The Idea of Beauty and Its Biases: Critical Notes on the Aesthetics of Plastic Surgery

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Summary: Two biases affect the idea of beauty often embodied in aesthetic surgery. The first one is that the living body is the sum of different parts; the second one claims that beauty results from the sum of beautiful elements. Taken together, these 2 biases explain most of the aesthetic surgery procedures, in which a localized improvement is supposed to impact on the whole body image. In this article, I put into question these 2 problematic assumptions, showing that Western and Eastern aesthetics, on one side, and philosophical reflections, on the other side, support a different conception of beauty. In particular, an alternative idea that opens to authenticity and imperfection and focuses on the living body rather than on the mere anatomical surface is proposed here as a more adequate concept of beauty for aesthetic surgery. (Plast Reconstr Surg Glob Open 2017;5:e1523; doi: 10.1097/GOX.0000000000001523; Published online 25 October 2017.)

In the past 2,500 years, Western aesthetics failed to provide a shared definition of beauty. Some philosophers have even argued against the universality of beauty, observing that different people have different models of beauty. The French illuminist Voltaire, for example, stated that “beauty is often very relative, just as what is decent in Japan is indecent in Rome, and what is fashionable in Paris, is not fashionable in Pekin.”1 How does aesthetic surgery take into account such a vague concept of beauty?

In this article, we would like to evidence 2 biases often embodied in the idea of beauty of aesthetic surgery:

1) The body is a sum of different parts;
2) Beauty results from the sum of beautiful elements.

An example will clarify the point. Let us consider a patient undergoing an aesthetic rhinoplasty. He/she must assume that a localized improvement (i.e., regarding the nose) will improve his/her body appearance. Seen as the sum of different parts (first bias), the body can improve aesthetically because one of its parts becomes more beautiful (second bias). In what follows, we put into question these 2 assumptions.

First Bias: The Body is a Sum of Different Parts

In the phenomenological tradition, Leib is the living body, the first person body, that is, the body which experiences passions, feels pleasure and pain. On the other hand, Körper is the anatomical body, the third person body, the body of others, which is made of different parts, beautiful and regular or unproportioned and ugly.2 This perspective helps understanding the peculiar status of aesthetic surgery. In fact, aesthetic surgery regards the appearance, that is, the Körper of the patient, but in such a peculiar way that it always affects patients’ Leib too. This differentiates aesthetic surgery from others surgical specialties and stresses the psychological aspects of plastic surgery.3 For these reasons, it has been said that “aesthetic surgery needs psychic preparation.”4 In fact, if an appendix removal could have aesthetic consequences, its aim is functional-physiological. On the contrary, rhinoplasty directly affects patients’ Leib. Therefore, operations that are perfectly accomplished from a surgical point of view (i.e., Körper) may be unsatisfactory from the point of view of the patient (i.e., Leib). This aspect is directly responsible for the difficulties of diagnosis that nowadays plastic surgery has to overcome to gain back the objectivity of its outcomes, which is a fundamental aspect of every surgical practice based on scientific evidence (as it is for the appendix removal).5 In this direction, Tambone et al.6 proposed an algorithm about patient request of improvement of appearance, suggesting how nonfunctional problems (e.g., psychological, relational) have to be con-

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sidered in the therapeutic process. Surgical solutions cannot be proposed when patients’ perspective influences or alters the perception of self-appearance (e.g., patients with body dysmorphic disorder) or for patients who are overly demanding and highly critical. In the same line, the scientific community is working for a higher accuracy in the evaluation of the surgical outcomes by creating patient-reported outcomes (see 7 for a review) as analytic instruments for evaluating pre- and postoperative patient perception of self-image and quality of life (thus involving dimensions that characterize the Leib).

SECOND BIAS: BEAUTY RESULTS FROM THE SUM OF BEAUTIFUL ELEMENTS

The history of Western art clearly suggests the belief that beauty arises as the result of a careful search for the essential and can be reached only when everything that is unnecessary gets eliminated. The Venus of Milo, the Rondanini Pietà, or the sculptures by Giacometti would not be more beautiful after the addition of parts that were either deliberately removed by the artist or lost during the centuries and that now essentially characterize their “aura.” They would be more complete, but not more beautiful, as beauty is not perfection, augmentation, or completeness. Also in domains other than visual art, such as Western classical music, artists have similarly assumed that the highest aesthetic outcome results from the perfect combination of a few elements. Let us consider the famous Beethoven’s Fifth Symphony, in which the first movement is developed from a very simple (and raw) theme, or Bach piano masterpieces, in which no single note is unnecessary.

This point is evident in Eastern cultures too, where beauty is often linked to simplicity, authenticity, irregularities, and imperfections too, as happens for the Japanese Wabi-Sabi aesthetics, that explicitly claims for a “beauty of things imperfect, impermanent, and incomplete.” Japanese aesthetic was deeply influenced by other ancient Eastern cultures, such as Taoism and Zen Buddhism, in which the aesthetic dimension is strictly correlated to the moral one. Aesthetic is thus embodied in the care of simple, natural, and ageing objects, such as the paper chosen for a letter or a rustic-looking tea bowl used in the tea ceremony.

CONCLUDING REMARKS

The idea that beauty can emerge from the sum of beautiful elements was here considered in relation to aesthetic surgery. The philosophical distinction between Leib and Körper may help facing aesthetic surgery patients’ request, opening to alternative ways of resolving the imperfections that are not necessarily surgical.

Examples from both Western and Eastern traditions suggested that beauty cannot be reduced to mere appearance, as it is expected to reveal an inner or higher meaning. In this line, aesthetic surgery should help the patient to pursue his/her own beauty rather than to propose the beauty of an impersonal model based on universal proportions. Combining surgical expertise and anthropological qualities, plastic surgeons consider physical imperfections of the patient together with his/her psychophysical life, which is always linked to and nourished by social, affective, emotional, and sexual relationships. A renewed consideration of human corporeality leads to the distinction between the body that I have (Körper), measurable and objectifiable, and the body that I am (Leib), that is, the centre of experience and intersubjective relations. For this reason, the sensibility and the qualities of the surgeon should never be reduced to qualitative/quantitative metric or evaluation tool (i.e., patient-reported outcomes), which can only integrate to his scientific expertise and humanity.

REFERENCES

1. Voltaire F. Philosophical Dictionary. London: Penguin Books; 1979.
2. Husserl E. Cartesian Meditations. An Introduction to Phenomenology. Dordrecht: Springer; 1999.
3. Sykes JM. Managing the psychological aspects of plastic surgery patients. *Cryos Open Otolarngol Head Neck Surg*. 2009;17:321–325.
4. Feiss R. Aesthetic surgery: a cosmetic preparation. *Ann Chir Plast Esthet*. 2005;48:296–298.
5. Rohrich RJ. So you want to be better: the role of evidence-based medicine in plastic surgery. *Plast Reconstr Surg*. 2010;126:1395–1398.
6. Tambone V., Barone M., Cogliandro A., Di Stefano N. and Persichetti P. How you become who you are: a new concept of beauty for plastic surgery, 2015;42:517–520.
7. Pusic AL., Lemaine V., Klassen AF., et al. Patient-reported outcome measures in plastic surgery: use and interpretation in evidence-based medicine. *Plast Reconstr Surg*. 2011;127:1361–1367.
8. Koren L. Wabi-sabi for Artists, Designers, Poets and Philosophers. Point Reyes, Calif.: Imperfect Publishing; 2008:7.
9. Saito Y. The moral dimension of Japanese aesthetics. *J Aesthetics Art Criticism*. 2007;65:85–97.