

Intersectional dialogues on beauty, body and health

The scope of this thematic issue seeks to appreciate beauty as an analytical category and, based on the perspective of the Human and Social Sciences in Health, promote *Intersectional dialogues on beauty, body and health* with analyses that seek to place the construction and materialization of beauty on the agenda from its most diverse intersections related to sexuality, gender, race/ethnicity, social class, generation, geographical location, health policies and services, geopolitical movements, migration, and subjectivity, among others.

We would venture to say that the construction per se of an embodied perception of oneself as more or less beautiful is based on collective agencies of enunciation¹ which, by offering the conditions of possibility for the construction of the human being by and of itself, produce processes of differentiation and embodiment in which an idea of beauty seems to be necessarily present. Thus, the construction of a body image that is socially recognized as beautiful would seem to presuppose a certain value hierarchy of what would be aesthetically considered more or less beautiful/desirable/legitimate for that social group. This is precisely because the processes of subjectivation and socialization of the body take place through different body techniques – such as diet, cosmetics, clothing, plastic surgery, and various aesthetic treatments, etc. – which undergo processes of standardization according to the values, norms and practices of a given social group, context and historical period.

Thus, construing the body as beautiful brings into play day-to-day practices of production of the self which, in different ways, reiterate and/or subvert the so-called predominant standard of beauty in contemporary Western society, which, for example in the case of femininity, is often conceived as the feminine itself or as hegemonic notions of femininity². In this sense, an intersectional gender perspective was used to analyze the production of beauty in diverse femininities in almost the entirety of this thematic issue, given that the body assigned or assumed as feminine is predominantly constituted as more manipulable and/or the object of different interventions aimed precisely at the construal of what is identified as beauty.

If an idea of beauty externalized in the body may appear almost superimposed upon the notions of body and corporeality, since the former is directly related to the very inscription of cultural symbols and meanings on the body, we observe how there is a constant dispute over the construal of what is considered beauty in the most diverse social groups and historical periods, literally producing the embodiment of that body and its distinction from something or someone else seen as its constitutive other³.

In this way, we seek to concentrate on two main axes of analysis in this Thematic Issue: 1) Reflections on the social construction of beauty and the ways in which this construct invariably modulates both our own way of perceiving otherness and the knowledge and practices in the field of health, social assistance, among others; 2) Analysis of the processes of construing beauty as a difference based on social markers inscribed on the body that take place both in relation to official health services and institutions (and their relations with the aesthetic-cosmetic market) – so that beauty is often perceived or socially signified as synonymous with health – as it is on the margins of the official health sector.

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