dismorphic Disorder

OCD: Obsessive-Compulsive Disorder

Finally, the study shows that our candidates' appreciation of the surgical treatment and their good psychological health, four months after the operation, is associated in particular with a high level of satisfaction due to the artistic way in which the procedure is handled plus the harmonious medical relationship between patient and practitioner.

2/ Test results: "Perception of beauty and its impact on psychological harmony".

(Fig2) 98% vs 2%

(Fig3) 80% vs 20%

The scopic experiment yielded the following conclusions and results:

- 98% of the "ideal beauty" visuals selected displayed happy facial expressions, adopted an attitude of deference and admiration, and expressed pleasant feelings. (Fig2)

- The "non-ideal beauty with flaws" visuals presented women who were unattractive compared to the models shown, adopting a distant posture and immediate rejection of the model. (Fig3) The feelings expressed were disappointment, disdain, disinterest, and disaffection of a level of 80% of people.

- The 20% of tested people remained totally indifferent.

This defines the appreciation of beauty as a pleasant, joyful feeling, more attached to life!

Discussion and validation of hypothesis:-

1. "Aesthetics is essentially related to the psychology of sensibility, according to the main theories of beauty and art. Fundamentally, it seems that beauty is that which produces a certain particular feeling called a feeling of admiration. Art can be defined as the expression or representation of the beautiful, and its purpose is, therefore, to procure for man a certain pleasure. The aesthetic pleasure which always accompanies the feeling of admiration." René Guénon, *Psychology: Beauty and Art*, 2001.

2. It's true that the sensation of beauty is experienced from early childhood, in front of bright colors, colored paper, and golden strings. But it's only later that the feeling of beauty is experienced when the sensation of "beautiful" is no longer provoked by a perception, but by a representation that arouses the idea of a pleasurable feeling. The sensation of beauty does not exclude the feeling of wonder, which explains why beauty can be both universal and private. There's nothing to stop a child from becoming deeply attached to or loving the face of his or her own mother, who isn't necessarily pretty. If not, can I act on my appearance to change the way people judge me? This ability to decentralize oneself in order to imagine the world of others is sometimes at the root of psychological suffering. The key to solving this problem is to see a plastic surgeon!" Henri Delmar: *The philosophy of cosmetic surgery*, 2011.

3. "The unfathomable power of beauty. By what spells do little babies and even adults succumb to the harmony of a face and are they sensitive to aesthetics? Experimenting with infants, we showed them on-screen photos of female faces which, after being tested with a group of adults, were considered beautiful and attractive, as opposed to others. The result was surprising: from the age of three days, babies looked longer at pretty faces than at others." Scania de Scohen, Director CNRST- Université Paris Descartes

According to the notions of beauty, aesthetics, and art defined in René Guénon's *Psychology* and S. Schonen's experiment, these seem to agree with our hypothesis that the notion of aesthetics brings feelings of pleasantness and admiration, pleasure, and enjoyment, improving people's psychological state.

Finally, aesthetic visual stimuli seem to interact positively with one aspect of aesthetic psychology. Women are not insensitive to their therapeutic purpose, which seems to support our suggestion that the notion of surgical aesthetics has its impact in favor of psychological harmony in a woman often embittered by the anguish of her physically denigrated forms.

"Undoubtedly, the family dimension and the significant links between the subject and her family constitute an individual explanatory element that integrates the human environment into the interpretation of the subject's mental functioning. The many unconscious effects and influences of family members on the environment, support the idea that this family groupality leads to an open and dynamic model so that the link to the environment can be grasped in all its complexity as one of the motivations of human behavior in relation to the environment" Cliniques des Afriques -L'Autre (2022).

In this sense, self-image remains a determining factor in psychological well-being and seems to be part of the notion of health as defined by the World Health Organisation (WHO): "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity..."

This notion of well-being is often put forward by patients who undergo cosmetic surgery. They predict a better quality of life, self-acceptance that promotes positive social integration, peaceful sleep, and the overcoming of suffering rooted deep in their subconscious. This explains the therapeutic purpose of cosmetic surgery.

On the other hand, in any medical procedure, there is a risk of after-effects if cosmetic surgery fails. The patient is informed in advance of any possible complications and signs her consent during the initial consultations. A period of reflection must be observed before any taken decision, even if the woman is impatient to fight for her beauty, which she considers a legitimate right!

Conclusion:-

It's nothing new in human history for the female body to be subject to beauty standards. But never before society has so much encouraged the fantasy of perfect physical appearance and ideal weight. Historically, the female body has always been considered a masterpiece of art, capable of responding to real-time adjustments. However, even in earlier eras, such as the nineteenth century, when painful and unhealthy corsets were used to accentuate breasts, hips, and buttocks, women struggled for specific ideals of bodily beauty.

In the twentieth century, all societies became more inclined to admire a slimmer aesthetic model, considering that what was once considered ideal is now taxed as dietary excess. Body image is also the result of cultural messages. In Moroccan culture, for example, women's weight is increasing exponentially. These women choose to emphasize their curves and correct their physical disgraces by following the models conveyed by television, the media, the written press, and the social networking platforms of YouTubers or Miss Arab Beauty. Fundamentally, these women seek to be accepted, validated, and appreciated, but when they become the target of criticism or rejection, the risk of developing mental health problems and eating disorders is even greater. Disruptive behavior in the social environment can have a negative impact on emotional levels, risking increased rates of sadness, melancholy, and even depression, as well as other disorders.

If painting or the plastic arts, theater or choreography, music or writing - all practices mediated by art - are concerned with the question of Beauty as a remedy, the body benefits, of comfort, even of reconstruction, also invite the notion of aesthetics through the art of an experienced surgeon.

Indeed, the surgeon must take into account symmetry in his approach and the way in which the skin is worked. The skin represents for the person, a bodily envelope that serves to build the psychic envelope which is carried out in a prior process, the construction of a common skin between mother and child in terms of quality of maternal care and the satisfactions given to the children. It is also a place of memories on which rests the nature of the early relationship with the mother that Didier Enzieu calls "the skin self" (le MOI PEAU) and the aesthetic acts of the plastic surgeon.

Taking an interest in art, aesthetics, and beauty is, therefore, an area of interest for the psychologist, as a proposal to open the doors of creativity to certain pathologies, allowing them to have means of displacement, outside of purely negative and deficit stigmas. It's essential to think of the body as a place of uncertainty, passage, tension, and transformation between inside and outside, between oneself and the world. The body is the encounter that takes place, from which the clinic develops the restoration of the soul in its full splendor avoiding the worst.

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