

THE PSYCHOLOGY OF BEAUTY

Creation of a Beautiful Self



ELLEN SINKMAN

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For Arthur, David, Matthew, and Laura who personify beauty

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The Psychology of Beauty

The Creation of a Beautiful Self: “The Invisibility of Beauty in Clinical Work”

Beauty is often an invisible yet potent presence in clinical work. This book addresses the vital importance of beauty, its diverse sources, and manifestations in the lives of everyone—including patients in psychotherapy. The ability to be mesmerizingly beautiful and beautifully creative, strivings toward mastery of beauty, and wishes to be transformed or re-created are universal desires. In the course of psychotherapy, patients manifest—or defend against—these forces. So it is striking that patients as well as therapists often overlook or dismiss issues about creating beauty in themselves.

Introducing this seeming contradiction, the ancient myth of Pygmalion and his sculpture of a beautiful woman begins Chapter 1, “Pygmalion and His Living Sculpture.” These enduring mythic figures represent the complicated wish to emerge as a beautiful being and the wish for the power to create beauty in another. Patients in psychotherapy often pursue these elusive goals outside of clinical work, rather than within treatment. Manifold venues hold out the enticing promise of re-invention. These activities may involve plastic surgery, beauty salon makeovers, diet gurus, elocution coaches, tattooing, and personal athletic training. Seekers of beauty engage with people whom they see as agents offering them ravishing physical or charismatic attractiveness. Psychotherapists may or may not be among agents perceived as having the power to transform.

The quest for beauty is decidedly widespread and in many instances non-pathological. In fact, this book looks at multiple avenues of understanding, appreciation, and efforts toward beauty including artistic creativity and political activities. However there is a *spectrum* of interest and investment in

creating beauty. Yearning for and pursuing beauty can become pathological, and therapists need to keep a watch-out for its appearance outside the psychotherapeutic arena. Such material can be missed when the analyst falls into counter-transference difficulties such as: feeling invested in transforming the patient; identifying with the patient's narcissistic injuries and/or needs to compete and triumph; or enacting sadomasochistic battles with the patient. Such difficulties necessarily interfere with listening to and understanding patients' experiences.

The psychology of beauty and the search to create a beautiful self are explored. The book points out emerging clinical material which has yet to gain critical notice and suggests what analysts may be missing, and why.

Chapter 2, "Prehistoric and Literary Eras: Seeking a Beautiful Self," situates the importance of beauty concerns in a historical context, beginning with proto-humans. Mythology, fables, and psychology through the millennia share sources and structure. Archaeological, literary, and artistic underpinnings confirm the enduring appeal of creating a beautiful self.

Psychoanalytic literature has contributed to understanding how themes continue in the fantasies of present-day women.

Chapter 3, "Ordinary Beauty and Timeless Fantasies," shows how the myth of Medusa and the fairy tale Rapunzel focus on the importance of hair in beauty concerns, illustrating the preoccupation which most women have with hair and hairstyles.

Psychodynamic aspects—including conflicts around smells, sadomasochism, autonomy, and castration—are plumbed. An analytic case vignette of one high-functioning woman highlights such life-long themes.

Chapter 4, "Re-birth, Transformation, or Growth: Narcissistic Hurdles in the Quest to Become Beautiful," contrasts the longings of neurotic, or healthier, people to be attractive with pathological difficulties of people who have greater narcissistic vulnerabilities.

Multiple facets of gazing into mirror reflections and of urges to control images are examined.

Chapter 5, "The Misplaced Therapist: In Search of Pygmalion on and off the Couch," discusses the search to become beautiful, and hence perhaps to be transformed, both within and outside of psychotherapeutic treatment. Psychodynamic Pygmalion interactions are investigated in external venues such as beauty salons.

Chapter 6, "Reaching Farther for a Pygmalion Experience: Artistic Beauty or Pathological Excursions," looks at the body as the original canvas for creative experimentation. Extreme instances of body modification are detailed, showing the link between internal psychic states and the external body.

In Chapter 7, "Perverse Sadomasochistic Aspects in the Urge to Become Beautiful: Use and Abuse in Pygmalion Dyads," sadomasochism is one of

the perverse psychodynamic aspects which can underlie body modification. Perverse character structure includes a distortion of reality and an inability to tolerate intense affects. Perversely relating to one's body results in difficulties in identity and interpersonal relationships.

Chapter 8, "The Intersection of the Biology and Psychology of Beauty," considers how advances in neuropsychology shed light on the psychology of beauty. Concepts of embodied cognition and neuroplasticity help situate beauty perceptions and concerns within a physiological, emotional, and relationship context. Implications for psychotherapy are indicated.

Chapter 9, "Understanding the Invisibility of Beauty in Clinical Work: Translating the Unseen," underscores non-verbal communications about beauty. Physical metaphors, rich with personal history, may go unnoticed if verbalization is the only focus.

Chapter 10, "Doing Versus Talking in Clinical Work: Cautionary Tales for Working Successfully with Beauty Issues," reminds clinicians of transference/counter-transference pitfalls. Non-verbal communication about matters of the flesh tends to stir up competition, envy, intimidation, perverse fantasies, and sensuality. This is particularly true with action-oriented people and those urgently desiring physical transformation. Defensive privileging of verbalization can result in both clinician and patient keeping such crucial issues outside of the psychotherapy.

In Chapter 11, "Creating Beauty: Evolutionary and Cutting Edge Perspectives," bio-evolutionary foundations of beautification are revealed. In addition to mate selection, engendering pleasure, bonding socially, and encouraging creativity have been traced back to the Paleolithic era. The neuro-aesthetics of beauty, studied through brain imaging, disclose principles of stimulation of the experience of beauty. The neuroscience of curiosity and mastery also plays an important part in efforts to create beauty.

Chapter 12, "Variations on Definitions of Beauty," surveys a world-wide range of views about female beauty. Perception of attractiveness critically influences selection by mates, career success, earning power, and social acceptance. Socio-political ramifications include political, power, and sexual freedom. The chapter looks at how several ethnic groups have juggled such pressures on women.

In Chapter 13, "Beauty, Gender Identity, and Primary Femininity," distinctions between current views and those of Freud are underscored, particularly concerning Freud's "bedrock" idea that every little girl discovers her "organic inferiority" and wishes for a penis. Women's delight in their own bodies is explored, as are concepts of female genital anxieties and the impact of these anxieties on character and feelings of beauty.

Chapter 14, "Origins and Endings of Beauty," explores beauty as originating within the mother/infant dyad. Both power and fear reside in this experience. Ugliness, the opposite of beauty, releases unconscious sexual

and aggressive derivatives in the mind of the observer. Envy, jealousy, and resentment of other people's beauty are excruciating feelings, but *being* beautiful is also hazardous. Aging and loss of beauty are perilous, but can become chapters of new consolidation of oneself.

For both layperson and professional *The Psychology of Beauty: Creation of a Beautiful Self* offers insights into the primacy of beauty in the human psyche.

Chapter One

Pygmalion and His Living Sculpture

. . . he carved his snow-white ivory
With marvellous triumphant artistry
And gave it perfect shape, more beautiful
Than ever woman born. His masterwork
Fired him with love. It seemed to be alive. . . .
His heart desired the body he had formed . . .
And kissed her as she lay, and she seemed warm;
Again he kissed her and with marveling touch
Caressed her breast; beneath his touch the flesh
Grew soft, its ivory hardness vanishing,
And yielded to his hands, as in the sun
Wax of Hymettus softens and is shaped
By practised fingers into many forms . . .
Delight and terror that it was not true!
Again and yet again he tried his hopes—
She was alive! The pulse beat in her veins!
And then . . . at last
His lips pressed real lips, and she, his girl,
Felt every kiss, and blushed, and shyly raised
Her eyes to his and saw the world and him . . .
—*Pygmalion* (Ovid, 2008, pp. 232–234)¹

The myth of Pygmalion and his beloved can emerge dramatically during psychotherapy and psychoanalysis from both sides of the couch. From the patient's side is the transferential fantasy that the female patient will finally emerge as a beautiful vibrant being through the artful and skilled hands of her private sculptor. Only his artistic ministrations can make her over and quicken her latent being. She is profoundly his creation.² On the other side is the analyst whose potential counter-transference of grandiosity and narcissism could get enacted in his over-involvement in his patient's accomplish-

ments. There can be intense conflicts about the fantasy for both participants, and it may be soundly defended against. Often there is transference/countertransference collusion between patient and analyst resulting in enactments of such a fantasy, both on and off the couch.

The fantasy of the existence of a Pygmalion and his beautiful work of art can be an important unconscious organizing fantasy in psychotherapeutic treatment. (The terms psychotherapy and psychoanalysis will be used here interchangeably, as will the terms psychoanalyst and psychotherapist.) In certain cases such fantasies attempt to establish a sense of narcissistic equilibrium as well as to correct what Michael Balint (1968) described as “the basic fault.” These people pursue a beautiful self-image by a connection with an idealized person. They hope to resolve narcissistic injuries by partaking of the power and glory of the aggrandized other person.

In other cases the Pygmalion fantasy is not primarily related to issues of self-esteem and narcissistic equilibrium but rather to conflicts at various levels of psychosexual functioning. In addition one most clearly sees enactments of the fantasy of being re-made by a Pygmalion when the patient has urgently felt needs for concrete realization of wishes. This can happen when the patient has substantial difficulty in symbolization. These forces propel such patients toward splitting the transference: the seemingly ‘higher-functioning,’ quasi-insightful and reflective verbal transactions may occur while on the couch. The more regressive, less articulated, perhaps experienced as more ‘real’ interactions may flow while the patient is in someone else’s hands.

For patients very concerned with the surface of things, fantasies more easily get enacted in situations outside of psychotherapy. These women desire an actual Pygmalion and often find this other professional in a highly-cathected figure in their lives, for example the hairdresser/beautician, who can play the role of Pygmalion. Analysts may not pay more than cursory attention to patients’ recounting mundane experiences with those other professionals, those other would-be Pygmalions, who actually might hold core aspects of quasi-analytic moments in their hands. These moments occur in a setting where the elements conspire to evoke dynamics of mythic significance, a setting where the quest for beauty is at its most intense. Aspects of the psychology of beauty are quite discernible then.

The beauty parlor experience, perhaps the *sine qua non* example of such a setting, induces remembrance of things past. Undergoing treatment in that setting—a beauty salon—is potentially powerfully regressive and replete with fantasies from every psycho-sexual level. Parallels to the patient’s psychoanalytic undertaking, particularly transference feelings, are manifold. The customer/patient often begins by seeking a referral from an important figure in her life, frequently someone with whom the patient identifies or who is the object of merger fantasies. Alternatively, the referral very com-

monly is sought from an individual who is narcissistically admired or idealized. They may seek analysis only with ‘famous’ analysts, hoping to participate in their power. There may be envy and wishes to obtain the secret name of the salon *artiste* ‘responsible for’ the admired one’s attractive allure. They place great importance on the analysts having expensively decorated offices. Exorbitant fees of both analysts and beauty salons contribute to the mystique. There are salons which cater to a wealthy, glamorous, influential, well-known clientele. The prospect of entering their world—perhaps even seeing them with their ‘hair down’—can prove irresistible to patients with significant narcissistic vulnerabilities. The initial elation upon gaining entry to the source of power, which is the first goal, may be followed by anxiety aroused by dormant or manifest conflicts about achieving success. (The pronoun ‘she’ is used here in deference to the significance of beauty treatments in the lives of female patients. Certainly, differences between male and female patients should be examined. Gender differences of the analysts and hairdressers might also be important.)

One prized metropolitan beauty salon illustrates a version of the stimulating atmosphere which patients frequently merely mention casually, as if in passing, during sessions. This establishment is a multi-storied, beautifully decorated, throbbing center of activity owned by a dashing foreigner. He is Pygmalion *par excellence*. In this grand setting the first floor security guard is discriminating. The retail shop access is quite separate from upper private floors of workspace. One is not allowed to wander freely onto the floors of creativity if one is merely ‘browsing.’ A beauty makeover destination is serious business. Special rooms are presumably for special people. The shop is filled with acolytes who seem handsome, self-possessed, and sought-after. The grandeur of the setting is mirrored by clients adorned with make-up, jewelry, and designer fashion apparel who whip out the newest versions of iPhones and iPads with CEO flair as they prepare to be processed.

One is expected to alter one’s state of consciousness from an intact, conscious, active ego state—where one has been negotiating reality—to a more regressed, less consciously-directed state. Analysts similarly expect an analogous journey onto the couch and into transference: a giving oneself over to a quiescent, inner-directed, less controlled submersion into an altered state of being. Some patients, perhaps especially those with problems in symbolization, may allow themselves to regress more in the beauty salon than in their analyses. Other women cannot allow themselves, for reasons which need to be explored, to go to salons and be physically touched and handled.

The significant difference in the two venues of regression, of course, is that the skilled hands guiding the patient/customer on the beauty journey are literal, physical, and explicitly stimulating. The customer, partially disrobed and then further de-differentiated by being garbed in salon uniform, is eased onto a reclining chair and invited to stare into herself. She has offered herself