

**THE POLITICS OF FEMALE BEAUTY IN BRAZIL: AN INTERSECTIONAL
STUDY OF RHINOPLASTY OF THE *NARIZ NEGROIDE***

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Abstract

This thesis discusses the phenomenon of the consumption rhinoplasty of the “*nariz negroide*” to examine the politics of race and beauty. In the early 2000s, consumption of rhinoplasty of the “*nariz negroide*” increased with the ascension of a new Brazilian middle class, many of whom were women from non-white backgrounds. The thesis examines a disrupting of new spaces of consumption 2017-19, allowing us to reflect the wider politics of beauty interplaying with the lived experiences of this new group of consumers. Furthermore, this emerging market has challenged a pervasive raciological discourse and practice in a cosmetic surgery industry that mobilises the influential and resilient discourse of *mestiçagem* that has traditionally occluded racial identities based on a “colour blind” Brazilian conviviality.

This thesis asks how the cultural constructions of rhinoplasty of the *nariz negroide* in Brazil can be understood intersectionally through prisms of race, class and gender. In theoretical terms, the thesis is shaped by Paul Gilroy’s formulations of raciology and conviviality, which this thesis argues are in dynamic interaction whereby longstanding Brazilian raciological discourses of beauty, evident in the practice and promotion of rhinoplasty, are negotiated by new consumers who self-fashion their own beauty without necessarily having recourse to such raciologies, primarily based on an appeal to the convivial discourse of *mestiçagem*.

Methodologically, the research involved semi-structured face-to-face interviews, online questionnaires, focus groups and social media analysis. Rhinoplasty surgeons, women who had or wanted rhinoplasty, Black female activists and bloggers took part in this study.

Previous studies have suggested that this market reflects a “consumer citizen” (Alexander Edmonds, *Pretty Modern*, 2010) whereby individuals’ newfound middle class status would assist them to take up national identities and roles they were previously excluded from due to Brazil’s structural inequalities. Alternatively, a “cosmetic citizen” (Alvaro Jarrín, *Biopolitics of Beauty*, 2017) has been proposed, suggesting that a largely passive body of economically marginal non-white Brazilians are subject to a state-imposed set of aesthetic and racial hierarchies implemented through cosmetic surgery. The contribution of this thesis is to question these competing visions. Instead, the thesis highlights the heterogeneous experiences, motivations and identifications of the women involved. These consumers have displaced raciologised notions of beauty, instead self-fashioning a “*morena nose*” rooted in a complex negotiation between Brazilian languages of conviviality and multiculturalism.

Keywords: *rhinoplasty, cosmetic surgery, intersectionality, race, class, markets.*

Declaration

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Chapter, "The cultural politics of femvertising of beauty: social media and rhinoplasty of the 'negroid nose' in Brazil," in Joel Gwynne (ed.), *The Cultural Politics of Femvertising* (Palgrave Macmillan, May 2022).

Introduction

The *nariz negroide*: A problematique

When I first interviewed Diana at a shopping centre in São Paulo early in 2017, she told me how she had had rhinoplasty surgery six months prior and that she loved her new nose: “Now I’m addicted to my nose, I really want to take pictures, I can’t stop looking at it in the mirror”¹. She was 23 at the time and had wanted to have rhinoplasty since she was 16. Diana worked in the training department for a national telecommunications company and had a Psychology degree. She was the first person in her family to go to university and said that her family was very proud of her because she had done better than her parents, her mother was a nursing assistant, and her father was a builder. She did not think her nose was beautiful before, it had been too wide and too flat. Her surgery had made it narrower with a more prominent tip. A few weeks prior to meeting, I had contacted Diana via her Facebook group that she had set up a few months earlier, *Rinoplastia Nariz Negroide* (Rhinoplasty of the Negroid Nose). Diana told me that she had set up her Facebook group because she had found it difficult to get information on having rhinoplasty on her type of nose, described as a *nariz negroide* (Negroid nose) within the rhinoplasty world. Within the cosmetic surgery field, the terms *nariz caucasiano* (Caucasian nose) and *nariz negroide* are commonly used in Brazil.²

At the time Diana and I met, her group had around 6,000 members, Diana was surprised at how it had grown to such a high number so fast but she told me that she put this down to the increasing demand from women with this type of nose who were keen to have rhinoplasty and how women with this type of nose found it difficult to find a surgeon who would operate on her. This increase in demand was intriguing to me and I was interested in the phenomenon of rhinoplasty of the *nariz negroide*, particularly in the light of the shift in socioeconomic structure in Brazil. It seemed that there was a collision between an emerging consumer market and established social hierarchies. Central to my research is a desire to understand the

¹ “Agora eu sou viciada no meu nariz, quero muito tirar foto, ficar olhando no espelho”

² The term *nariz negroide* (Negroid nose) comes from the medical profession and is commonly used on social media forums by both rhinoplasty surgeons advertising their services and women seeking rhinoplasty surgery. The term refers to a nose which is common among people with African ancestry, although as Brazil is highly miscegenated, this nose is not strictly a characteristic of Black women. However, on social media groups and among the women I interviewed, this type of nose is seen as undesirable and needs to be changed. There is also the term *nariz caucasiano* (Caucasian nose). As part of this thesis, I use these terms consistently in Portuguese to describe the nose of women who have assigned this term to their noses or where surgeons have used this terminology, or to discuss the terminology in general. The terminology is discussed in detail in Chapter 3.

link between the market increase and the social structural changes, and to understand the experiences of women in their quest to access rhinoplasty surgery.³ I also wanted to examine how this emerging market with its clear racial marker of the *nariz negroide* fared within the context of Brazil's rigid racial hierarchies as these traditionally prejudiced women with this feature. Although Diana was clearly very pleased with her rhinoplasty surgery when we first met, when I spoke to her the following year she had had a further operation and told me that her nose had changed, therefore she thought it could look better if she had a further "tweak". About six months later, she had had another operation, bringing the total to three. The fact that Diana had been so delighted with her nose after her first operation and then had gone on to have two more operations surprised me. She told me that this was common among those with a *nariz negroide* because surgeons often said it was hard to operate on, therefore it was difficult to achieve the desired result with just one attempt.

This thesis analyses the emergence of consumption of rhinoplasty of the *nariz negroide* in Brazil since the period of economic growth that took place in the early 2000s based on interviews with cosmetic surgeons and rhinoplasty patients as well as social media tracking that I carried out between 2017-2019. In this analysis of the consumption of rhinoplasty, the interviews and social media analysis illuminate the way the existing rhinoplasty sector has faced the demands of this new audience given the latter's class and racial dynamics. The interviews and social media analysis provide important insights into how this consumption has potentially disrupted the rhinoplasty market but how extant aesthetic hierarchies seem to resist changes that the market demands. I examine the challenges that this newly emerging market pose to predominantly white male rhinoplasty surgeons in order to help us understand race and class hierarchies and female empowerment within the framework of the politics of beauty in Brazil and how these reproduce and sustain aesthetic hierarchies. It is also important to outline the three key contributions of this thesis.

First, in terms of Brazilian studies, this thesis has been heavily influenced by the work of Alexander Edmonds' *Pretty Modern: Beauty, Sex, and Cosmetic surgery in Brazil* (2010) and Alvaro Jarrín's *The Biopolitics of Beauty: Cosmetic Citizenship and Affective Capital in Brazil* (2017). As discussed later in this chapter, both texts have been vital in examining and conceptualising the beauty industry in Brazil, particularly in terms of how it interacts with issues of race and social class. However, Edmonds' text constructs a "citizen-consumer",

³ According to the International Society for Aesthetic Plastic Surgery (ISAPS), 74% of rhinoplasty patients are female <https://www.isaps.org/wp-content/uploads/2020/10/ISAPS-Global-Survey-Results-2018-1.pdf>, 41.

whereby the *classe C* consumption of beauty offers a road to a fuller Brazilian citizenship previously unavailable to those suffering the class and racialised inequality that so many millions of Brazilians have experienced. Meanwhile, Jarrín's "cosmetic citizen" reflects a structurally disadvantaged audience trying to access a cosmetic surgery industry increasingly woven into a public health-based "biopolitical vision for the nation," which in turn reproduces the racialised assumptions behind both *Luso-tropicalismo* as well as the eugenics of the 1920s and 1930s. My contribution to the relevant Brazil Studies literature is based on my sustained problematisation of both of these "citizen" models. Edmonds' "citizen-consumer" is framed by the neoliberal consumption of the previously poor, which is, first, an inadequate and closed conceptualisation of citizenship in Brazil and, second, betrays a lack of awareness of the sustained struggles mounted by economically and racially disadvantaged Brazilians against the de facto denial of their full citizenship. On the other hand, Jarrín's "cosmetic citizen" ignores the agency of non-white Brazilian women in dynamic interaction with the cosmetic surgery industry, whatever the challenges they experience and whether all of their aspirations are met. Instead I propose that what is emerging instead is a "*morena*" conceptualisation of beauty on the part of these women, which in turn has a complex relationship with the discourses of raciology and conviviality that I discuss below.

In relation to the theorisation of race as a social, political and cultural construct, this thesis draws heavily on the work of Paul Gilroy, particularly in relation to his formulation of the concept of raciology and the already extensive literature on conviviality. In theoretical terms, what I do in this thesis is to argue that, in a Brazilian context, is that these two concepts inhabit a dialectical relationship, where the – frequently unspoken or hidden – raciological realities of Brazilian life have a complex interaction with the discourses of supposed racial harmony or conviviality, the latter having a long and complex colonial (and more contemporary) history in Latin America. The theoretical contribution of this thesis is to align these two theoretical and discursive constructs – the raciological and the convivial – and to examine how they interact in the cauldron of modern Brazil's contested beauty market.

Finally, in relation to the literature on beauty/appearance, I stress the interaction between what I term the 'hegemonic' and 'morena' noses. I argue that this period of upwards social mobility in Brazil has shaped and influenced a specific market for rhinoplasty of the *nariz negroide*, a new audience largely made-up of women from non-white backgrounds who have negotiated the world of Brazilian cosmetic surgery for the first time. The aesthetic, medical and cultural basis of rhinoplasty in Brazil have, I suggest in this thesis, been framed on what I

term a ‘hegemonic nose’, namely one associated with white (and whitening) standards of European beauty. Instead, this non-white *classe C* audience has reshaped these aesthetic and racialised assumptions through dynamic and insistent interaction with the Brazilian cosmetic surgery industry, instead constructing a “morena nose”, one which constructs a vision of beauty that refuses discourses of harmony based on neat raciologised categorisation. This insight draws heavily on the work of Shirley Anne Tate but also seeks to advance on the existing literature on beauty construction in Brazil, particularly by accessing the voices of the women involved, whether via face-to-face interviews or by analysing their beauty conversations taking place on social media.

The emergence of *classe C*

Research into the emergence of a new middle class has indicated structural improvements for many. The notion of a new middle class in Brazil was proclaimed by economist Marcelo Neri in 2008.⁴ Brazil’s new middle class was categorised as either *classe C* or *a nova classe média*,⁵ and the emergence of this phenomenon is seen as indicating an improvement in the country’s social conditions.⁶ In his discussion about how we can define the middle class, or *classe C*, Neri points to attitudes and the potential for consumption associated with middle-class households. Attitudes refer to the behaviours and aspirations of middle-class people, e.g. the expectation of social mobility.⁷ The potential for consumption refers to characteristics of middle-class households that make up their quality of life, such as the ability to purchase household appliances, housing quality, and access to education. To quantify these definitions and analyse changes in Brazil’s class structure, Neri uses absolute income levels to define classes using data from the *Pesquisa Mensal do Emprego* (Monthly Employment Survey, PME).⁸ Neri’s definition of the class structure is based on median (rather than relative) household incomes, which allows him to detect the expansion and contraction of socio-economic groups over time.

⁴ Marcelo Neri, *A Nova Classe Média*, Centro de Políticas Sociais Instituto Brasileiro de Economia Fundação Getúlio Vargas. https://www.cps.fgv.br/ibrecps/M3/M3_TextoFinal.pdf. Accessed 24 September 2014

⁵ Neri, *A Nova Classe Média*.

⁶ ‘A nova classe média’ accounts for over 100 million people, an increase from 50 million since the turn of the twenty-first century. Marcelo Cortes Neri, “Poverty Reduction and Well-Being: Lula’s Real,” in *Brazil under the Workers’ Party* (New York: Springer, 2014); Marcio Pochmann, *Nova Classe Média?: O Trabalho Na Base Da Pirâmide Social Brasileira* (Boitempo Editorial, 2012).

⁷ Neri, *A Nova Classe Média*, 21-22.

⁸ Neri, *A Nova Classe Média*, 23.

As one foundation has put it, “Class C was the fastest-growing group, rising from 38.07 per cent of the population in 2001 (approximately 66 million people) to 49.22 per cent in 2008, thereby becoming the dominant class at 100 million Brazilians. More than 30 million people ascended and the number of people in classes D and E decreased.”⁹ However, it does not necessarily follow that more economic power equals the economic freedom to consume non-subsistence goods and services, in terms of being able to access goods and services as the overriding social hierarchies of race and class which are mitigated through beauty affect the extent of this economic freedom. We can extend this last point, namely that the racial, class and gender constraints that non-white Brazilians have long experienced have not magically fallen away despite the advent of a precarious relative prosperity.

Indeed, the *classe C* market has emerged in the context of sustained economic and racial inequalities. Brazil is a multiracial country that has been marked by stark inequalities throughout its 500-year history, with Black women at the bottom of its racial, class and gender hierarchies.¹⁰ To improve the situation of the country’s poorest, the Workers Party (PT) government between 2003 and 2016¹¹ introduced poverty reduction programmes, building on affirmative action policies, include developing Black cultural organisations, education quotas, small business programmes, and work-oriented training.¹² Previous to this, the racism had been outlawed in the 1988 Brazilian constitution.¹³ Along with unprecedented levels of trade, domestically and internationally the country experienced rapid economic growth and the emergence of a new middle class.¹⁴ Klein et al. have labelled this new class as the “previously poor” to demonstrate the journey they have made from poverty, thereby

⁹ Centro de Políticas Sociais Instituto Brasileiro de Economia Fundação Getúlio Vargas, “Consumidores, Produtores E a Nova Classe Média: Miséria, Desigualdade E Determinantes Das Classes,” <http://www.cps.fgv.br/cps/fc/>. Accessed 24 September 2014.

¹⁰ Peggy A. Lovell, “Race, Gender, and Work in São Paulo, Brazil, 1960-2000” *Latin American Research Review* (2006), 63-87.

¹¹ Charles H. Klein, Sean T. Mitchell, and Benjamin Junge, “Naming Brazil’s Previously Poor: ‘New Middle Class’ as an Economic, Political, and Experiential Category,” *Anthropology Faculty Publications and Presentations*, (2018), 137, 83-95.

¹² Edward E. Telles, *Race in Another America: The Significance of Skin Color in Brazil* (Princeton and Oxford: Princeton University Press, 2004), 257.

¹³ Marta Rodriguez de Assis Machado, et al., “Anti-racism legislation in Brazil: the role of the Courts in the reproduction of the myth of racial democracy,” *Revista de Investigações Constitucionais* (2019), 6(2): 267-296.

¹⁴ The definition of middle-class according to the Fundação Getúlio Vargas (FGV) which defines middle class as those people with a job in the formal economy, access to credit, ownership of a car/motorbike and monthly household income of between R\$1,064 BRL to R\$4,651. Marcelo Côrtes Neri, “The New Middle Class in Brazil: The Bright Side of the Poor,” *Rio de Janeiro: Fundação Getúlio Vargas & Instituto de Economia Brasileiro* (2010).

underlining the link between race and class by highlighting that – relative to the traditional middle class who are predominantly white – the majority of the ascendant middle class are Black.¹⁵ However, these programmes, policies and activities took place against an uneven background of social inequalities, and, according to Peggy Lovell’s study on long term trends in wage disparity in São Paulo using census data,¹⁶ despite high levels of economic growth that took place in Brazil during the twentieth century, Black women remained at the bottom of economic hierarchies. Lovell has argued that wage disparities persisted even though Black women’s rights and job opportunities improved. These disparities were reflected in the perceptions Black women experienced in their everyday interactions.

It is also necessary to further contextualise the relationship between the progressive PT-led governments and the socioeconomic realities of the Brazilian poor. Loureiro presents a critical perspective on social mobility and poverty reduction under the PT governments. The author argues that, rather than structural income redistribution, the PT’s economic and social policies relied on economic growth and government spending to reduce poverty and increase income levels. The downside of this approach can be seen in the 2010s when the Brazilian economy began to slow down, leading to reduced government spending and income increases. The key takeaway here is that the PT’s policies led to improvements but that these did not represent a structural solution during an economic downturn.¹⁷ In addition, Lena Lavinias and Denise Gentil argue that the reduction in poverty and inequality in the 2000s was less the result of social policies than of economic expansion (jobs) and increases in the minimum wage¹⁸. They also point out that increased consumption was based on the expansion of consumer credit, which can become unsustainable if families struggle to afford repayments. The Temer and Bolsonaro administrations’ efforts to dismantle social rights and social policies reinforced the impact of the recession, leading to increased poverty and unemployment.

This brings us to the issue of the relationship between Brazilian racial identities and supposed emergence of a newly prosperous social class. Doreen Gordon has argued that social mobility and poverty reduction under the PT governments also had a positive impact on Afro-

¹⁵ Klein, Mitchell, and Junge, “Naming Brazil's Previously Poor,” 91.

¹⁶ Lovell, “Race, Gender, and Work”.

¹⁷ Pedro Mendes Loureiro, “Social Structure and Distributive Policies under the PT Governments: A Poverty-Reducing Variety of Neoliberalism.” *Latin American Perspectives* 47(2) (March 2020): 65-83.

¹⁸ Lena Lavinias and Denise Gentil. “Social Policy since Rousseff: Misrepresentation and Marginalization.” *Latin American Perspectives* 47, no. 2 (March 2020): 101-16.

Brazilians. However, she also argues that the PT had an ambiguous relationship with Black social movements and activists, an issue covered in more detail in David Lehman's work on race, affirmative action, the state and social movements.¹⁹ When discussing recent changes in levels of racial inequality in Brazil, Marcia Lima and Ian Prates point to the important role of social policies in reducing inequality since the 1990s. They argue that improvements in this period are the result of "i) the reduction in inequalities is seen as resulting from advances in education and a narrowing of income inequalities, and (ii) diminishing differences among racial groups have contributed to reducing overall inequalities".²⁰ They also underline that while the proportion of poor Afro-Brazilians had reduced between 1990 and 2006, racial inequality continues to be an important aspect of poverty and income inequality. In a similar vein, Joaze Bernardino-Costa, characterises the PT in government's approach to racial issues as one of "ambivalence, ambiguity, and contradiction", arguing that racial inequality was mostly treated as a secondary issue compared to development and social policies.²¹ Effectively, a focus on class (social mobility and income equality) took precedence over racial issues. The author points to racial quotas in higher education and the federal public sector as improvements, however there was not enough attention paid to the role of race in terms of structural inequality and most improvements happened only as a result of pressure from Black social movements and activists. These arguments anticipate tensions in Brazil's left, which has often been trapped between an understanding of a specifically Brazilian conviviality (in the form of *mestiçagem*) while sidelining or denying the role of Brazilian racilogies in shaping the lives and destinies of many of the country's citizens, issues which we now turn to.

***Mestiçagem* and its discontents: The emergence and resilience of a racial discourse**

The analysis developed in this thesis notes the presence of multiple discourses in Brazil, namely the convivial *mestiçagem*, racilogies of beauty, *morena*, and multiculturalism, all of

¹⁹ David Lehman, *The Prism of Race: The Politics and Ideology of Affirmative Action in Brazil*, Ann Arbor: University of Michigan Press, 2018.

²⁰ Marcia Lima and Ian Prates, "Racial inequalities in Brazil: A persistent challenge." In Marta Arretche (ed.), *Paths of Inequality in Brazil: A half century of changes*. Amsterdam: Springer, 2019, pp. 113-134 (p. 117). In addition, they elaborate on the role of education and its potential impact on racial inequality.

²¹ Joaze Bernardino-Costa, "The Workers' Party and the Racial Agenda in 21st-Century Brazil: The Need for a New Project of the Left Against Racial Inequality." In Vladimir Puzone and Luis Felipe (eds.), *The Brazilian Left in the 21st Century: Conflict and Conciliation in Peripheral Capitalism*, London: Palgrave Macmillan, 2019, pp. 159-181 (p. 166).

which form part of the complex and shifting histories of racialised, class and gender identifications and representations. In particular, I argue that *mestiçagem* – a persistently potent idea and ideal of racial mixing – has often supposedly erased the category of race in Brazil despite a growing shift towards racial consciousness. As a consequence, this erasure leads to obscuring recognition of how influential raciologies have been as well as their complex interaction with class and gender, hence it is necessary to state the basis of my understanding of “race” in this thesis, one derived from Paul Gilroy’s work. As Gilroy has written, we need to recognise “the founding absurdity of ‘race’ as a principle of power, differentiation and classification” while also acknowledging its function as “a primary object of knowledge and power”.²² However, noting the absurdity of “race” as a social and intellectual construct, one predominantly mobilised in the oppression of peoples in colonial contexts, also means we are obliged to understand how raciologies have functioned to police difference as well as the role of class and gender in their articulation. One particularly urgent context for this is Latin America and Brazil in particular.

As Peter Wade has written, among the early works dealing with *mestizaje* were derived from the colonial encounter, which were intended to distinguish between the indigenous (*indios*), the enslaved, and white colonisers, with *mestizo* quickly coming to have associations with illegitimacy derived from (often non-consensual) sexual encounters between white male colonisers and enslaved or indigenous women.²³ However, embedded in the colonial project in Latin America from its inception and across its range of contexts, was an insecurity about the stability of the classification and control of difference and what the basis for this might be giving the gradual mixing of the three populations, whether colonial, indigenous and enslaved. Recourse was made to appearance, parentage, education as well as the use of obviously racialised terms such as *mestizo* and *mulato*, and it is also worth noting that, from their origins, the local Latin American raciological vocabularies harboured specific sexual traits associated with non-colonial identifications.²⁴

²² Paul Gilroy, “Race ends here”. *Ethnic and Racial Studies*, 21:5, 1998, 838-847 (836, 844).

²³ Peter Wade, “Mestizaje and conviviality in Brazil, Colombia, and Mexico”. In Maya Manzi, Luciane Scarato, and Fernando Baldráia dos Santos Sousa (eds.), *Convivial Constellations in Latin America*. London: Routledge, 2020. Merian Centre Working Paper, https://pure.manchester.ac.uk/ws/portalfiles/portal/174253102/Merian_Centre_Working_Paper_Book_Chapter_AAV.pdf 1

²⁴ Wade, “Mestizaje and conviviality,” 1-2. Wade also notes the anti-semitic origins of the Iberian doctrine of *limpieza de sangre* (purity of blood), which was then applied to those of indigenous or African backgrounds.

The colonial conception of conviviality, rooted as it was in the anxieties of lineage and preoccupied with subjection according to class, gender and racial status, gave way to the “nation-building” discourses of the nineteenth-mid twentieth centuries, a context in which the European scientific discourses of racial and ethnic hierarchisation and purity proved especially difficult for Latin American elites to negotiate. In Brazil we witness the emergence of eugenicist discourses in the 1920s.²⁵ In addition, it was in the post-abolition period when, in a quest to modernise Brazil, whitening the population was a key strategy and European immigration was the focus to achieve this along with racial mixing. According to F. J. Oliveira Viana, a Brazilian historian who analysed census data from 1872 and 1890, this programme of whitening was deemed to be showing signs of success and by the 1920s and 1930s, this whitening ideal was widely accepted by certain Brazilian elites.²⁶

However, a more *mestiçagem*-oriented prophet was the influential Gilberto Freyre and his celebration of Brazil’s supposed “racial democracy” in the form of *Luso-tropicalismo*.²⁷ Indeed, Freyre was crucial to crafting an image of racial mixing as indicating a racial harmony intrinsic to the Brazilian imaginary, one which has spawned a very influential and resilient discourse. For example, as Freyre wrote in 1933,

... the fact of the matter is that miscegenation and the interpenetration of cultures – chiefly European, Amerindian and African culture – together with the possibilities and opportunities for rising in the social scale that in the past have been open to slaves, individuals of the colored races, and even heretics: the possibility and the opportunity of becoming free men and, in the official sense, whites and Christians (if not theologically sound, at any rate sociologically valid ones) – the fact is that all these things, from an early period, have tended to mollify the interclass and interracial antagonisms developed under an aristocratic economy.²⁸

²⁵ For an excellent overview of this topic, see Jarrin’s chapter, “The eugenesis of beauty”, in *Biopolitics of Beauty*, 28-53.

²⁶ Thomas E. Skidmore, *Racial ideas and social policy in Brazil, 1870-1940*, 1990; R. Graham, *The idea of race in Latin America, 1870-1940* (Austin, University of Texas Press), 7-36.

²⁷ For a recent overview of Freyre’s influential career, see Maria Lúcia Pallares-Burke, *Gilberto Freyre: Um vitoriano dos trópicos*. Campinas: Editora Unesp, 2006. For an account of its influential aftermath, see Cristiana Bastos, “Luso-tropicalism Debunked, Again: Race, Racism, and Racialism in Three Portuguese-Speaking Societies”. In Warwick Anderson, Ricardo Roque, and Ricardo Ventura Santos (eds.), *Luso-tropicalism and its discontents: The making and unmaking of racial exceptionalism*, New York: Berghahn, 2019, 243-264.

²⁸ Gilberto Freyre, *Casa-Grande & Senzala: Formação Da Família Brasileira Sob O Regime Da Economica Patriarcal*. Vol. 1. Rio de Janeiro: J. Olympio, 1933.

This discourse became embedded into the Brazilian national discourse, despite the presence of gaping inequalities along racial lines, particularly in relation to Black women who have persistently found themselves at the bottom of the socioeconomic scale.²⁹ This outcome chimes with Freyre's statement about resolving class and race tensions without addressing social and economic inequalities and, crucially, denying their link to the more obviously racilogically influenced inequalities evident in Brazil. As Jennifer Roth-Gordon, has quoted, "Pobreza tem cor" (poverty has a color).³⁰

As a starting point to discussing Brazil's racial hegemony, I engage with the scholarship on *mestiçagem*, race, and the body, with specific reference to the *nariz negroide*. Caldwell refers to the *mestiço* as creating a metaracial category, which then forms part of the discourse of *mestiçagem*.³¹ This aligns with the idea that *mestiçagem* presents an image of inclusion yet it also has raciological and essentialist roots, an essentialisation that can be seen in national tropes of *samba*, *carneval* and *futebol* – widely cited as symbols of national unity – whereby *mestiço* can be dropped into conversations as a trump card to sideline discussions on "race". However, these tropes remain static while the discourse of *mestiçagem* remains fluid and is woven into the lived experiences of Brazilians. One indication of the influence of Freyre's celebration of "racial democracy" and the supposed success of Brazilian conviviality is Eduardo Bonilla-Silva noting of its impact on similarly "color-blind" narratives in the United States, which exist in tandem with the structural inequalities that accompany entrenched racilogies.³²

Freyre, writing on the Brazilian population and miscegenation, commented that,

Whoever wants to understand the current Brazilian population must understand the effects of both miscegenation and mansion-shanties reciprocity. The great part of the Brazilian people is miscegenated as if miscegenation were accomplished through anthropologically eugenic and aesthetic experiments. Experiments that avoided

²⁹ Peggy Lovell, "Women and Racial Inequality at Work in Brazil" in *Racial Politics in Contemporary Brazil*, edited by Michael Hanchard. (Durham and London: Duke University Press, 2005), 138-153.

³⁰ Jennifer Roth-Gordon, *Race and the Brazilian body: Blackness, whiteness, and everyday language in Rio de Janeiro*. Oakland, CA: University of California Press, 2017, 7.

³¹ Caldwell, *Negras in Brazil*.

³² Eduardo Bonilla-Silva, *Racism without Racists: Color-Blind Racism and the Persistence of Racial Inequality in the United States*. Lanham, MA: Rowman and Littlefield, 2003.

Africanoid exaggerations as well as Caucasoid deficiencies in the protuberances of the body.³³

Alexander Edmonds notes that Freyre praises miscegenated beauty yet draws on eugenicist principles,³⁴ a discourse that refers to the sexualisation of the Black body and condemns that same body in relation to *exageros africanoides* (Africanoid exaggerations). Wade notes that despite the glorification of miscegenation, Black (and indigenous) peoples failed to be respected or valued and that racism persisted. Furthermore, within the discourse of *mestiçagem*, this positive association is limited to body parts that are sexualised, potentially overlooking others which are not, such as the nose.

Edmonds³⁵ and Alvaro Jarrín³⁶ have considered *mestiçagem* in their studies on cosmetic surgery. For example, in 2010 Edmonds appeared optimistic that Brazil's shift towards multiculturalism – for example, in terms of government policies – could see racial consciousness generate a move away from a whitened ideal of beauty that was sought after in facial cosmetic surgery.³⁷ Based on my research some 7-9 years later, I argue that while this shift has aligned with a discourse of racial consciousness, it appeared many times in my research in the guise of surgeons not wishing for women to change their racial appearance. This shift has, therefore ironically, not displaced the discourse of *mestiçagem* but has reinforced the prevailing aesthetic hierarchies as opposed to moving towards the validation of another type of nose, such as the *nariz negroide*. This is the first piece of research that focuses exclusively on the nose and the practice of rhinoplasty in Brazil and I argue that ideas that suggest race as a distinct category does not exist underline the challenges in solving Brazil's social inequalities, particularly as the discourse of *mestiçagem* can lead to both denials that racism exists while also acting as cover for the socio-racial inequalities that obviously exist in the country. It is key therefore to engage an intersectional framework of analysis in order to ensure that race is not overlooked.

³³ Gilberto Freyre, *Modos de homem & modas de mulher*. (Rio de Janeiro, Editora Record, 1986).

“Quem considerar a atual população brasileira precisa de atender a efeitos, sobre ela, da miscigenação, por um lado e da reciprocidade casa-grande-senzala, por outro lado. Miscigenada, grande parte da gente brasileira, a miscigenação como que se faz sentir, através de experimentos antropológicamente eugênicos e estéticos. Experimentos que pode-se dizer virem repudiando excessos de saliências de formas de corpo e evitando-se tanto os exageros africanoides de protuberâncias como os caucasoides, de deficiências” [translation by Edmonds.]

³⁴ Edmonds, *Pretty Modern*, 133.

³⁵ Edmonds, *Pretty Modern*, 127-128.

³⁶ Jarrín, *Biopolitics of Beauty*, 132-138.

³⁷ Edmonds, *Pretty Modern*, 148.

Mestiçagem, the convivial discourse of racial mixing is multifaceted and complex in its function in the following ways. It is a deeply embedded discourse that confounds tackling racial inequality, because the fundament of the discourse is that “race” cannot be discussed if the Brazilian population is so racially mixed, on the basis that class not race is at the root of Brazil’s social problems. As a consequence of the confounding nature of the discourse, racialised understandings and practices – in this case in Brazilian cosmetic surgery – run alongside the frequent invocation of a colour blind miscegenated Brazilian identity via the discourse of *mestiçagem*, which in turn exists in parallel with well documented structural inequalities and racial hierarchies. The paradoxes of *mestiçagem* have done little to diminish its ubiquity in promoting a non-racial Brazilian identity, despite Edmonds in 2010 positing that “as Brazil experiments with multicultural policies” that this might signal “an end to *mestiçagem*”.³⁸ One of the tasks of this thesis is to examine the relationship between raciological and convivial discourses, and we will consider these within a theoretical framework later in this chapter.

Black citizens, consumers, and cosmetic surgery: Writing beauty in Brazil

Two relatively recent monographs dominate the literature on cosmetic surgery in Brazil, both cited above, namely Alexander Edmonds’ *Pretty Modern: Beauty, Sex, and Cosmetic surgery in Brazil* (2010) and Alvaro Jarrín’s *The Biopolitics of Beauty: Cosmetic Citizenship and Affective Capital in Brazil* (2017). Their scholarship focuses on the consumption of cosmetic surgery in Brazil at a key moment in time, namely, when the new Black middle class described above was ascending socioeconomically in the early 2000s. The key contribution they have made is – to different extents – to explore the voices of the women electing to have surgery and the surgeons who interacted with and treated them, all in the effort to understand the complexity of the racialised beauty politics involved in an emergent market.

Jarrín and Edmonds both discuss structural hierarchies and unequal access to different kinds of surgeries and why that is the case. They each examine the nose as a facial feature with social, cultural and aesthetic connotations that reflect Brazil’s raciologies. For example, Edmonds has asked why a security guard at a prison in Rio de Janeiro felt he had to have an operation termed “correction of the Negroid nose” when Brazil is a country often celebrated

³⁸ Edmonds, *Pretty Modern*, 128.

as a racial democracy.³⁹ Pointing to the racial mixture in Brazil he illustrates how it was hard to understand that such a racially mixed country could have such a dominant white ideal, stating that, “while such cosmetic procedures likely reflect white dominance, they also imply that colour, beauty and power intersect in historically specific ways.”⁴⁰ In the process he pays specific attention to Brazil’s “cultural common sense of color” in order to see “how local meanings of race and beauty shape the global medical and commercial beauty industry as it takes root in a developing nation”.

While recognising how these localised meanings around race are embedded within cultural aesthetics, this thesis, nevertheless, departs from some of the arguments and frameworks proposed by both Edmonds and Jarrín. The former has placed very specific emphasis on a new “Black citizen-consumer” that “reflects the role of consumption – perhaps now the ‘vanguard of history’ [that] shape the political processes of social exclusion and inclusion”.⁴¹ For Edmonds, the role of consumer culture in a neoliberal era means that “the categories of citizen and consumer became blurred”, and instead “citizenship is defined through consumption, rights can be resignified as the ability to acquire prestige items, while the antidote to social exclusion is imagined as market participation”. The economically, politically and racially disadvantaged thereby realize their citizenship by reimagining themselves as “‘aesthetic citizens’ as they experimentally use medical technology to negotiate markets of work and sex and pursue an often elusive notion of health”.⁴²

This formulation draws heavily on the argument proposed by Néstor García Canclini that agency is exercised through consumption.⁴³ While García Canclini suggests that it is more complex than a commonly held belief that a choice to consume is a result of the media manipulating docile audiences, it is more of a collaborative process whereby the consumer has some agency.⁴⁴ He suggests that “consumption is good for thinking” based on the idea that, in consuming, we “define what we consider publicly valuable, the ways we integrate and

³⁹ Alvaro Jarrín, “Cosmetic Citizenship: Beauty, Affect and Inequality in Southeastern Brazil” (PhD diss., Duke University, 2010), 171.

⁴⁰ Edmonds, *Pretty Modern*, 145.

⁴¹ Edmonds, *Pretty Modern*, 27.

⁴² Edmonds, *Pretty Modern*, 111-14.

⁴³ Néstor García Canclini, *Consumers and Citizens: Globalization and Multicultural Conflicts*, trans. George Yudice (Minneapolis and London: University of Minnesota Press, 2001).

⁴⁴ Canclini, *Consumers and Citizens*, 37.

distinguish ourselves in society, and the ways to combine pragmatism and pleasure”.⁴⁵ However, in accordance with racial hierarchies, the issue of the *nariz negroide* underlines that not every consumer holds equal influence in society while in the interaction between consumers and cosmetic surgeons there is a power imbalance that potentially destabilises individual agency.

García Canclini’s linking of consumption and citizenship has been challenged in a seminal article by the Brazilian sociologist Evelina Dagnino who, drawing on the experiences of pre- and post-dictatorship mobilisation in Brazil, warns that

... neoliberal discourses establish an alluring connection between citizenship and the market. To be a citizen becomes the individual integration to the market, as a consumer and as a producer. This seems to be the basic principle subjacent to a vast number of projects to enable people to ‘acquire citizenship’. [...] In a context where the state progressively withdraws from its role as guarantor of rights, the market is offered as a surrogate instance of citizenship.⁴⁶

Indeed, Edmonds’ valorisation of consumption as an avenue for the economically and racially disadvantaged Brazilians to access citizenship comes at the risk of negating their state-recognised rights while tying them to the ebb and flow of economic fortunes, hence locking them into a neoliberal framework that denies the legitimacy and urgency of their claim to full citizenship. In addition, Edmonds’ “Black consumer-citizen” also downplays the significance of the activism and mobilisation in evidence during the years of dictatorship and return to democracy, the legacy of which has been identified by James Holston as a struggle to move away from the “differentiated rights” in place since Vargas to the 1988 Constitution’s attempt to establish a more universal citizenship.⁴⁷ While this thesis analyses economically and racially disadvantaged Brazilian women’s beauty consumption and its impact on the racially informed assumptions of the cosmetic surgery industry, it – hopefully – does not come at the expense of downplaying the role of social and political experiences

⁴⁵ Canclini, *Consumers and Citizens*, 20.

⁴⁶ Evelina Dagnino, “Dimensions of Citizenship in Contemporary Brazil,” *Fordham Law Review*, 75, no. 5 (April 2007): 2469-2482 (p. 2478).

⁴⁷ James Holston, *Insurgent Citizenship: Disjunctions of Democracy and Modernity in Brazil* (Princeton: Princeton University Press, 2008), p. 255. There is also a danger here in downplaying the (heavily contested) role of affirmative action struggles in reshaping the reconstituting Brazilian Black identities. For a succinct account of the complexities and controversies engendered by these debates, see David Lehman, *The Prism of Race: The Politics and Ideology of Affirmative Action in Brazil* (Ann Arbor: University of Michigan Press, 2018).

outside of the act of beauty consumption in shaping their relation and entitlement to Brazilian citizenship, no matter how imperfect that relationship might be.

Jarrín also underlines Edmonds’ problematic framing of the citizen consumer, arguing that he analyses cosmetic surgery in Brazil “mainly as an expansion of consumption practices onto the body itself,” while being “surprisingly uncritical of the scientific discourses that underlie this particular medical practice”.⁴⁸ The danger, Jarrín writes, lies in constructing beauty as “a ‘democratizing’ biological force that can upend the existing social hierarchies”.⁴⁹ Instead of Edmonds’ “aesthetic citizens”, Jarrín constructs “cosmetic citizens” – namely, economically disadvantaged Black women – who “are caught in a paradoxical bind between the affective promises and the biopolitical costs of surgery, since they have to take on the burden of the risks of medicalization in order to access the promise of citizenship through surgery”.⁵⁰ In Jarrín’s formulation, “the expansion of cosmetic surgery into public hospitals was based on a particular biopolitical vision for the nation, which explicitly ranked some bodies as more desirable than others,” a state-inspired project he traces back to the Brazilian eugenics of the 1920s and 1930s.⁵¹ This in turn leads to a process by which “patients and their surgeons become lashed into biopolitical networks of knowledge production”.⁵² The problem with this formulation, from the perspective of this researcher, is that it proposes an overly prescriptive and restrictive understanding of the heterogeneous motivations, challenges and experiences of Black Brazilian women accessing beauty via cosmetic surgery and the latter’s myriad practices while also offering them – similar to Edmonds – restricted access to a constrained citizenship.

While Jarrín has argued that women try to access rhinoplasty, thereby achieving affective capital, he has not explored the domain of consumption of rhinoplasty as reflecting a range of racial struggles. Instead, I look at the consumption of rhinoplasty and discuss what challenges are posed by the racial differentiation between the ideal and the original phenotype, noting the socioeconomic positionality of women with different types of noses and how the absence of capital is linked to a specific type of nose. One limit of Jarrín’s analysis is perhaps because the voices of the women who have rhinoplasty are absent and his main focus of analysis is on

⁴⁸ Jarrín, *The Biopolitics of Beauty: Cosmetic Citizenship and Affective Capital in Brazil*, (Oakland, California: University of California Press, 2017), 8.

⁴⁹ Jarrín, *Biopolitics of Beauty*, 17.

⁵⁰ Jarrín, *Biopolitics of Beauty*, 158.

⁵¹ Jarrín, *Biopolitics of Beauty*, 8.

⁵² Jarrín, *Biopolitics of Beauty*, 159.

the surgeons and their perspectives, therefore he does not provide an analysis of those who are subject to beauty hierarchies and engage in rhinoplasty.

From *mestiçagem* to multiculturalism: The changing contours of citizenship and race in Brazil

To further discuss the trope of the aesthetic and cosmetic “citizens” advanced by Edmonds and Jarrín as well as to anticipate the multiculturalism debates of recent years, it is necessary to engage with the significant literature on the highly contested meanings of Brazilian citizenship from the late-dictatorship era through to the transition to democracy. Doing so allows us to track – at least briefly – the changing meaning of racial identity, particularly for Afro-descendant Brazilian communities. The argument proposed here is that both Edmonds and Jarrín, for all the undoubted strengths of their work on the cultural politics of cosmetic surgery in Brazil’s unique racial and ideological context, have signally failed to incorporate the relevant literature and contexts, thereby constraining their interpretations, especially in relation to the role of social movements, participatory democracy and micropolitical resistance amidst changing racial subjectivities and identifications.

Evelina Dagnino, discussed earlier, has underlined how in the 1980s the campaign for equal rights and the

... general claim for equal rights, embedded in the predominant conception of citizenship, was then extended and specified according to the different claims at stake. As part of this process of redefining citizenship, a strong emphasis was put on its cultural dimension, incorporating contemporary concerns with subjectivities, identities, and the right to difference. Thus, on the one hand, the building of a new citizenship was seen as reaching far beyond the acquisition of legal rights to also requiring the constitution of active social subjects, defining what they consider to be their rights and struggling for their recognition.⁵³

The myriad ways in which civil society organisations, including those that emerged in Afro-Brazilian working class communities, articulated a participatory citizenship that reached beyond the projections of the Brazilian citizen promoted by Vargas and during the military regime were, according to Dagnino, to some extent reversed in the immediate post-

⁵³ Dagnino, “Citizenship in Contemporary Brazil”, 2469.

dictatorship era when Fernando Collor de Mello's neoliberal project sought to retrench state power at the expense of these alternative projections of citizenship, a dispute that reflected "the trajectory followed by the confrontation between a democratizing, participatory project of extension of citizenship and the neoliberal offensive to curtail the possibilities that extension announced"⁵⁴. In Dagnino's interpretation – and recalling Edmonds' problematic articulations – "under neoliberal inspiration, citizenship began to be understood and promoted as a mere individual integration into the market"⁵⁵. This process saw a retrenchment of the scope and influence of participatory and popular movements as identified by both Dagnino and Tianna S. Paschel, the latter emphasising both "the intersectionality of black mobilization" during the dictatorship and the gradual "NGO-ization of the black movement" after the return to democracy.⁵⁶ Furthermore, Paschel's depiction of a vibrant (and in her context class *and* race-based) mobilization challenging established elite understandings of Brazilian citizenship chimes with Holston's identification of the Brazilian urban working-classes' formulation of "an insurgent citizenship that destabilize[d] the entrenched", struggles that became "both the context and substance of a new urban citizenship", a process he traces back to the 1970s.⁵⁷ In a recent review of the experience of the last twenty years, Valesca Lima has examined the focussed attempts by the Temer administration and its successor to dismantle endeavours based on participatory democracy while also attacking the latter's understanding of a widened Brazilian citizenship.⁵⁸

The purpose of this brief survey of the recent literature on the fluctuating and contested understanding of the Brazil citizen is twofold. The first is to underline the limitations of the contrasting formulations of Edmonds and Jarrín, the former accepting and repeating the post-Collor neoliberal subject, the latter depicting a passive object of state control and

⁵⁴ Dagnino, "Citizenship in Contemporary Brazil", 2469. In addition, she sees this as having come about through "the creation of democratizing participatory settings such as the management councils, participatory budgets, sectorial chambers, and a vast array of fora, conferences, and other societal public spaces and articulations".

⁵⁵ Dagnino, "Citizenship in Contemporary Brazil", 2470. More specifically, Dagnino sees the passing of the 1988 Constitution and the ascent of Collor and the National Renovation Party (PRN) in 1989 as marking the moment when those functions that had been taken over by civil society moved back "into the realm of state power" while promoting a neoliberal, "reduced, minimal state that progressively exempt[ed] itself from its role as guarantor of rights".

⁵⁶ Tianna S. Paschel, *Becoming Black Political Subjects: Movements and Ethno-Racial Rights in Columbia and Brazil*, Princeton, New Jersey: Princeton University Press, 2016, pp. 51, 63.

⁵⁷ James Holston, *Insurgent Citizenship: Disjunctions of Democracy and Modernity in Brazil*, Princeton, New Jersey: Princeton University Press, 2009, p. 4.

⁵⁸ Valesca Lima, *Participatory Citizenship and Crisis in Contemporary Brazil*, New York: Palgrave Macmillan, 2020.

manipulation, both neglecting the struggle against the constraints of the longstanding elite construction of the Brazilian citizen, with all the exclusionary class and race-based provisions that has brought with it. The second is that a crucial element of that formulation drew on “the myth of racial democracy” that erased racial difference and inequality via specific articulations of *mestiçagem*. Edmonds, however, accurately anticipated how the ubiquity of a *mestiçagem*-based understanding of (a de-racialised) Brazilian identity might well be challenged by the emergence and influence of multiculturalism.⁵⁹ This growing multiculturalism has had its most public and contentious manifestation through the Affirmative Action programme which has led to growing numbers of Afro-descendent Brazilians choosing to self-identify using colour terms more often associated with North American contexts. The recent history of the Brazilian state’s recognition of racialised structures of inequality began during the Cardoso administration of the mid-1990s with the admission that Brazil was “racist”. This marked the start of a debate in the Brazil public sphere, one marked by what Edmonds has described as a perceived attack on “Brazil’s tradition of interracial sociality and the masses of the non-black poor”.⁶⁰ What is also in evidence is the role of the Black activism and activists – with roots in the participatory citizenship and resistance struggles of the 1970s and 1980s – in driving much of the newly forged political impetus behind a recognition of racialised structural inequality and the promotion of race-based self-identification, hitherto anathema in formal political culture.⁶¹ As Stanley R. Bailey and others have argued, this is having a measureable impact in terms of changing racial subjectivities and their public articulation, a development that has proved immensely troubling on the Brazilian left and right.⁶² In other words, the articulation and practice of Brazilian citizenship(s) as well as understandings of racial identities and identifications (or their lack) cannot be easily separated. They are also both essential to the country’s racial and aesthetic hierarchies and discourses.

⁵⁹ Edmonds, *Pretty Modern*, p. 151.

⁶⁰ Edmonds, *Pretty Modern*, p. 152.

⁶¹ See Paschel, *Becoming Black Political Subjects* and Lehmann, *Prism of Race*.

⁶² See Stanley R. Bailey, Fabrício M. Fialho, and Michelle Peria. “Support for Race-Targeted Affirmative Action in Brazil,” *Ethnicities*, 2015, 18(6), 765-798 and Stanley R. Bailey, Fabrício M. Fialho, and Mara Loveman, “How states make race: New evidence from Brazil,” *Sociological Science* 5 (2018): 722-751.

Between raciology and conviviality: Paul Gilroy and the conceptualisation of beauty in Brazil

As mentioned previously, Alvaro Jarrín's research involved examining what he has termed the "raciology of beauty", in effect looking at the connections between race and beauty, concluding that whiteness has dominated facial beauty in the practice of cosmetic surgery.⁶³ My own research addresses this issue by also drawing on Paul Gilroy's "raciology," in my case by focussing on the lived aesthetic hierarchies experienced by the women I interviewed and observed on social media platforms, illustrating the way in which those women with a *nariz negroide* experience aesthetic raciologies.⁶⁴ Gilroy's discussion of raciology refers to the ideas, images and identities that are attached to the discourses of race that were/are current in the Anglophone and European world. In terms of its historical power and influence, he has written that "Raciology has saturated the discourses in which it circulates. It cannot be readily re-signified or de-signified, and to imagine that its dangerous meanings can be easily re-articulated into benign democratic forms would be to exaggerate the power of critical and oppositional interests".⁶⁵ While Paul Gilroy has suggested that raciology is in crisis (including the racialised identities that underlie Black social movements and struggles for racial justice) and identified the need for a "planetary humanism" that depends on heterogeneity and diversity and everyday conviviality in that diversity, he acknowledges the challenges in doing this. In the case of Brazil, this thesis can be seen as a case study of one such challenge. *Mestiçagem* is an example of how racial formations underpin the ongoing racial struggles in Brazil where raciologies and racial conviviality coexist. These racial formations are discussed in depth in Chapter 2 and the science that these racial hierarchies draw on are discussed in Chapter 4. However, here it is important to note Gilroy's argument that technological advancements of DNA and its counter arguments to scientific racism presents an opportunity to fundamentally embrace new anti-race ideas and "free ourselves from the bonds of all raciology in a novel and ambitious abolitionist project".⁶⁶

⁶³ Jarrín, *Biopolitics of Beauty*.

⁶⁴ See Jarrín, *Biopolitics of Beauty*, where they describe Gilroy as defining raciology as "the set of discourses that produce color or race as the truth of human biology, and what I find most compelling about his terms is that race is a fiction that is continually reconstituted in different forms, and that racial schemas need constant work to be maintained" (130).

⁶⁵ Paul Gilroy, *Against race: Imagining political culture beyond the color line* (Cambridge, MA: Harvard University Press 2000), 265.

⁶⁶ Gilroy, *Against race*, 15.

Whatever the prognosis for Gilroy's post-race planetary humanism – Jarrín writes that he considers Gilroy to be “too optimistic” regarding the collapse of raciologies⁶⁷ – it is undeniable that the twin concepts of raciology, on the one hand, and conviviality, on the other, have proved very influential among a number of prominent scholars of race and racial hierarchies in both Brazil in particular. Conviviality, a concept with a long lineage and etymology, has been given renewed vigour courtesy of Gilroy's use of it in relation to living in a world that is mobile, complex to negotiate and, in essence, mixed. However this conviviality is also beset by cultural differences, interactions and conflicts that colonial and postcolonial societies with complex histories of migration and coexistence.⁶⁸ Indeed Gilroy has been keen to underline the colonial roots and implications of the Spanish word *convivencia*, with a meaning that stresses multicultural co-existence and negotiation rather than the associations and sense of togetherness conjured up by the English word “conviviality”. As Gilroy has stated, “The first multicultural, the vivid hybridity of the initial contact zones had to be extinguished so that the colonial order could become secure”.⁶⁹ Just as *convivencia* wasn't always that cordial, attempts to achieve security did not always mean to be “secure”, in other words, anxieties about the racial character of the colonial presence in the newly Latinised Americas due to the inevitable mixing of populations gave rise to the complex and influential raciologies that constitute the basis of understandings and articulations of race in Latin America, including in Brazil.

The particular Latin American origins of and engagement with the idea of *convivencia*/conviviality are worthy of further examination. Luciane Scarato writing on “convivial contexts in unequal societies from a historical and comparative perspective” in Brazil, Mexico, Peru, and Río de la Plata between the Conquest and the early twentieth century, has stressed that “conviviality occurred on the ebb and flow of everyday life in unequal societies,” thereby demonstrating that “conviviality exists within inequality”, particularly in relation to family structure and *mestizaje*.⁷⁰ As Scarato tracks it, the meaning of *convivencia*/*conviver* in Spanish and Portuguese speaking contexts changes over time and by the eighteenth century starts accumulating meanings outside that of feasting, implying

⁶⁷ Jarrín, *Biopolitics of beauty*, 130.

⁶⁸ Gilroy, *After Empire: Melancholia or convivial culture?* London: Routledge, 2004, 7.

⁶⁹ Paul Gilroy, “Multiculture in Times of War. An Inaugural Lecture Given at the London School of Economics”. *Critical Quarterly*, 2006, 48(4): 27-45 (35).

⁷⁰ Luciane Scarato, “Conviviality through time in Brazil, Mexico, Peru, and Río de la Plata”. Mecila Working Paper Series 12, 2019, 1-2. https://mecila.net/wp-content/uploads/2021/01/WP_12_Luciane_Scarato.pdf

more living alongside each other, sharing the same space and context, not always in an especially positive sense. Reviewing some of the recent scholarship, she highlights Guillermo Zermeño writing on *mestizaje* in Mexico, which the latter argues is an unstable “modern invention that imposes negative evaluations of the Indigenous world” built on Europeans’ frequent inability to distinguish Indigenous people from Spaniards, hence the creation of the category of *casta*, categorisations that continued under the Mexican Revolution’s state-building and national identity creation.⁷¹ Continuing the focus on the instability of *convivencia/conviver*, she charts the shifting status of Peninsular Spanish in eighteenth- and nineteenth-century Paraguay, when in an attempt to maintain *la pureza de sangre*, Amerindians and whites were discouraged from marrying blacks and *pardos*. Meanwhile the same doctrine of *pureza de sangre* functioned differently in colonial Peru, where malleability meant that *mestizo* children fathered by Spanish men were still viewed as natural offspring whereas those born of African women were not.⁷²

In other words, for Scarato, conviviality in all its shapes – whether “*convivial, convivir, conviver, convivere, convívio, convivialidad*” – does not preclude inequality and does “not only [mean] to live in peace, but also to live in intimacy. In the realm of the everyday, intimacy is not a synonym of peace. ... The ubiquity of conviviality in Latin America confirms that conviviality occurs in unequal societies”.⁷³ This reticence regarding the interrelationship between discourses of conviviality and inequality is also evident to the Brazilian sociologist Sérgio Costa, in particular concerning “the disregard of the reciprocal constitution of conviviality and inequality”.⁷⁴ This brings us to the issue of how *mestiçagem* in Brazil – in essence a discourse of conviviality – has also contained within it the potential for the possibility of a non-racialised Brazilian identity that spans popular culture and every day, quotidian life, as well as acting as a cloak for both racialised narratives and the structural inequalities that accompany them. As Brian Owensby has written, “But merely declaring an idea mythical is no license to ignore it. Ideals acted on and believed in are no

⁷¹ Scarato, “Conviviality through time,” 11-12, drawing on Guillermo Zermeño-Padilla, “Del Mestizo al Mestizaje: arqueología de un concepto”. *Memoria y Sociedad*, 12, 2008, 79-95. For an overview of convivialities, see Amanda Wise and Greg Noble, “Convivialities: An Orientation”, *Journal of Intercultural Studies*, 37:5 (2016), 423-431.

⁷² Scarato, “Conviviality through time,” 12, drawing on Jane Mangan, *Transatlantic Obligations: Creating the Bonds of Family in Conquest-era Peru and Spain*, Oxford and New York: Oxford University Press, 2016.

⁷³ Scarato, “Conviviality through time,” 18-19.

⁷⁴ Sérgio Costa, “The neglected nexus between conviviality and inequality”, *Novos Estudos CEBRAP*, 38(1), 2019. <https://doi.org/10.25091/S01013300201900010003>

less a force in people's lives than other aspects of their every-day existence".⁷⁵ In his examination of *mestiçagem* using case studies based on religion and popular music in Brazil, Venezuela and Colombia, Peter Wade focuses on lived experiences to understand a more complex process of *mestiçagem*, and has issued a similar appeal to see the duality that it contains, namely as both promise and myth.⁷⁶ This thesis will pay especial attention to this tension.

Beauty as raciology: Cosmetic surgery and race

In Jarrín's discussion on the politics of beauty in Brazil, he explored how the standard of beauty of the nose is linked to whiteness, underlining that "The primitive features portrayed as ugly, therefore, represent the opposite of the more desirable *traços finos* (fine features) and, thus, affectively align Blackness with the primitive while establishing whiteness as aesthetically and biologically superior."⁷⁷ As mentioned above, Jarrín's research involved meeting cosmetic surgeons and developing an understanding of the "raciology of beauty". Thus, Jarrín addresses Edmonds's question insofar as he discussed the racial hierarchies (in other words, Gilroy's raciologies) that conceptions of a beautiful nose are subject to in Brazil and the way they create bias against women with a *nariz negroide* in terms of the standard of beauty but without looking at the practice of rhinoplasty and its consequences. In both Jarrín and Edmonds' analysis of the nose there is a suggestion that there might be some bias or prejudice in relation to the way Brazilians see the nose that requires further investigation. My research builds on theirs and adds to it by concentrating solely on the nose and rhinoplasty surgery. I home in on this specific feature that Jarrín discusses in relation to racial hierarchies and Edmonds' questions in regard to Brazil's racial democracy, in my case by focussing on the lived experiences of the women having surgery and the surgeons with whom they interact. This is significant in that I adopt an intersectional approach (discussed further in Chapter 1) to illustrate that the aesthetic hierarchies in place reproduce inequalities in a multitude of ways in regard to the nose and throughout the rhinoplasty process relating to the standard of beauty, the experience itself, and the outcomes of surgery.

⁷⁵ Brian Owensby, "Toward a History of Brazil's 'Cordial Racism': Race Beyond Liberalism." *Comparative Studies in Society and History* 47, no. 2 (2005): 318-47 (324).

⁷⁶ Peter Wade, "Rethinking Mestizaje: Ideology and Lived Experience," *Journal of Latin American Studies* 37(2) 2005: 239-257 (245).

⁷⁷ Alvaro Jarrín, *Biopolitics of Beauty*, 152.

In relation to cosmetic surgery in Brazil, Machado-Borges has discussed class and race in the magazine *Plástica e Beleza* by analysing its representation of beauty.⁷⁸ She found that there was an adherence to a universal standard of beauty in these cover stories, with reference to gender, class and race and that this standard was white and influenced cosmetic surgery. This showed how representation of beauty functions and is exclusionary. Her study reflects broader scholarship on the invisibility of Blackness in the media as explored by Liv Sovik, which noted the absence of Black people in the media and the stereotyping on screen for example as criminals in news reports and *telenovelas* (soap operas).⁷⁹ Machado-Borges' research was carried out just as the new middle class was emerging. My own research into the same publication approximately seven years later and subsequent analysis of online marketing from 2017-2019 showed that nothing had changed, indicating the rigidity of hegemonic standards of beauty despite shifts in the profile of consumers in the marketplace. This is significant because other beauty issues such as the Black hair movement (*Movimento Crespo*) and Avon's campaigns representing Black women⁸⁰ suggested that Black Brazilian women were beginning to change the understanding and conception of beauty in Brazil.

This important angle of everyday experience of race and beauty is addressed by Kia Caldwell in her study on Black hair in Brazil.⁸¹ Physical appearance is an important part of Brazilian identity,⁸² whereby the desire for beauty is integral to social attitudes. Female facial beauty is widely recognised in Brazilian society as *white* whereas Black facial features are, in the main, valued as less beautiful. Caldwell conducted interviews with Brazilian women who revealed their sense of not being within aesthetic norms and that the impact on those people, whose physical appearance is outside the perception of the ideal, was to be forced into a position of subaltern citizenship.⁸³ She gives insight into their negotiations of the politics of hair in their daily lives and conveys the nuances and complexities that are present through the voices of women and their experiences thus highlighting their daily struggles. Thinking about the

⁷⁸ Machado-Borges, "O antes e o depois: Feminilidade, classe e raça na revista *Plástica e Beleza*," 146-63.

⁷⁹ Liv Sovik, "We Are Family: Whiteness in the Brazilian Media," *Journal of Latin American Cultural Studies* 13, no. 3 (2004).

⁸⁰ Avon has launched a number of advertising campaigns aimed at Black women particularly since 2020, for example: <https://acontecendoaqui.com.br/propaganda/beleza-da-mulher-negra-e-retratada-na-nova-campanha-da-avon/>

⁸¹ Caldwell, "'Look at Her Hair'", 18-29.

⁸² Gilberto Freyre, *Casa-Grande & Senzala: Formação Da Família Brasileira Sob O Regime Da Economica Patriarcal*, vol. 1 (J. Olympio, 1933).

⁸³ Caldwell, *Negras in Brazil*, 95.

consumption of rhinoplasty of the *nariz negroide*, Caldwell leads us to address the experiences of women undergoing rhinoplasty and how consumption differs according to racial phenotype. We get to see the complexity of beauty not just as a standard but also as a practice and looking at the political forces at play at the site of consumption. By comparison, this thesis makes women with a *nariz negroide* and their consumption of rhinoplasty its central focus by looking at not just why they want to change their noses, but by also examining this consumption as an instrument of the class ascension of Black women in Brazil during the early 2000s.

I also deploy the concept of the racial halo effect. Margaret Hunter argues that there is “a propensity to allow positive evaluations about one trait in a person (often physical attractiveness) to influence the appraisal of other aspects of that person’s characteristics.” She states, “Because race is a central criterion for defining beauty in a racist society, the benefits of the halo effect are disproportionately applied to white women or light-skinned women of colour. It isn’t just good-looking people who get the benefits of the halo effect, but the beneficiaries are also disproportionately white or light-skinned.”⁸⁴ This argument can be applied to the phenotype of a person’s nose (in place of the colour of their skin) and such aesthetic hierarchies function as a particular process of assigning value according to a scale from high to low, *caucasiano* to *negroide*, respectively. While Black women were further away from the ideal standard of a beautiful nose than white women, they also found it harder to get rhinoplasty and were often left less satisfied too. In other words, they suffer racism in everyday interactions in relation to their surgery, not just in relation to the standard of beauty of the nose. It is important to add here that there is a strong sense of beauty in Brazil and one whereby the women I interviewed felt they deserved to be beautiful. This idea of deserving beauty, discussed in detail in Chapter 3, is reflected in the 20th century pioneering cosmetic surgeon, Ivo Pitanguy’s motto “the poor have the right to beauty”. The notion of a right to beauty has been analysed by Alexander Edmonds,⁸⁵ Thais Machado-Borges⁸⁶ and Alvaro Jarrín⁸⁷ forming the main body of work on cosmetic surgery in Brazil in the early twenty-first century. However, the cost of rhinoplasty has meant that it was out of reach for most people

⁸⁴ Margaret Hunter, “Colorism in the Classroom: How Skin Tone Stratifies African American and Latina/O Students,” *Theory into Practice* 55, no. 1 (2016).

⁸⁵ Alexander Edmonds, “‘The Poor Have the Right to Be Beautiful’: Cosmetic Surgery in Neoliberal Brazil,” *Journal of the Royal Anthropological Institute* 13, no. 2 (2007).

⁸⁶ Thais Machado-Borges, “O Antes Eo Depois: Feminilidade, Classe E Raça Na Revista *Plástica E Beleza*,” *Luso-Brazilian Review* 45, no. 1 (2008), 146-63.

⁸⁷ See Jarrín, “Cosmetic Citizenship”.

before this time so a socioeconomic shift meant that previously poor people felt that they could finally get what they felt they deserved. Acquiring beauty was not just to do with social mobility or adhering to a certain standard of beauty, it was also to do with achieving what was considered in Brazil to be a basic right.

Nevertheless, there is a limited scholarship which examines the class ascension of Black women in Brazil, particularly in the context of this period of social and economic change during the early 2000s. Central to this research is the desire to explore two dimensions of this under-researched topic, firstly, to explore aesthetic racial hierarchies in Brazil (namely, as one aspect of Gilroy's racilogies) and the discourses and their political contexts that perpetuate low social status of Black women and, secondly, to illuminate the lived experiences of Black women as they negotiate class boundaries through their ascension to the Brazilian middle class through a discussion on rhinoplasty of the *nariz negroide*, bearing these aesthetic hierarchies in mind.

Furthermore, it is necessary to examine the influence of European hegemonic notions of beauty on discourses of raciology in Brazil and how they relate to a given woman's perceived phenotype. Firstly, the degree of agency of the woman undertaking cosmetic surgery is limited, as she has to modify her body and racial features in order to feel socially acceptable.⁸⁸ Secondly, the further away her nose is from the beauty ideal to start with, the harder it is for her to get the outcome she desires.⁸⁹ This is significant because it advances scholarship in relation to discussing the process of consumption and how racial hierarchies may affect a person's access to consumption moving beyond the argument about manipulation and agency. This study advances the scholarship by illustrating the limitations of agency in pursuit of a manipulated desire for a *nariz negroide* insofar as the limitations are set, in this case, by the gatekeepers of surgery, namely the rhinoplasty surgeons who determine access to rhinoplasty.

As well as contributing to debates on hierarchies of power in Brazil⁹⁰ and adding to the literature on cosmetic surgery within the national context, this thesis also contributes to and

⁸⁸ Sandra Lee Bartky, *Femininity and Domination: Studies in the Phenomenology of Oppression* (London: Routledge, 1990).

⁸⁹ Research within the field of marketing into the hair and beauty market in Brazil indicates that Black female consumers, who despite being eager to consume, have their demand discouraged. See Ana Raquel Coelho Rocha and Leticia Moreira Casotti "'Selective' and 'veiled' demarketing from the perspective of Black female consumers," *Organizações & Sociedade*, 25(87), (2018), 610–631.

⁹⁰ Caldwell, *Negras in Brazil*.

engages with a specific body of work within an emerging transnational canon of literature on beauty. Shirley Anne Tate states that “beauty matters” and that it is “not superfluous but is an integral part of individual and communal life and politics”.⁹¹ Beauty is no longer only considered in feminist discourse as either part of a structure of oppression or, conversely, an act of female empowerment, “simply as a ‘window’ into women’s lives, or as an ultimately unattainable but banal practice”.⁹² I move beyond making a judgement on beauty practices as either good or bad for women, in that such practices combine a mixture of pain and pleasure, namely that they are simultaneously both oppressive and empowering.⁹³ I look at the way women’s lived experiences incorporate oppression and empowerment but ultimately it is their lived experiences that speak and reflect the extenuating politics. Reaching beyond criticism of beauty as objectifying and passive, I build on the work of Ruth Holliday and Jacqueline Sanchez Taylor who have investigated why women undergo cosmetic surgery; in particular, I highlight how a woman’s access to beauty can be limited according to her racialised appearance. This thesis also contributes to beauty debates and how they relate to hierarchies of power in Brazil by bringing the subject of race to the fore in the context of shifting class structures and subsequent beauty market changes.⁹⁴ I add to this in Chapters 5 and 6 by examining the motivations of women who have rhinoplasty and at the challenges they face and how these are met or denied.

Recent scholarship in this area has brought out how beauty and body work ranging from cosmetic surgeries to everyday procedures are subject to structural inequality and differentiation including in relation to race, class and gender.⁹⁵ Claudia Liebelt uses the term “aesthetic citizenship” to bring to the fore the important role of beauty practices that subscribe to gendered norms to women in her work in urban Turkey.⁹⁶ She highlights the way that hierarchies of race, class and gender that serve as capital in what she refers to as a “visual

⁹¹ Shirley Anne Tate, *Black Beauty: Aesthetics, Stylization, Politics* (Abingdon: Routledge, 2016), 5.

⁹² Mónica G. Moreno Figueroa and Megan Rivers Moore, “Beauty, Race and Feminist Theory in Latin America and the Caribbean,” *Feminist Theory*, 14, no. 2 (2013), 131-36.

⁹³ Maxine Leeds Craig, “Race, beauty and the tangled knot of a guilty pleasure”, *Feminist Theory*, 7, no 2 (2006), 159-77.

⁹⁴ Ruth Holliday and Jacqueline Sanchez Taylor, “Aesthetic Surgery as False Beauty,” *Feminist Theory* 7, no 2 (2006), 179-95.

⁹⁵ Tate, *Black Beauty*; Claudia Liebelt, "Reshaping 'Turkish'breasts and Noses: On Cosmetic Surgery, Gendered Norms and the 'Right to Look Normal'," in *Beauty and the Norm*, ed. C. Liebelt et al (Cham: Springer, 2019), 155-176; Meeta Rani Jha, *The Global Beauty Industry: Colorism, Racism, and the National Body* (New York and Abingdon: Routledge, 2015).

⁹⁶ Claudia Liebelt, "Aesthetic Citizenship in Istanbul: On Manufacturing Beauty and Negotiating Belonging through the Body in Urban Turkey," *Citizenship Studies* 23, no. 7 (2019), 686-702.

economy of recognition” that facilitate inclusion or create exclusion in society. I apply a similar approach to Liebelt by situating the women in my study as subjects whose voices convey their lived experiences of the politics of beauty, specifically through discussions of the nose and rhinoplasty. Through their voices we gain an understanding of the degree to which they attempt to acquire access to greater inclusion through beauty capital. After all, beauty is a practice that is predominantly carried out by women and thereby informs us about the lives of women and how beauty politics are negotiated by them through their subjectivities.⁹⁷

In my research, I use the topic of the *nariz negroide* to explore the question of structural racism and its coexistence with Brazil’s supposed racial harmony while examining the extent to which it pervades the practice of rhinoplasty as well as the dominant standards of beauty. Because of this paradox, race is complex in Brazil and Robin E. Sheriff states, “Although skin colour inequality exists in Brazil, the racial democracy orientation may constitute a moral high ground common to all Brazilians that both recognises and repudiates discrimination: [Racial democracy] summons the collectively held notion of the moral force of a shared heritage, a common family a unified nation. Racism is repugnant. It is immoral. It is above all, un-Brazilian.”⁹⁸ My research with surgeons in Chapter 6 discusses whether this supposed racial democracy⁹⁹ persists whereby structural racism and antiracism are simultaneously present in what Edward E. Telles refers to as “horizontal and vertical relations”,¹⁰⁰ specifically in the practice of rhinoplasty on the *nariz negroide*. I examine this paradox in relation to the surgeons who believe there is no racism in Brazil, i.e., they replicate the notion of racial democracy but while the idea of racial democracy prevails, racialised terminology pervades rhinoplasty and creates a bifurcated system whereby women with a *nariz negroide* believe they should be able to achieve the same beauty as women with a *nariz caucasiano* but in practice, they do not have the same access. For example, the surgeons reveal an antiracist consciousness whereby they often refuse to operate on women to change their racial appearance but at the same time the standard of beauty is such that it structurally excludes women with a *nariz negroide* being beautiful.

⁹⁷ Rosalind Gill, "Culture and Subjectivity in Neoliberal and Postfeminist Times," *Subjectivity* 25, no. 1 (2008).

⁹⁸ Robin E. Sheriff, *Dreaming Equality: Color, Race, and Racism in Urban Brazil* (New Brunswick, New Jersey and London: Rutgers University Press, 2001), 221.

⁹⁹ Antonio Sérgio Alfredo Guimarães, *Racismo E Anti-Racismo No Brasil* (Editora 34, 1999).

¹⁰⁰ Telles, *Race in Another America*.

Research question and objectives

The research question in this thesis is, how can rhinoplasty of the *nariz negroide* in Brazil be understood through the prisms of race, class and gender? In addition, the main research objective is to appraise, using an intersectional approach, whether consumption of rhinoplasty of the *nariz negroide* appears to have eroded or sustained racial hierarchies and bridged inequalities in the light of the supposed emergence of a non-white lower middle class. The intention is to examine whether this new group of consumers has disrupted the market, which has traditionally been shaped by Brazilian raciologies, and to determine whether this new audience with its distinct set of needs and desires have challenged traditional, European-influenced, conceptions of facial beauty in Brazil.

The specific chapter research objectives are as follows:

Chapter 1, to develop an intersectional methodology to understand the motivations of women who choose to have rhinoplasty of the *nariz negroide* as well as the perspectives of cosmetic surgeons who interact with them.

Chapter 2, to evaluate race and class formation in Brazil and the subsequent construction of Brazilian discourses of raciology and conviviality, the latter focussing in particular on *mestiçagem*.

Chapter 3, to discuss the history of beauty and a critical assessment of its role in perpetuating racial inequalities in Brazil.

Chapter 4, to examine discourses associated with the nose and rhinoplasty, as well as their history and cultural meanings in Brazil.

Chapter 5, to explore the lived experiences of women involved in the consumption of rhinoplasty with an emphasis on the way narratives of race and class influence their experiences.

Chapter 6, to examine the role of rhinoplasty surgeons in Brazil and their roles as gatekeepers for women seeking rhinoplasty of the *nariz negroide*.

Chapter Outlines

Chapter 1 outlines the basis of the intersectional and ethnographically informed research undertaken over the course of this thesis which included sampling, participant recruitment and interviewing, as well as an online field of enquiry using non-participatory observation. Rhinoplasty surgeons, women who had or wanted rhinoplasty, Black female activists and bloggers took part in this study. The study uses the voices and lived intersectional experiences of the women who had to negotiate both aesthetic hierarchies as well as the surgeons who acted as gatekeepers to their access to rhinoplasty.

Chapter 2 introduces the intersectionality of race, class and gender, and examines how the component and cumulative elements of race, class and gender function in Brazil. It sets out the premise that being a Black female in Brazil comes with prejudices and stigmas which have been constructed over 500 years through a racial hegemony which is foundational and flows through society. The country's history of colonialism, race relations and a construction of the Brazilian imaginary have created and continue to create uneven development and unequal social and economic opportunities for Black women. This chapter aims to show the complexity of race in Brazil and the multiple dimensions of oppression experienced by Black women.

Chapter 3 discusses beauty. By adopting an intersectional approach, beauty can highlight the inequalities that exist between women in Brazil. This discussion goes beyond whether the pursuit of beauty is good or bad for women¹⁰¹ and explores discourses of *mestiçagem* and whitening and how these relate to beauty practices. It also examines the construction of hegemonic, European-derived ideas around beauty and how these are appropriated, subverted or rejected by women in Brazil. I introduce the topic of rhinoplasty to see how conceptions of race and beauty interact.

Chapter 4 moves on to discuss the nose and rhinoplasty, plotting the historical trajectory of rhinoplasty and the simultaneous evolution of aesthetic racism in relation to the nose and how these intersect through modern rhinoplasty. In addition, the chapter brings together the topics of race, class and beauty discussed in Chapters 2 and 3. I introduce the concept of the hegemonic nose as a way of referring to the type of nose that emerged as an aesthetic ideal in Europe is idealised. One of the issues this thesis examines is whether and how this aesthetic

¹⁰¹ Craig, "Race, beauty and the tangled knot".

ideal, which has functioned as a distinct raciology in Brazil and elsewhere in Latin America, has come to be challenged, particularly in the context of a *morena* conception of beauty.

Chapter 5 focuses on the consumption of rhinoplasty by Brazilian women from the country's emerging middle class. The analysis uses empirical data gathered from interviews and social media from the perspective of Black women (including activists and beauty bloggers), and women with noses identified as *nariz negroides*. The chapter also discusses the motivations for and access to surgery and compares the experiences of women with a *nariz negroide* versus a *nariz caucasiano*. It also examines beauty tropes and standards as well as the process of rhinoplasty consumption through female narratives.

Chapter 6 examines the role of the cosmetic surgeon in the Brazilian rhinoplasty market. The analysis is based on interviews undertaken with cosmetic surgeons and posts from their social media in order to explore beauty discourses. It examines how and why the industry was not prepared for the emergence of this new group of customers seeking surgery on the *nariz negroide* and how it is starting to reshape itself to meet demand.

Conclusion

Overall, this thesis explores the consumption of rhinoplasty of the *nariz negroide* and to question why there seemed to be a collision between this market of new middle class consumers and established racial and social hierarchies. It explores the multiple contradictions and tensions at the site of consumption of rhinoplasty of the *nariz negroide* relating to notions of *mestiçagem*, racial consciousness and whitening. The two empirical chapters examine how women attempt to construct their aesthetic, social and political identities and whether the *nariz negroide* complicates this process of consumption and forces a realignment (or not) of the rhinoplasty industry. However, we must first consider the methodological framework and methods used in this research, to which we now turn.

Chapter 1. Methodology and Methods

Introduction

As a country known for significant racial disparities, Brazil is a compelling case study for research on the intersections of race, class, and gender in the cultural constructions of cosmetic surgery. I position myself in the domain of cultural studies – a discipline rooted in the principles of social justice – which aligns with my aspiration to examine and understand cultural disparities. Central to this chapter to foreground and privilege the voices of women whose noses they and others identify as having a *nariz negroide*. Hence the chapter’s research objective is to develop an intersectional methodology to understand the motivations of women who choose to have rhinoplasty of the *nariz negroide* as well as the perspectives of cosmetic surgeons who interact with them.

The research objective of this chapter is to develop an intersectional methodology to understand the motivations of women who choose to have rhinoplasty of the *nariz negroide* as well as the perspectives of cosmetic surgeons who interact with them. Therefore, this chapter outlines the research methodology I used as part of this doctoral project, which is qualitative and ethnographically inspired. During 2017-19, I carried out research in São Paulo and Rio de Janeiro in February 2017 and in São Paulo in March 2018. I also conducted social media research and carried out online interviews in 2019. Over this three-year period, I interviewed women who had undergone or wanted to have rhinoplasty surgery, Black female bloggers and rhinoplasty surgeons. In total, I carried out 36 interviews, 34 of which were face-to-face, and two via Skype. In addition, for the duration of the project, I carried out online research on a Facebook group, *Rinoplastia Nariz Negroide*, which aimed to support people who were interested in having rhinoplasty surgery in Brazil.

Methodologically, I used “the human as instrument” or “person-centred” approach¹⁰² to understand the complex web of cultural constructs that certain women experienced as part of a new middle-class that emerged from the early 2000s. Building on previous work by Edmonds and Jarrin, my thesis evaluates the relationship between consumption practices and

¹⁰² Egon G. Guba and Yvonna S. Lincoln, “Epistemological and methodological bases of naturalistic inquiry”, *Educational Communication and Technology*, 30:4 (1982): 233-252; R. L. Jackson et al. (2007). “What Is Qualitative Research?” *Qualitative Research Reports in Communication* 8(1): 21-28 (23); Robert Keith Collins “Intersectionality and ethnography”. In *Research Handbook on Intersectionality* (Cheltenham: Edward Elgar Publishing, 2023): 207-8.

racial hierarchies in Brazil. When Edmonds questioned why a security guard at a prison in Rio de Janeiro had resorted to an operation termed “correction of the Negroid nose” given the country’s much celebrated claim to be a racial democracy.¹⁰³ I felt compelled to understand the lived experiences in relation to the consumption of rhinoplasty of this type of nose; how people experienced access to rhinoplasty; the challenges people faced throughout the process; and the extent to which race played a part in these experiences. These questions are particularly important because Edmonds’ research had been carried out some five years earlier and alluded to a democratisation of beauty within a society that was heading towards multiculturalism. While Edmonds’ view reflected the optimism that pervaded Brazil from the early 2000s to around 2015 about the role of consumption as a contributory factor to establishing citizenship among an socially mobile population, it seemed to overlook the structural racism that has shaped Brazil’s unequal society for centuries.¹⁰⁴

This chapter starts by presenting the intersectional approach adopted for this research project, emphasising the value of its ethnographically inspired qualitative methods. A pilot study in the UK laid the groundwork for my interview strategy and the sampling decisions. I then discuss the recruitment and interview process for rhinoplasty surgeons and women who were interested in cosmetic surgery. The chapter closes with a discussion about the role of online research in my project, researcher positionality, and the ethical implications of the research.

Using intersectionality and qualitative research to understand Brazilian women’s experiences of rhinoplasty

The term intersectionality was first coined by feminist race theory scholar Kimberlé Crenshaw (1989) who defined it as a tool to explore how power intersects with different social categories that shape people’s roles, identities, and access to different resources.¹⁰⁵ Other feminist scholars adopted the term to explore how “the interlocking of race, class and gender simultaneously forms multiple systems of domination and meaning that have interactive, reciprocal, and cumulative effects on structural conditions and social processes

¹⁰³ Alvaro Jarrín, “Cosmetic Citizenship: Beauty, Affect and Inequality in Southeastern Brazil” (PhD diss., Duke University, 2010), 171.

¹⁰⁴ Edmonds, *Pretty Modern*.

¹⁰⁵ Kimberlé Crenshaw, “Demarginalising the Intersection of Race and Gender: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics,” *University of Chicago Legal Forum*, Vol. 1, no. 8, (1989): 138-167.

that shape the life experiences of women and men.”¹⁰⁶ Such an approach avoids reducing explanations of social phenomena to any single category, as it emphasises the examination of multiple factors operating simultaneously. Most reductionist approaches that look only at, for instance, gender, risk “stipulat[ing] a universal woman’s experience.”¹⁰⁷ As Leslie McCall has warned, intersectional research and its practice “mirrors the complexity of social life” while she identifies current methods and methodologies as “inadequate to the task of studying intersectionality in all its complexity”, instead labelling the field as in flux.¹⁰⁸

The use of an intersectional approach is particularly important in Brazil as it ensures that “race” does not get overlooked in studies of inequality. Research in a Brazilian context, with its intricate racial, class, and gender dynamics, requires an intersectional approach to ensure a comprehensive understanding of women’s experiences with cosmetic surgery. Historically, studies on intersectionality, especially in the realm of health, have underscored the disparities in health outcomes for Black as compared to white women. In a 2018 study entitled “‘We black women have to kill a lion everyday’: An intersectional analysis of racism and social determinants of health in Brazil”,¹⁰⁹ the authors note that Brazilian scholars had been slow to engage with intersectionality as theory and practice and “rarely considered race a variable”. For instance, until 1996, race was not considered as a determinant of health status, and there was no effort made to collect data on an individual’s race when researching health. However, health research in Brazil has illustrated the usefulness of an intersectional approach in revealing the existence of racial inequalities that would otherwise not have been exposed.¹¹⁰ Similarly, as Perry argues in her study of the role of Black women’s neighbourhood activism in Brazil, women are already aware of how the “complex racial politics of identification are

¹⁰⁶ Esther Ngan-ling, Doris Wilkinson Chow and Maxine Baca Zinn, *Race, Class and Gender: Common Bonds, Different Voices* (London: SAGE Publications, 1996), xxi.

¹⁰⁷ Judith Resnik, “Complex Feminist Conversations,” *University of Chicago Legal Forum*. Vol.1 (1989): Article 2.

¹⁰⁸ Leslie McCall, “The complexity of intersectionality”, *Signs: Journal of Women in Culture and Society*, 30(3), 2005, 1771-1800 (1772, 1794).

¹⁰⁹ Vijaya K. Hogan, Edna M. de Araujo, Kia L. Caldwell, Sarah N. Gonzalez-Nahm, and Kristin Z. Black, “‘We Black Women Have to Kill a Lion Everyday’: An Intersectional Analysis of Racism and Social Determinants of Health in Brazil.” *Social Science & Medicine* 199 (2018): 96-105.

¹¹⁰ For example, research on Brazil has found these disparities in relation to maternal mortality and breast cancer screening. Anna Volochko, "Mortalidade Materna: Determinantes Sociopolíticos," in *Nascer Com Equidade*, (2015): 111-32; Fernanda Souza de Bairros, Stela Nazareth Meneghel, Juvenal Soares Dias-da-Costa, Diego Garcia Bassani, Ana Maria Baptista Menezes, Denise Petrucci Gigante, and Maria Teresa Anselmo Olinto, "Racial Inequalities in Access to Women's Health Care in Southern Brazil," *Cadernos de Saúde Pública* 27 (2011): 2364-72.

linked to gender and class consciousness and identification as blacks, women, and poor people”.¹¹¹

One example of the challenges posed by adopting (or not adopting) an intersectional approach to the lives of Brazil’s Black female citizens is evidenced by Kia Caldwell’s review of Pinho’s *Mama Africa*, particularly its focus “on culture to the neglect of a thorough discussion of the structural racism, social marginalization, and political disempowerment that Afro-Brazilians experience”, which is seemingly compounded by neglecting “the Afro-Brazilian population’s long-standing struggle for racial equality”. She goes further: “movements, without giving adequate regard to how practices of racial domination – including racial democracy, *mestiçagem* (miscegenation), and whitening – shape and severely limit the options available to Afro-Brazilians in their attempts at self-definition and self-making. Nor does Pinho adequately address the impact of these practices on the dialectic of blackness and whiteness in Brazil”.¹¹² One does not have to agree with Caldwell’s critique in order to get her essential point. The dangers of not adopting an intersectional *approach* to the lived experiences of Black Brazilian women means neglecting the intersectional *realities* of their lives.

In light of these observations, my thesis examines how Black Brazilian women’s rhinoplasty experiences intersect with race, class, and gender. Brazil’s high level of miscegenation can create the impression of a country that is racially tolerant and relatively free of racism and prejudice against its Black citizens are often attributed to class inequalities.¹¹³ However, high levels of racial inequality are present across Brazilian society and the reproduction of aesthetic hierarchies are grounded in ideas of racial belonging. This thesis examines how ideal standards of female beauty are negotiated in Brazil through the lens of elective cosmetic rhinoplasty surgery. Raciologically informed notions of ideal beauty rest on factors such as hair (its length, colour, texture, for instance), eyes (colour) and also include the nose (shape and size). Dominant beauty standards often align with physical attributes associated with white women, thereby marginalising brown and Black women. This thesis therefore explores the way in which the physical qualities and attributes of whiteness are manifested in a supposed superior phenotype, specifically the ‘European nose’. Unpacking the experiences of

¹¹¹ Keisha-Khan Y. Perry, “Geographies of Power: Black Women Mobilizing Intersectionality in Brazil,” *Meridians* Vol 14, No. 8 (2016): 106, 115.

¹¹² Kia Lilly Caldwell, “Review: Race and nation in twentieth- and twenty-first-century Brazil”, *Latin American Research Review*, 46.3 (2011), pp. 201-206 (204).

¹¹³ Telles, *Race in Another America*, 12-13.

African heritage women from the emerging middle class requires an intersectional methodological approach based on the need to develop a more complex understanding of racial inequalities in Brazil, alongside the prevalence of the discourse of *mestiçagem*, whereby racism is often dismissed.

Building on an emerging field of intersectional research from the late twentieth and early twenty-first century, including that of Caldwell,¹¹⁴ Hordge-Freeman¹¹⁵ and Gordon,¹¹⁶ this thesis engages with scholarly work on beauty and appearance to illustrate the complex position of Black women in Brazil. Given the racialised connotations of the *nariz negroide*, engaging with race as a category becomes key in deconstructing aesthetic hierarchies. These concepts are intertwined with raciologised beauty standards, which in turn shape and influence beauty practices, including rhinoplasty. To understand the prejudices faced by Brazilian women with African features – specifically the *nariz negroide* – an intersectional approach highlights a sliding scale of oppression and inequality that is linked to race and class within the gendered experience of beauty.

Using an intersectional methodological approach, this thesis seeks to unpack the multiple paradoxes of women’s experiences and the underlying politics of beauty within Brazil’s social, cultural and political context. Central to this approach is the role of the *nariz negroide* in rhinoplasty discussions. By engaging with a diverse cohort of women, from those who are post-surgery to those merely contemplating it, to individuals with varying interests in beauty, this research seeks to encapsulate a wide spectrum of experiences. This comprehensive approach, spanning various class backgrounds and racial identities, aims to understand how women’s perceptions of rhinoplasty – and the broader societal implications of seeking a “new nose” intersect with and are informed by multiple dimensions of identity, including race, class, and gender.

Intersectionality and ethnographically inspired qualitative research methodology

Intersectionality as a lens helps build a multidimensional understanding of lived experiences by considering the interplay of social categories such as race, gender, class, disability and

¹¹⁴ Caldwell, *Negras in Brazil*.

¹¹⁵ Elizabeth Hordge-Freeman, *The Color of Love: Racial Features, Stigma, and Socialization in Black Brazilian Families* (University of Texas Press, 2015).

¹¹⁶ Doreen Gordon, “A Beleza Abre Portas: Beauty and the Racialised Body among Black Middle-Class Women in Salvador, Brazil.” *Feminist Theory* 14, no. 2 (2013): 203-18.

age. As Collins argues, an ethnographic approach allows the researcher to take “intersectional lived experiences as the central focus of analysis lends to theoretical descriptions and specifications of how individuals make sense of their multidimensional identities”.¹¹⁷ To capture the nuances of these experiences, especially in a context as complex as rhinoplasty in Brazil, the methodology employed must allow for a focus on individual narratives, relationships, and shared cultural symbols. An ethnographically inspired qualitative approach offers a means to access the layered lived experiences of the research participants. In particular, it allows for a more nuanced understanding of how women “see the consistencies and inconsistencies between social recognition and self-identification”,¹¹⁸ which is an important aspect of socially constructed beauty standards. As Frances Baum (1995) points out, qualitative research, allows for a deeper understanding of human interactions and social meanings present in the study of particular cases. A qualitative approach not only illuminates the complexities and processes that shape women’s rhinoplasty journeys but also provides insights into how they perceive the overarching political discourses that frame their values, attitudes, and behaviours.

Drawing on research by scholars using ethnographic approaches, namely Edmonds, Jarrín and Kia Lily Caldwell, this thesis integrates elements of ethnography, which can be defined as “an integration of first-hand empirical investigation with the comparative or theoretical interpretation of social organisation or culture”.¹¹⁹ While traditional ethnography involves complete immersion in a community, this thesis adopts a blended approach, combining on-site interviews, focus groups, and an online “netnography” to analyse social media content and observe online interactions. My online research was immersive within the social media setting and allowed for a richer understanding of the women who were interested in rhinoplasty of the *nariz negroide* by contextualising their experiences.¹²⁰

Although ethnographic methods, especially in anthropology, are very valuable in research on plastic surgery in Brazil, they needed to be adapted to my cultural studies lens, intersectional awareness and ethical considerations. For instance, Jarrin’s participant observation in the waiting room at the Santa Casa hospital of women who were attending consultations at the

¹¹⁷ Robert Keith Collins, “Intersectionality and ethnography”. In *Research Handbook on Intersectionality*, (Cheltenham: Edward Elgar Publishing, 2023): 204.

¹¹⁸ Collins, “Intersectionality and ethnography”, 204.

¹¹⁹ Martyn Hammersley and Paul Atkinson. *Ethnography: Principles in Practice*. London: Routledge (2019), 22.

¹²⁰ Nancy Hornberger. “Ethnography”. *TESOL Quarterly* 28(4) 1994: 688-690 (688).

clinic gave him the opportunity to interact with them and the cosmetic surgeons on a daily basis. However, the clinical setting is characterised by power dynamics that would have created a number of limitations, which affected studies by Edmonds and Jarrin where ‘patients’ were identified, observed and interviewed in clinics. For example, the balance of power in a clinic would have been highly uneven between surgeon and ‘patient’ and could potentially inhibit a ‘patient’ from speaking freely. Additionally, limiting the research to clinical settings could overlook potential participants who might not have access to these sites. To address these challenges and capture intersectional narratives, it was vital to speak to women outside clinical environments, ensuring their autonomy and mitigating the power imbalances of clinical interactions.

In sum, the main objective of this thesis is to capture lived experiences, informed by intersectional identities. The interviews provided a platform for women to share their desires, expectations, and outcomes, allowing for a holistic understanding of how they navigate the intersections of race and prevailing beauty standards in Brazil.¹²¹ These conversations illuminated the women’s perceptions and narratives associated with beauty, race, and class, underlining the value of the qualitative, ethnographically-inspired approach and its alignment with an intersectional lens.

UK pilot study: Planning the research

Prior to my primary research in Brazil, I conducted a pilot study in 2016 with individuals in the UK who had undergone rhinoplasty to refine my interview approach and better understand the nuances of discussing race and rhinoplasty. I carried out five interviews with people from a Jewish background. I selected people from this background because I wanted to gain some interview practice, and test my interview questions on the topic of rhinoplasty which might include the topic of race and ethnicity. It was convenient for me because I had contacts in the Jewish community in the UK and I recruited the interviewees through some friends as part of my network of Jewish contacts. I used a very simple list of 14 structured questions. However, during the interviews, I found that this structured approach inhibited the interviewees as they were directly answering the question, so I adapted my style to a semi-structured approach, asking them to tell me about their surgery and to talk about their

motivations. I had the structured questions in reserve and used them to stimulate discussion in the interview if required. None of the structured questions touched on race or ethnicity because I did not want to suggest it was an issue if it might not have been, but using a semi-structured approach created a dialogue between the researcher and the participant and allowed for the interviewee to open up as much as she wanted to, allowing for the collection of open-ended and potentially sensitive data.¹²² For example, one woman who worked as a taxi driver in London told me that she had had rhinoplasty because she felt uncomfortable about her nose as she had many customers she described as “Arab” in her black cab and that she felt uncomfortable having a Jewish nose as she felt that they might not want to get into her taxi.

The pilot study had limitations relating to both context and content. The British and Brazilian cultural and political contexts are very different as are the questions of blackness in Brazil and Jewishness in the UK. However, the similarity lay in the focus on the nose as a racialised physical feature. What I achieved from the pilot study was not only an insight into the way people openly spoke about rhinoplasty and their experiences, not just their operations, but also how they spoke about their personal experiences which sometimes led them to discuss racial discourses. The pilot study informed my decision to use semi-structured interviews and gave me a sense of what to expect when I began to interview women in Brazil. However, my personal positionality as a researcher in both contexts was very different in terms of participant engagement, reflexivity and openness. In the pilot study, I was interviewing people who were from a similar background to myself in relation to class, race, language and nationality and was able to relate to the situations they were discussing, whereas I would not have similar cultural references or experiences as part of the Brazilian study. To some extent, I was able to recognise the likely difference in positionality after the pilot study as I reflected upon it. I realised that despite an affinity with the reasons why a person might want to change their nose, my experience was far more removed from the people I was going to be interviewing in Brazil. While the pilot study provided invaluable insights into interview dynamics and the racial narratives surrounding rhinoplasty, its context significantly differed from the Brazilian setting. In other words, “experiences with race, class, and gender are varied in the social and cultural worlds that individuals navigate and negotiate”.¹²³

¹²² Melissa DeJonckheere and Lisa M. Vaughn. “Semistructured interviewing in primary care research: A balance of relationship and rigour”. *Family Medicine and Community Health*, 7.2 (2019).

¹²³ Collins, “Intersectionality and ethnography”, 207.

Recognising these differences and the resulting shift in my positionality was crucial as I started the sampling process for my research in Brazil.

Sampling and interviewing rhinoplasty surgeons

Prior to undertaking this study, I lacked any direct contacts with people who had had rhinoplasty nor with cosmetic surgeons. My strategy of seeking introductions through cosmetic surgeons, relying on a single connection through a Brazilian student, proved unfruitful. The traditional formal approach, through an official letter from the University of Manchester, did not lead to any follow-ups. A key development in my preparations was made when I contacted the Brazilian Cosmetic Surgery Association, the *Sociedade Brasileira de Cirurgia Plástica* (SBCP). I was able to speak to the President of the Association, who facilitated introductions to prominent rhinoplasty surgeons in Rio de Janeiro and São Paulo. These connections provided me with a network, enabling further interviews and insights into the surgeons' views.

To reflect the demographic realities of Brazil's rhinoplasty surgeon population, I employed a criterion-based selection process. The definition of criterion-based selection is an approach where interviews are selected deliberately so as to collect information which would otherwise be difficult to obtain.¹²⁴ I used data from <https://www.doctoralia.com.br/>, which lists cosmetic surgeons, focusing on gender and age. I found that approximately 90% were male, 10% female, 60% were over 45, 40% were under 45. While around 90% of surgeons were male, I ensured that my sample mirrored this and included the perspective of the underrepresented female surgeons. The sample of surgeons was not intended to be an accurate representation of the general population in Brazil, adhering to the strategy of identifying "specific groups of people who either possess characteristics or live in circumstances relevant to the social phenomenon being studied. Informants are identified because they will enable exploration of a particular aspect of behaviour relevant to the research."¹²⁵ While I set these criteria, over the course of the study, I relied on opportunity, or convenience sampling¹²⁶ whereby I interviewed the surgeons who became available and then I contacted others to build a

¹²⁴ Joseph A. Maxwell, *Qualitative research design: An interactive approach* (London: Sage, 2012).

¹²⁵ N. Mays and C. Pope, *Qualitative research in health care*. London: BMJ Publishing Group, 1996: 12-3.

¹²⁶ Anita S Acharya et al., "Sampling: Why and how of it". *Indian Journal of Medical Specialties*, 4.2 (2013): 330-333.

reflective sample. My contact with the SBCP proved invaluable, laying the groundwork for comprehensive insights into the views of Brazilian rhinoplasty surgeons

I also identified surgeons via the internet, particularly Facebook, to find surgeons who were targeting the lower end of the market. At the time I was doing this research, social media use was not yet well-developed among rhinoplasty surgeons, so it was not easy to clearly differentiate the segments of the market that the surgeons were targeting. However, what I did find, was that most surgeons with a social media presence targeted the lower segments of the market. For example, more traditional, well-established surgeons typically used aspirational images and relied on their websites for their marketing, whereas surgeons targeting the lower end of the market used social media to contact potential clients. Some of the surgeons had infiltrated Facebook groups, such as the ones I was looking at on rhinoplasty, and they incentivised women who had already had rhinoplasty to post about their positive experiences. This type of advertising in effect was illegal in Brazil, where the only type of advertising for plastic surgery that is allowed is where it is information-based; surgeons are not allowed to directly promote their services in any other way. This approach to recruitment and selection of the interview participants not only enriched my research but also mirrored the dynamics of Brazil's rhinoplasty market.

Interviewing rhinoplasty surgeons

I visited plastic surgeon clinics and conducted the interviews with surgeons in two stages in 2017 and 2018. In 2017, I interviewed seven rhinoplasty surgeons. These were Dr Mark Muller (São Paulo), Dr Kei Osaka (São Paulo), Dr Linda Schmitt (Rio de Janeiro), Dr Vincente Mello (Rio de Janeiro), Dr Antonio Rezende (Rio de Janeiro), Dr Felipe Tallor (Rio de Janeiro) and Dr Paul Andrade (Rio de Janeiro). Drs Muller, Osaka and Mello were well established and had worked as surgeons for at least twenty years in private practice with affluent customers from Brazil's A and B classes and charged at least 35,000 BRL.⁷⁰ Dr Andrade was also well established but worked in the Santa Casa training hospital, part of a network of philanthropic hospitals in Brazil.⁷¹ The younger surgeons, Dr Tallor, Dr Schmitt and Dr Rezende targeted classes C mainly and some B, they charged 10-18,000 BRL.

After this first round of interviews, it was apparent that the surgeons in that sample could not be considered as representative of Brazilian cosmetic surgeons as prices for rhinoplasty in the private sector range from 10,000 to 40,000 BRL and only a small number of people would

spend more than the average 10,000-15,000 BRL. Further research via the Facebook groups indicated that there were around ten favoured rhinoplasty surgeons who specialised in performing *nariz negroide* surgery across Brazil (Felipe Tallor is one of these, but there were several others who I wanted to interview). Furthermore, there are surgeons and trainee surgeons who provide surgery for very low or no cost via Santa Casa and SUS⁷² hospitals and I wanted to interview more of these surgeons to make my research more representative. During the second stage of interviews, I was able to interview five more surgeons, all of whom worked with patients predominantly from Brazil's emerging C class. Of the five surgeons, three came from SUS and also private practice, Dr Mota, Dr Prado and Dr Soarez. One was from Santa Casa and private practice, Dr Ribeiro and one was only from private practice, Dr Avio.

This range of surgeons enriched the research insights I had already gained as this second phase focused on surgeons working with the group of women this research is concerned with. All interviews with the surgeons were conducted in their consultation rooms at their clinics. There was a range of different type of facilities and the more expensive surgeons had the most comprehensive sites. Surgeons ranged from having a single consulting room in a shared building to a fully dedicated clinic with operating facilities. Those surgeons who had a single consulting room hired space and support staff in hospitals to perform operations. The location and presentation of their clinics provided insights into the type of patient and services they dealt with in terms of the class background, which I included in the analysis.

I wrote field notes after each interview, usually in a café where the interview had taken place or nearby. For interviews with surgeons, I often had time to write notes based on observations of the clinic as a setting and the area in which the clinic was located. I used my interview notes to help refine my thinking between one interview and the next. This approach helped to create threads of conversation on which to build, so for example, noting that a several surgeons had mentioned Michael Jackson during an interview as an example, I was able to mention this repeated reference and ask a surgeon (if they also mentioned it) why they thought it was so significant to surgeons.

To complement the insights from these interviews, I delved into supplementary sources. Data from the interviews was supplemented with an analysis of medical text books and social media activity developed by the surgeons to promote their services online via their own websites, Facebook, YouTube, and most recently, Instagram. Regarding medical textbooks, I noticed that the surgeons had the textbook, *Mastering Rhinoplasty* on their consulting room

shelves. When I asked one of the surgeons about its significance, I was told that it was the key text used in rhinoplasty training, which made it an important ancillary data source for the knowledge base shared by rhinoplasty surgeons.

The way modern rhinoplasty techniques embrace older ideologies rooted in late nineteenth century scientific racism and eugenics is explored here by discussing training textbooks and academic articles. Scientific racist discourse such as that of Camper, which hierarchised phenotypes along racial lines, is visible in both sets of texts. Examples of standard textbooks for rhinoplasty surgery include *Mastering Rhinoplasty*¹²⁷ and *Ethnic Rhinoplasty*¹²⁸. These texts explain the modern rhinoplasty techniques developed in the United States during the early to mid-twentieth century to cater for consumers who were white Europeans or from Jewish or Arabic backgrounds.¹²⁹ Of the 11 Brazilian surgeons I interviewed, eight had undertaken some of their training in the US. In a study of the 100 most-cited articles on rhinoplasty between 1864 and 2015, 72% came from the US,¹³⁰ thereby underlining the influence the latter has had over the worldwide practice of rhinoplasty.

The rise of Facebook and Instagram has been instrumental in the increase in consumption of plastic surgery. Surgeons use this medium to attract new patients and prospective patients use it to research surgeons, their prices and specialisms, and also to share their own stories of success or disappointment with the results of their surgical procedures. Over the three years of research, the surgeons' presence on social media became more sophisticated as their main mode of marketing, replacing printed magazines, which were phased out. For example, *Plástica e Beleza*, a magazine dedicated to cosmetic surgery, disappeared from circulation in 2019, reflecting the trend towards digital marketing. The evolution of this form of marketing has seen surgeons creating their own social media profiles and engaging directly with their audiences. I analyse social media in depth in Chapter 5 to illuminate how surgeons try to manage the expectations of prospective consumers of rhinoplasty of the *nariz negroide*, which might be out of line with what the surgeons believe is possible due to the standards of beauty. Thus their marketing efforts could be seen as an indication of how they might prevent consumers from getting what the latter set out to achieve.

¹²⁷ Rollin K. Daniel, *Mastering Rhinoplasty: A Comprehensive Atlas of Surgical Techniques with Integrated Video Clips* (Berlin: Springer, 2010).

¹²⁸ Steven M. Hoefflin, *Ethnic Rhinoplasty* (Berlin: Springer Science & Business Media, 2012).

¹²⁹ Macgregor, "Social and Cultural Components," 125-135.

¹³⁰ Yashashwi Sinha et al., "A Bibliometric Analysis of the 100 Most-Cited Articles in Rhinoplasty," *Cosmetic and Reconstructive Surgery Global Open* 4, no. 7 (2016).

In sum, the interviews with surgeons and social media analysis helped me to unveil the important role of surgeons as the gatekeeper to surgery and how their decision-making regarding the women's access to surgery is significant in determining outcomes for those seeking rhinoplasty. The interview material explores the way rhinoplasty surgeons in Brazil construct their worldview of the *nariz negroide* within the context of the politics of beauty. The interviews explore surgeons' beliefs, values and practices and the way they impact on the ideas, processes and outcomes for surgery as well as the way the topic of rhinoplasty relates to wider issues of raced and classed beauty politics in Brazil. The insights drawn from the interviews and supplementary research provide a significant understanding of the broader socio-cultural and economic dynamics of rhinoplasty in Brazil, revealing the complex factors that influence both surgeons and patients in their decision-making processes.

Researching women in relation to rhinoplasty

In the initial phase of my research project, I faced significant challenges in recruiting women for interviews. My initial strategy involved partnering with one of the surgeons I interviewed. He was keen to help me, however, I soon recognised the potential biases and limitations in this approach. He offered to organise several interviews for me, which I could carry out at his clinic. I soon realised that the women who he was arranging for me to interview were active on Facebook and they all posted before-and-after pictures, promoting this surgeon for rhinoplasty surgery. It was apparent that interviewing these women was not going to give me a balanced view of their rhinoplasty experience, not just because they appeared to be working with the surgeon or that he was potentially incentivising the women, but also because interviewing them in his clinic limited the potential for them to speak freely. Recognising the potential disadvantages of this initial recruitment strategy led me to reconsider my approach and refocus on the wider context of my research interests.

Using social media, especially Facebook, I discovered groups set up for women who were interested in rhinoplasty. I joined three closed groups that were relevant and approached the administrators of the groups to explain my research. My collaboration with an administrator from one of these groups, *Rinoplastia Nariz Negroide*, provided me with an opportunity to recruit a diverse range of interviewees and focus group participants. She also posted questionnaires in the Facebook group and took part in focus groups and as an interviewee. When I first started this research project, I became interested in the notion of the *nariz*

negroide as a social phenomenon, and I wanted to explore the experiences of women with a diverse range of views about their nasal features, so I identified women who would be interested in speaking to me irrespective of how they identified themselves racially or socially. By approaching interview participants through the Facebook group I could recruit both women who had had rhinoplasty and women who were considering the procedure. Subsequently, I approached approximately 35 women in the Facebook group to ask if they wanted to participate in the study, resulting in 16 interviews. The women were aged between 22 and 40 years. In most instances, the women had to travel considerable distances of up to 1.5 hours to reach the interview location. While the interview location was not intentionally chosen for this purpose, it emerged as a significant point of discussion and observation during the analysis. Three of the interviews (Lia, Sara and Lana) were organised by a plastic surgeon and were conducted at his office (he was not present), the other six were carried out in cafés and shopping malls in Rio de Janeiro and São Paulo. I also interviewed Diana, who ran the Facebook group, twice, once in a mall and once at her home with her mother. They were all remunerated for their attendance with the equivalent of a day's pay based on Brazilian minimum wage except for the three at the clinic who declined to accept payment.

Based on the interviews conducted during the pilot study, my chosen interview method involved developing a semi-structured set of questions. This approach, while providing a basic structure, allowed women the freedom to share their experiences and insights. It enabled them to navigate the conversation in directions they deemed significant, ensuring their voices were authentically captured.

Table 1. Research tools and procedures

Methods	Data collection timeline 2/2017-08/2019	Data collected
Online Facebook group observation	The duration of the project (weekly)	Notes on 224 posts
Interviews with women interested in rhinoplasty (n=16)	February 2017, March 2018 and August 2019	19 hours audio recorded and verbatim transcribed, translated from Portuguese into English.
Focus groups with women interested in rhinoplasty (n=2)	February 2018 and March 2018	5 hours audio recorded and verbatim transcribed, translated from Portuguese into English.
Interviews with Black female bloggers (n=4)	March 2018	5 hours audio recorded and verbatim transcribed, translated from Portuguese into English.
Interviews with rhinoplasty surgeons (n=12)	February 2017, March 2018 and August 2019	15 hours' interviews audio-recorded and verbatim transcribed, 9 were translated from Portuguese into English and 3 interviews were conducted in English.
Observation of clinical settings and interview settings (i.e. Shopping centres/interviewee's home)	February 2017, March 2018 and August 2019	Field notes gathered during interviews at various locations.

Online research: Selecting the online field of enquiry and using non-participatory observation

In late 2016, several months before my first trip to Brazil, I recognised social media's potential both for background insights and for identifying study participants. Joining closed Facebook groups required a membership request, which I pursued. I communicated with the group administrators privately, detailing my research goals and seeking their assistance in connecting with members for in-person interviews.

The three Facebook groups provided useful insights into rhinoplasty from the perspective of women who were contemplating the procedure. At first, I primarily viewed these groups as a source of information. However, as I observed their discussions, I noticed that these online exchanges provided me with perspectives that in-person interviews might not capture. I started to follow, and “listen”¹³¹ to discussions that were taking place within the Facebook group that I would not have otherwise had access to in a face-to-face interview setting. These candid, unmediated exchanges contrasted with the more structured nature of my face-to-face interviews in Brazil. Online, participants candidly swapped experiences, advice, and insights, revealing authentic dialogues that would be unlikely to appear in an interview. Notably, these discussions underscored the group's foundational purpose, facilitating discourse about *nariz negroide* rhinoplasty. Furthermore, once I began to carry out face-to-face research, I realised that interviews and focus groups had limitations because they were centred around the interview situation and while they were semi-structured, they evoked reflection by the participants. In contrast, the Facebook group was a unique location where conversations about rhinoplasty of the *nariz negroide* took place because it brought people together with a shared interest. While I was following online discussions between individuals, I realised that the way they involved people seeking and giving advice would enrich the study.

The online approach I used could be termed ‘netnography’, which is often used to understand consumer motivations and behaviours. As defined by Kozinets, “Netnography is a form of qualitative research that seeks to understand the cultural experiences that encompass and are reflected within the traces, practices, networks and systems of social media.” Netnography involves the following steps, which I used in my study: formal entry into the group, data collection, (apparent or) passive participant online observation of selected online resources, fieldnotes and data analysis and interpretation.¹³²

¹³¹ Kate Crawford, “Following you: Disciplines of listening in social media”, *Continuum*, 23:4, 2009, 525-535, DOI: 10.1080/10304310903003270.

¹³² Robert V. Kozinets, *Netnography: Doing Ethnographic Research Online*, London, 2010, 72.

Although I chose a non-participative approach to online observation, once I had decided to use Facebook as a resource beyond background research, I made sure that the Facebook group members were aware of my presence. As such, I only used the Facebook group, *Rinoplastia Nariz Negroide* because it was the only group where the administrator of that group agreed to post to the members explaining my research. Although Robert Kozinets has noted, “Online cultural research is far less intrusive than traditional ethnography, as the online researchers can gather “a vast amount of data without making their presence visible to culture members”, my approach was to seek permission from the Facebook group administrator and introducing myself as a researcher. As mentioned, the group administrator group also helped recruit participants for face-to-face interviews and was generous in accepting the Facebook discussions.¹³³

Expanding the research to include social media complemented the interviews in the sense that I could include many more voices of Brazilian women who were interested in having or had undergone rhinoplasty. I selected Facebook because at the start of this research project, Facebook was the primary social media platform used for discussion on rhinoplasty and indeed, the only location where there has been a dedicated group with a virtual community interested in rhinoplasty of the *nariz negroide*. Since, Instagram has emerged as the main platform but does not offer as much opportunity as Facebook for interaction and discussion.

I focused my analysis on the Facebook page *Rinoplastia Nariz Negroide*, firstly, as its focus was exclusively on rhinoplasty of the *nariz negroide* and secondly, because it had many active members (among its 23,000 members by 2018), which meant that the data provided a rich source of material. I conducted thematic analysis using keyword searches relating to the topics which I identified in my interviews, including, self-esteem as motivation for surgery, other motivations for surgery, motifs of the nose including Barbie, Michael Jackson and Ludmilla, the search for surgeons to perform rhinoplasty on the *nariz negroide*, experiences of the consultation process, post-operative satisfaction and dissatisfaction. I used a combination of analysis of conversations and individual posts and highlighted contrasting perspectives on the key themes.

Conducting online research enabled me to spend extended time in online communities dedicated to the discussion of rhinoplasty. Thus, I was able to observe conversations unobtrusively that I would otherwise not have had access to. Furthermore, these spaces were

¹³³ Kozinets, *Netnography*, 86.

specifically set up to provide a space for conversations between people interested in having rhinoplasty.¹³⁴ The welcome message on the Facebook group “In this group you will find support and information about Rhinoplasty of the Negroid nose. If you still have questions or have just started the process of accepting/changing/looking for doctors.”

Racialising the nose: A researcher’s positionality

Recalling the opening of this thesis, and Diana’s story of social mobility and her multiple rhinoplasty operations, I am reminded of my own position as a researcher, and why I chose this topic of research, but also, how and where any similarity between myself and the women in this study stops. There are two elements of my positionality which I believe are pertinent, the first addresses my empathy with Diana (and the other women I interviewed) who lived for so long with dissatisfaction over their *nariz negroide* noses which marked them as Afro-Brazilian women, and as such, subject to racial discrimination and inequality. To some extent, I could understand her frustration; I was reminded of my childhood experiences of being bullied because of my ‘Jewish’ nose; and my position as an affluent European in my late forties when I undertook my fieldwork. The former experience is still raw and painful in that it reminds me how it can be problematic to identify with another person’s position without having lived it oneself.¹³⁵

Firstly, my interest in the topic recalled my own upbringing and ethnic consciousness and visibility. Coming from a non-religious working-class Jewish background, I attended a school where there were mainly white British Christian pupils, and I stood out because of my physical appearance. I have a typically Jewish nose, wide and hooked. When I was twelve years old, it was particularly awkward for me, as I was called names by other pupils on a daily basis, such as “Concorde” after the aeroplane (this is the name that I remember the most) or “Yid”, and I experienced a lot of unhappiness and felt very isolated.

Although I was not ashamed of my background, I did not identify with being Jewish, as my family was not religious, and I did not know other Jewish people beyond my immediate family. We lived in a suburban area outside London where there were very few Jews or any

¹³⁴ “Neste grupo você encontrará apoio e informações sobre Rinoplastia em Nariz negroide. Se você ainda está em dúvidas ou acabou de iniciar o processo de aceitação/ mudança/ procura de médicos.”

¹³⁵ For an examination of researcher positionality changing over time, see Sarah Dryden-Peterson, “Transitions: Researchers’ Positionality and Malleability of Site and Self over Time.” *Harvard Educational Review*, 90(1) (2020): 127-133.

other minority groups. As a family we aspired to assimilate into the secular community (Jewish people typically do not leave ‘Jewish areas’ if they want to remain part of the community). I hated my visible ethnicity and difference. I could not hide the traces of my ancestral Jewish roots, which I did not understand or relate to fully, and which I felt was considered by others as a negative factor, linked to antisemitism.

I believe that this experience contributed to my attempts to “normalise” my appearance and to not stand out in a negative way. I have always tried to modify my appearance through non-invasive beauty practices to reduce my Jewish appearance and “Anglicise” it, specifically through hair straightening and colouring as well as eyebrow shaping and make up. I wanted to have rhinoplasty but did not have it as this practice was not financially accessible to me during my youth. After the age of 22/23, I acquired some increased social status through my career and found happiness in romantic relationships, which reduced much of the poor self-esteem I had experienced during my childhood. On reflection, my own personal experience, while not grounded in the colonial-derived racism that my research explores, has afforded me a sensibility to the triggers, feelings and outcomes of a sense of otherness, specifically involving the nose. Furthermore, in a society where there is assimilation (in my case) or miscegenation in the case of Brazil, race as a category can be the last topic that one would choose to discuss or think about.

In contrast to my feeling of empathy with the experience of racialised prejudice, particularly when connected with the nose, when I undertook my fieldwork in 2017 and 2018 this did not create a bond between myself and my Brazilian interviewees who had already undergone or wanted rhinoplasty. I had not had rhinoplasty, and as a white European woman already in my late forties, I enjoyed a relatively elevated social status as a researcher. In several cases, I was asked by cosmetic surgeons and by women I interviewed if I was a cosmetic surgeon myself, a profession of very high social standing in Brazil. Perhaps most important of all, as a British researcher from a UK university, I was seen as someone whom the cosmetic surgeons I met wanted to impress. Several of them wanted to speak in English to show their proficiency in the language. Most of the women I interviewed were under 30 years old, and I felt that they treated me as a mature woman with different concerns and interests to theirs. This fieldwork experience underlined for me that while I had concerns in common with the women their different realities and backgrounds needed to be centred in the interviews and subsequent data analysis. With all the limitations of my status as a European Jewish white woman, my experience of social mobility from a working-class background and the experience of

antisemitic bullying has allowed me some insight into the importance of an intersectional approach to the experiences of the women I interviewed from across Brazil's colour spectrum.

Ethics

The process of informed consent took place in the following way. For rhinoplasty surgeons, I initially used the contacts that were provided via the President of the SBCP and his introduction. I sent an email to the surgeons including a formal introduction to my research from the University of Manchester. When the surgeons agreed to take part in an interview, I sent them an outline of the types of questions that would be asked and advised them of the semi structured approach. At the start of the interview, I asked if they wanted to be anonymous in the study and while none of them said they did, I since took the view to anonymise all research participants for the protection of everyone in the study.

For the women who were in the *Rinoplastia Nariz Negroide* Facebook group consent was obtained via the Facebook administrator in the first instance to contact members. I then contacted the women via Facebook messenger to explain the nature of the research, to advise the types of questions that would be discussed, and to explain that they would be anonymised in the study. Consent was obtained from the research participants prior to all interviews and focus groups to audio-record the interviews. I used these recordings as the main source of data for analysis. The interview material was gathered primarily in Portuguese but in several instances, surgeons I interviewed opted to speak in English for either all or part of the interview. All interview material was transcribed in the original language and the Portuguese was then translated into English by the author. Social media analysis was carried out using Portuguese language sources.

Conclusion

This chapter has discussed the processes and challenges associated with researching rhinoplasty in a Brazilian context. To understand the politics of beauty in relation to cosmetic surgery and rhinoplasty, I decided to interview both cosmetic surgeons and women who were interested in rhinoplasty. By exploring their beliefs, values and perspectives on rhinoplasty, the interviews with the surgeons helped me to understand their role as gatekeepers of surgery. When deciding how to approach women who were interested in rhinoplasty, I discovered the importance of recruiting and interviewing outside of the clinical setting to avoid the power dynamics associated with that site. Furthermore, the incorporation of online discussions, while initially unplanned, became a significant methodological decision. The online research site not only diversified the number of voices but also allowed me to research their dynamics

and debates which would have been difficult to access in semi-structured interviews. The intersectional approach at the core of this thesis has enabled an understanding of the multifaceted nature of the lived experiences of Brazilian women while my ethnographically-inspired research methodology was used to research the nuanced experiences of the women involved within the wider Brazilian context.

Chapter 2. Being a Black woman in Brazil: The intersection of race, class and gender

Introduction: *Mestiçagem* and the promise of a racial paradise

On my first visit to Brazil late in 2015, I stayed in Rio de Janeiro and witnessed a level of racial mixing that I had not seen elsewhere. A visit to the supermarket or a walk along Copacabana beach revealed a “United Nations” of faces of different shades and shapes, the country’s five-hundred-year legacy of miscegenation between Europeans, Africans and Americans for all to see,¹³⁶ queuing up to buy their groceries or enjoying Rio’s free and democratic sands, seemingly unrestricted. Regardless of my prior knowledge of inequality in Brazilian race relations, my overwhelming initial impression was one of harmony and a societal blindness to colour that I had not seen to such an extent before. I wanted to believe that this “racial paradise” was more than skin deep.

My first impression illustrated one side of Brazil’s racial paradox, namely the belief that, due to the country’s extensive racial mixing and convivial, everyday relationships, discrimination or inequality based on the perception of race is not a significant issue. However, on closer inspection, after spending a couple of days in Rio, I could see beyond this ideal, noticing that the doormen of expensive apartment blocks in the city’s most affluent areas appeared to be comparatively darker-skinned as were the porters and cleaners in hotels as well as the maids who boarded buses in the early evening to head home from Rio’s South Zone to their homes, often hours away from their employers’ homes where they worked long days for low wages. The residents of these homes were almost exclusively white, exiting and entering their guarded and gated buildings close to the beaches of Leblon and Ipanema. The illusion of racial harmony faded as the difference between the fortunes of people according to their skin colour was revealed.

The purpose of the above personal observation – however naïve it might initially appear – served to highlight not just how overwhelming the impression of *mestiçagem* is but also how visible racial inequalities are, namely that a belief in racial harmony in Brazil must be particularly strong as for people not to acknowledge them. As mentioned in the Introduction, the Portuguese word *mestiçagem* derives from the colonial term *mestiço*, describing a person

¹³⁶ Alexander Edmonds, “Triumphant Miscegenation: Reflections on Beauty and Race in Brazil,” *Journal of Intercultural Studies* 28, no. 1 (2007), 83-97,

with parents from different origins.¹³⁷ In Brazil, *mestiçagem* refers to a discourse of racial mixing or miscegenation that, as discussed previously, turned a biological and social process into a national ideology as discussed in the Introduction.¹³⁸

For example, I met Maria, a white woman in her sixties and a retired surgeon, in São Paulo in 2017; she vehemently believed that there was no race issue in Brazil and that society's problems were linked to class. She cited the example of a junior colleague of hers in the hospital she worked at who she had been friends with for many years who was Black. She emphasised this friendship as an example of the commonly found convivial¹³⁹ personal relationships that exist in Brazil which are often cited to underpin a lack of racism in Brazilian society. Linking her argument to class, she explained how she had financially supported this friend's daughter through university as the friend did not have the necessary means. This argument is embedded within the popular discourse of *mestiçagem*, namely that race doesn't function as a significant category in Brazilian life due to the country's miscegenation, even though in this instance Maria, in her privileged position used racial categories in that she was white and her friend was Black. Maria did not in any way see her friend's relative poverty as linked to race. Whilst Maria had the best intentions and had been very generous financially to her friend, her belief is summed up by Robin E. Sheriff that "Racism is 'un-Brazilian' and is 'repugnant and immoral' and this belief unites the population".¹⁴⁰ Unfortunately, racism is not especially un-Brazilian and racial conviviality coexists with racism. As outlined in the Introduction, the way the specifically Brazilian language of *mestiçagem* works as an example of a Latin American discourse of conviviality poses a paradox whereby Brazilians have faced racial discrimination yet maintain a sense of unity that goes beyond racial difference.¹⁴¹

¹³⁷ Peter Wade, *Race and Sex in Latin America* (London: Pluto Press, 2009), 2.

¹³⁸ http://noticias.unsam.edu.ar/2022/6/3/el-mestizaje-colabora-con-la-negacion-del-racismo-lo-disfraza-lo-vela/?fbclid=IwAR22Hg2iHRLAZ59egIbjm3RMty93cVWSttwFKB2s_r_g2z8XhOY99Mb4as

¹³⁹ I use Peter Wade's definition of conviviality which is "not simply "living together" or coexistence, but as implying ways of living (discursive and non-discursive practices) based on norms of tolerance, reciprocity, non-hierarchy and solidarity". This definition allows for a juxtaposition of conviviality with structural hierarchies. "Mestizaje and conviviality in Brazil, Colombia, and Mexico." In *Convivial Constellations in Latin America*, London: Routledge, 85-98 (86).

¹⁴⁰ Robin E. Sheriff, *Dreaming Equality: Color, Race, and Racism in Urban Brazil*. New Brunswick, New Jersey and London: Rutgers University Press, 2001, 221.

¹⁴¹ Brian Owensby, "Toward a History of Brazil's 'Cordial Racism': Race Beyond Liberalism." *Comparative Studies in Society and History* 47.2 (2005): 318-47.

Edward Telles has developed a terminology for social processes as based on horizontal and vertical relations. The term “horizontal race relations” refers to inclusive social relations that are often “cordial” and “harmonious” whereas the term “vertical relations” refers to relations that account for exclusion, whether economically and socially. Telles suggests that previous scholars had focused on *either* vertical *or* horizontal relations and not both, believing that class and not race was the issue in Brazilian society and, by being whiter, one could achieve higher social status. This categorisation enables a fuller understanding of the ambivalence in relation to race in Brazilian society.¹⁴² The example of Maria above illustrates horizontal relations between her and her friend, while the structural situation whereby her friend is poor links to vertical relations.

In contrast to Maria’s story, that illustrates how, in some cases, that race is not perceived when structural racial inequalities can be identified easily, in Maraisa’s case race is a mechanism by which to subordinate people. Maraisa, a 24-year-old Black model and beauty blogger in São Paulo, recounted her experiences of racism in school and to her family while she was growing up. Maraisa’s parents were affluent and Maraisa went to a private school. She was one of only two Black children in her year at school and she experienced bullying and racist comments about her hair (*cabelo crespo*) and her wide nose. Meanwhile, Maraisa and her family also received abusive comments in shops in São Paulo’s luxury shopping malls suggesting that they must be there to steal as they could not possibly afford to shop there. In addition, she felt that she also experienced racialised bias in her job as a model, where she got rejected for work for work that was seen as aspirational and instead was cast for roles that were more edgy and urban. Whilst it is common that models are typecast according to their appearance, it is noteworthy because in Maraisa’s case, her experience of rejection reinforced other incidents of exclusion that she had already lived through.

Maraisa spoke about how it was difficult for her to voice her experiences as, after all, she had gone to a good school, her family had money and she was beautiful. What did she have to complain about? Furthermore, she felt that if she had spoken out, she would appear negative and it would have precluded her from making any career progress in a competitive job market. She is a model. In Caldwell’s chapter “Look at her hair”, she discusses the song of the same title and discussed an interview she did with Silvia, a Black female activist who talked about how the song denigrates Black women’s appearance and hygiene. Sony was

¹⁴² Telles, *Race in Another America*, 12-13.

sued for this song, however, according to Silvia there was a backlash against the Black movement by the people protesting that it was exaggerating its reaction and the song (by Tiririca) was just a joke. Caldwell's interview with a woman called Silvia who was an antiracist and feminist notes that "the popular acceptance of symbolic violence against Black women delegitimizes efforts to denounce it".¹⁴³ Caldwell goes on to state that the theme of this song was not Tiririca's invention but rather "called upon pre-existing tropes regarding Black women's bodies, tropes that have long been validated by Brazilian discourses on race and gender"¹⁴⁴ Despite Maraisa having economic means, she was still disadvantaged by racism because of her appearance.

Building on the paradox of the structural racial inequalities in Brazil that exist alongside the discourse of *mestiçagem*, this chapter examines the intersection of race, class and gender, continuing the focus on the centrality of the discourse of *mestiçagem* in discussions of race in Brazil. The combination of these three factors shows "multiple burdens, or double or triple discrimination"¹⁴⁵ and the exacerbation of inequalities. Peter Wade notes that the discourse of conviviality in Brazil has valued masculinity and whiteness most highly in a hierarchical society.¹⁴⁶

I argue that although Brazilian society has changed, including the introduction of affirmative action policies and the criminalisation of racism, one can still question whether, in Edmonds's words in 2007, that "Brazil seems poised to abandon *mestiçagem* as it experiments with multiculturalism and affirmative action."¹⁴⁷ Indeed, the country remains deeply affected by the country's history of racilogies which have both prefigured and co-existed with complex discourses of Brazilian conviviality. Hence, an intersectional approach is integral to a racialised body part, in this case the *nariz negroide*, one which has negative connotations in Brazil. Therefore, race has to be the main focus of this chapter, as the racialised feature is the critical factor. The research objective of this chapter is to evaluate

¹⁴³ Caldwell, *Negras in Brazil*, 85.

¹⁴⁴ Caldwell, *Negras in Brazil*, 85.

¹⁴⁵ Kimberlé Crenshaw, "Gender and Race Discrimination. Background Paper for the Expert Group Meeting," Zagreb, Croatia (21-24 November 2000).

¹⁴⁶ Peter Wade, "Mestizaje and Conviviality in Brazil, Colombia and Mexico". Maria Sibylla Merian International Centre for Advanced Studies in the Humanities and Social Sciences Conviviality-Inequality in Latin America (Mecila), 2018, 6.

¹⁴⁷ Edmonds, "Triumphant miscegenation," 84.

race and class formation in Brazil and the subsequent construction of Brazilian discourses of raciology and conviviality, the latter focussing in particular on the workings of *mestiçagem*.

The remainder of this chapter is structured as follows. In the following section I discuss Brazil's raciologies, which are connected to a white privilege that in turn is hidden within a discourse of *mestiçagem*¹⁴⁸ given that the country's racial history is a key factor that determines Black people's lower class position in contemporary Brazil.¹⁴⁹ I take a detailed look at the roots of the new Black middle class through Brazil's history of racial inequality and the idea of a racial democracy despite the prevalence of raciologies that reflects a clearly racially demarcated class stratification. I then discuss the cumulative effect of race and class for Black women by exploring how they have suffered the greatest socioeconomic inequalities in Brazil, to the point that being *negra* is a specific position, greater than the sum of the parts of being poor, Black or female.

The construction of raciologies in Brazil: Hierarchies hidden by harmony

Many people whose ancestors were enslaved and brought to Brazil from Africa have lived with extreme poverty for generations.¹⁵⁰ Slavery existed in Brazil for over three hundred years, underpinning the development of the country's society and economy.¹⁵¹ It is common for Black people to still suffer prejudice and societal disenfranchisement in their daily lives as a result of biases that are deeply embedded in society. Miscegenation and the idea of racial democracy have suggested the prevalence of a Brazilian racial harmony, making the topic of racism very uncomfortable for people as they do not want to believe it is a problem, especially one rooted in Brazil's colonial history. In this section, I examine Brazil's racial history and how a culture of racial mixing evolved alongside racial hierarchies that privileged whiteness and disadvantaged Blackness.

Racial mixing has been a significant factor throughout Brazil's complex history of race relations since the early colonial period. Social relations between colonisers and the enslaved

¹⁴⁸ France Winddance Twine, *Racism in a Racial Democracy: The Maintenance of White Supremacy in Brazil* (New Brunswick: Rutgers University Press, 1998), 74.

¹⁴⁹ Abdias Nascimento, *O Genocídio Do Negro Brasileiro: Processo De Um Racismo Mascarado* (São Paulo: Editora Perspectiva SA, 2016).

¹⁵⁰ Nascimento, *O Genocídio Do Negro Brasileiro*.

¹⁵¹ George R. Andrews, *Blacks and Whites in São Paulo, Brazil, 1888-1988* (Madison: University of Wisconsin Press, 1991), 25.

appeared to be more fluid and harmonious by comparison to the United States, for example. In the eighteenth century, the Portuguese monarchy encouraged its subjects in Brazil to “populate themselves” and promoted intermarriage, even though such unions were not recognised by the Roman Catholic church.¹⁵² The result of this racial mixing is evident in statistics from the end of the colonial era. By 1890 the census showed that 41 per cent of the population was of mixed race.¹⁵³ However, this racial mixing was not an indication of racial harmony; it veiled bleak truths. Brazil was the largest slave economy in the world (with more slaves than free people), while its enslaved population was treated brutally¹⁵⁴ and the only real opportunity for freedom lay in the legal process of manumission.¹⁵⁵

An illustration of the brutal treatment of slaves is evident in Brazil’s high mortality rates, which meant that the work force had to be constantly replaced as the country was economically dependent on slave labour. Due to Brazil’s harsh climate and poor sanitation, the life expectancy of an enslaved person was two-thirds that of a Brazilian white male.¹⁵⁶ Its geographical location as the closest point to Africa in the Americas saw Brazil importing more slaves than any other nation. Estimates vary between 3.3 million to 5 million, a significant proportion of an overall Atlantic slave trade of between eleven and twenty million. By contrast, the number of slaves imported by the United States was 427,000.¹⁵⁷ The reason for this discrepancy was because Brazil opted for replacement of slaves, whereas in the United States slaves could not be replaced so readily after the British clamped down on the transatlantic slave trade in 1810. These figures reflect the extent to which enslaved people were dehumanised and treated as a means of production and ultimately as a form of economic wealth.

Around 30% of Brazil’s population was enslaved in 1819; this had decreased to approximately 15% in 1872.¹⁵⁸ As modernisation grew apace in western societies during the nineteenth century, Brazil also aspired to progress. The country had an emerging elite in the

¹⁵² Telles, *Race in Another America*, 25.

¹⁵³ Anthony W. Marx, *Making Race and Nation: A Comparison of South Africa, the United States, and Brazil* (Cambridge: Cambridge University Press, 1998), 66.

¹⁵⁴ Thomas E. Skidmore, *Brazil: Five Centuries of Change* (New York: Oxford University Press, 2009), 60.

¹⁵⁵ Carl N. Degler, *Neither Black nor White: Slavery and Race Relations in Brazil and the United States* (Madison: University of Wisconsin Press, 1971), 43.

¹⁵⁶ Skidmore, *Brazil: Five Centuries of Change*, 60.

¹⁵⁷ Philip D. Curtin, *The Atlantic Slave Trade: A Census* (Madison: University of Wisconsin Press, 1972), 12-13.

¹⁵⁸ Thomas E. Skidmore, *Black into White: Race and Nationality in Brazilian Thought* (Durham, NC and London: Duke University Press, 1992), 41.

form of its wealthy plantation owners and an educated middle class. By contrast, it also had a large illiterate enslaved population who supplied labour for the coffee trade. During the 1870s, the elite was seeking greater political influence while coffee growers were concerned with how the country was going to attract capital and generate trade to achieve further economic growth.¹⁵⁹ The quest for modernisation saw the Brazilian elite accept an ideology of development,¹⁶⁰ integral to which was the abolition of slavery. The slave trade ended in the early 1850s, thus creating a population of Brazilian-born slaves who understood the local language and culture. In 1871, the Law of Free Womb was introduced; it gave freedom to children born of slave mothers when reaching majority and also allowed slaves to buy their freedom.¹⁶¹

This desire for modernisation and the high dependency on slavery posed a conundrum. Brazil had a wealth of resources, including a burgeoning coffee trade which was sustained through the slave economy. Furthermore, what was forcing Brazil's hand in terms of the abolition of slavery posed a challenge for coffee plantation owners who feared that former slaves would not have the will to work without coercion. Indeed, in the late 1870s the enslaved population became increasingly aware that slavery was considered morally wrong by many whites and contravened religious beliefs. That said, many landowners were against abolition as they could not see how to turn a profit without slave labour.¹⁶² Before the formal abolition of slavery in May 1888, slave resistance grew in the form of uprisings, while São Paulo coffee planters eventually freed their slaves in the knowledge that formal abolition was eminent. Finally, when Brazil became the last country in the world to abolish slavery, it faced new social and economic challenges that led to the creation of the new Brazilian Republic in 1889.

¹⁵⁹ Leone Sousa, *The Myth of Racial Democracy and National Identity in Brazil* (Saarbrücken: VDM Publishing, 2006), 50.

¹⁶⁰ This ideology included secularisation (education, marriage, deaths), de-centralisation of government and removal of all restraints on individual freedom. Thomas E Skidmore, "Racial Ideas and Social Policy in Brazil, 1870-1940," in *The Idea of Race in Latin America, 1870-1940*, ed. Richard Graham (Austin: University of Texas Press, 1990), 7-36; Telles, *Race in Another America*.

¹⁶¹ Andrews, *Blacks and Whites in São Paulo*.

¹⁶² Andrews, *Blacks and Whites in São Paulo*.

The post-abolition era, c. 1888-1930

Demand for coffee was increasing at the point of abolition, and labour was needed to meet production requirements.¹⁶³ However, human resources could no longer be used coercively, and the resulting freedom was a concern for landowners who feared former slaves would be unwilling to work. Pre-conceived ideas about former slaves included the notion of *ideologia da vadiagem* (ideology of idleness), a firm belief in the innate laziness and irresponsibility of the racially mixed Brazilian masses, an assumption which already existed during slavery.¹⁶⁴ This assertion relating to former slaves' attitude to work was linked to the racial hierarchies that had their roots in slavery denigrating the Black person's character based on their skin colour. *Ideologia da vadiagem* as an idea that persisted through slavery and beyond into the post-abolition era illustrates the way racilogies carried through into the capitalist era as an example of 'racial capitalism'.¹⁶⁵ While former slave owners were worried about the suitability and efficiency of freed slaves in coffee production, no responsibility appeared to be taken by the government to integrate former slaves into post-abolition society. At the same time, scientific racism theories were sweeping the world. With its origins in Europe, the theory of biological differences between races and the inferiority of Blacks were based on eugenic discourse,¹⁶⁶ which had permeated Brazilian institutions by stressing the value of the whitening policies discussed below. This strategy underpinned modernisation and economic development, bypassing the need to integrate the now freed contingent of the population.

Thus, rather than investing in the literacy and integration of former slaves, the government introduced a policy of 'whitening' to persuade Europeans to immigrate to Brazil. This process began just before the abolition of slavery (the first wave of immigration was between 1877 and 1903). Thus, the whitening agenda depended on a society that accepted racial difference institutionally, which translated into a favouring of whiteness and a lack of any effort to integrate former slaves, even by most abolitionists,¹⁶⁷ a strategy that explains why this part of the population would remain at the lowest levels of society.¹⁶⁸ In turn, whitening,

¹⁶³ Richard Graham, "Causes for the Abolition of Negro Slavery in Brazil: An Interpretive Essay," *Hispanic American Historical Review* 46, no. 2 (1966): 123-137.

¹⁶⁴ Andrews, *Blacks and Whites in São Paulo*.

¹⁶⁵ Robinson, "Black Marxism."

¹⁶⁶ Skidmore, "Racial Ideas," 9.

¹⁶⁷ Skidmore, "Racial Ideas," 8. There were limited examples of abolitionists who did consider the integration of the ex-slave population. Rebouças attempted to modernize the agricultural sector.

¹⁶⁸ Skidmore, "Racial Ideas," 9.

a fundamentally racist solution, was adopted as a strategy to modernise Brazil, embracing the belief that more white European people would improve the population and society, a policy which would continue throughout the early part of the twentieth century in the form of mass immigration from Europe, primarily Italy, Spain and Portugal.¹⁶⁹ German immigration was also significant.¹⁷⁰ Indeed, eugenicists in Latin America considered there to be a hierarchy or races within Europe, with the “Germano-Saxon” branch superior to the “Greco-Latin” group.¹⁷¹ Furthermore, Brazilian eugenics promoted Germany as a model for Brazil to follow in health and sanitation programmes.¹⁷² In 1912, the Brazilian eugenicist João Batista Lacerda forecasted that by 2012 the Brazilian population would be 80 per cent white, two per cent mixed, 17 per cent Indian, and there would be no more Blacks.¹⁷³ Eugenicists in Brazil were confident that a combination of European immigration and further miscegenation would lead to whitening.¹⁷⁴ The fundamental flaw in this prediction lay in the failure to acknowledge that miscegenation created a mixture and, therefore, not only “whitening” but also “darkening” as well,¹⁷⁵ a viewpoint indicating a biased and whitened perspective.

Given the clear emphasis on whitening the population in the quest for industrialisation and modernisation, Blacks were at a severe disadvantage. Their previous enslavement did not equip them with basic skills such as literacy and a positive attitude to work that would enable them to partake effectively in society while leaving them alienated and struggling.¹⁷⁶ Furthermore, they experienced everyday prejudice and were the victims of surveillance by police: “He [namely, the archetypal former slave] was no longer seen as a threat to public order because he conspired to win his freedom, but as a threat to propriety, property, and safety of others.”¹⁷⁷ To add to these disadvantages, just as industrialisation efforts began and

¹⁶⁹ Skidmore, “Racial Ideas,” 12.

¹⁷⁰ F. C. Luebke, *Germans in Brazil: A comparative history of cultural conflict during World War I*, Louisiana State University Press, 1987, 63.

¹⁷¹ T. E. Skidmore. *Black into white: race and nationality in Brazilian thought*, Durham, NC: Duke University Press, 1993, 34.

¹⁷² S. V. Goellner, et al. (2012). “‘Strong mothers make strong children’: Sports, eugenics and nationalism in Brazil at the beginning of the twentieth century.” *Sport, Education and Society* 17(4): 555-570.

¹⁷³ Telles, *Race in Another America*, 29.

¹⁷⁴ Telles, *Race in Another America*, 189.

¹⁷⁵ Richard Graham, “Free African Brazilians,” in *Racial Politics in Contemporary Brazil*, ed. Michael Hanchard (Durham and London: Duke University Press, 1999), 48.

¹⁷⁶ Florestan Fernandes ed., *The Negro in Brazilian Society* (New York: Faculdade de Filosofia, Ciências e Letras da Universidade de São Paulo, 1971), 132.

¹⁷⁷ Fernandes, *The Negro in Brazilian Society*, 41.

new immigrants joined the workforce, racial divisions emerged alongside labour market inequalities. The workplace was characterised by racial discrimination as the belief in *ideologia da vadiagem* persisted post-abolition and undermined the engagement of Black workers. White immigrant workers were seen as a desirable alternative to former Black slaves but, in reality, they made greater demands on their employers for labour rights compared to Blacks.¹⁷⁸ Furthermore, racially divisive tactics were employed as Black former slaves were used to break strikes. Thus, continuity of work and economic prosperity was achieved at the expense of racial harmony. Essentially, employers favoured white workers and were only forced to employ Black workers due to labour scarcities, particularly when immigration stopped in the late 1920s.¹⁷⁹ Therefore, building on a racist ideal of whitening meant that Brazilian society continued to exclude Blacks during the post-slavery era. This act of exclusion handicapped former slaves in terms of their integration into Brazilian society.

Florestan Fernandes has theorised as to why Black people were not integrated into Brazilian society equally with white people.¹⁸⁰ Europeans had experience of integration into capitalist society as workers competing for and undertaking functional work roles. On the other hand, former slaves came from a slave-based society in Brazil where they were used to avoiding work, had few skills and were largely illiterate. Figures show that 12.5 per cent of former slaves were literate according to the 1890 census, as opposed to 41.7 per cent of immigrants; they were therefore joining a new “modern” society with a huge handicap in terms of their underdevelopment. The continued belief in *ideologia da vadiagem* ensured racist attitudes towards them in the post-emancipation era. Fernandes portrays a bleak understanding of the Black character (by non-Black Brazilian society) associated with *ideologia da vadiagem* given the legacy of slavery, including shattered family structures, alcoholism, crime, an obsession with sex, low skills and an aversion to work. Meanwhile the commitment to whitening and the lack of integration of former slaves into society was the key factor influencing racial inequality in Brazil, holding back an already disadvantaged population in favour of a colour-based ideology.

¹⁷⁸ Andrews, *Blacks and Whites in São Paulo*, 55.

¹⁷⁹ Andrews, *Blacks and Whites in São Paulo*, 56.

¹⁸⁰ Florestan Fernandes, *A Integração Do Negro À Sociedade De Classes*, vol. 1 (Faculdade de Filosofia, Ciências e Letra da Universidade de São Paulo, 1964); Andrews, *Blacks and Whites in São Paulo*.

Integration and Brazilian national identity: An antidote to European fascism, 1930s-1950s

Despite this drive towards whitening on the part of the ruling elite and the blatant failure to integrate former slaves, there were limited challenges to the system. Formal Black resistance was initiated with the Frente Negra Brasileira (FNB, Brazilian Negro Front) in 1931 at the end of the First Republic but failed to gather any momentum during its brief six-year existence in São Paulo. The FNB favoured an approach of assimilation and held whites responsible for the enslavement of Blacks, racial prejudices, and the abandonment of former slaves. However, it also blamed the Black population itself for being in a state of moral apathy. The FNB's goal was to integrate Blacks into society, rather than to build a Black identity. It exhibited little resistance to the whitening ideology, thus reinforcing the latter's hegemony.¹⁸¹ Furthermore, it was also ineffectual and embraced far-right ideals and adopted fascist symbols and doctrines. This approach alienated the Brazilian Black population which was not open to European notions of blatant racism in the shape of fascism. The ultimate failure of the FNB resulted in its demise by 1937.¹⁸² This was a result of President Vargas's authoritarian move to ban all political parties.¹⁸³ However, and as outlined in the Introduction, the dictatorship and post-dictatorship eras witnessed numerous acts of sustained and micropolitical Black resistance as documented by Tianna S. Paschel, this forming a new tradition of struggle.¹⁸⁴

With Brazil under dictatorship, President Vargas sought to build a strong populist national identity, and during the 1930s the whitening policy was replaced by the ideology of miscegenation.¹⁸⁵ His objective was to integrate Black workers into society so that they would offer no resistance to and work with his modernisation programme in order to achieve

¹⁸¹ Carlos Hasenbalg and Nelson do Valle Silva, "Racial and Political Inequality in Brazil," in *Racial Politics in Contemporary Brazil*, ed. Michael George Hanchard (Durham and London: Duke University Press, 1999), 163.

¹⁸² Htun, M. (2004). "From "racial democracy" to affirmative action: changing state policy on race in Brazil." *Latin American Research Review* 39(1): 60-89. 65.

¹⁸³ There was a void in formal Black resistance until the 1970s when the Movimento Negro Unificado (Unified Black Movement or MNU) was formed in 1978 and politically represented the Black movement to raise racial consciousness. See Michael Mitchell, "Blacks and the Abertura Democrática." In *Race, Class and Power in Brazil*, edited by Pierre-Michel Fontaine, Los Angeles: Center for Afro-American Studies, University of California, 1985, 95-119.

¹⁸⁴ Tianna S. Paschel, *Becoming Black Political Subjects: Movements and Ethno-Racial Rights in Columbia and Brazil*, Princeton, New Jersey: Princeton University Press, 2016.

¹⁸⁵ Abdias Do Nascimento and Elisa Larkin Nascimento, "Dance of Deception: A Reading of Race Relations in Brazil," in *Beyond Racism*, ed. Charles V. Hamilton et al. (Boulder, CO: Lynne Rienner Publishers, 2001), 55.

greater economic power for Brazil.¹⁸⁶ Vargas utilised cultural elements that represented miscegenation, such as recognising *samba*¹⁸⁷ and carnival as official symbols of Brazilian national identity.¹⁸⁸ *Capoeira*,¹⁸⁹ an activity that had previously been repressed, was also recognised¹⁹⁰ as was football, with members of the Brazilian football team representing the hybridity and diversity of Brazil's population, particularly as many came from lower class social backgrounds. These symbols of harmony, unity and aspiration gave the impression that Brazil was racially harmonious, particularly as Vargas had managed to create an image of Brazil supported by the notion of a racial democracy to meet his nation-building objectives.¹⁹¹

Gilberto Freyre's work offered theoretical support for Vargas's aims. Freyre, Brazil's best-known sociologist, argued in favour of integration and highlighted the positive influence of African contribution and the uniqueness of Brazilian culture in his book *Casa Grande & Senzala*.¹⁹² In this seminal study of Brazilian cultural history, he expounded on the unique nature of miscegenation among the Brazilian population compared to the rise of fascism and scientific racism in Europe.¹⁹³ Freyre depicted a Brazil that had its roots in colonialism while embodying a "New World in the tropics," which implied a nation free of racial prejudice that was also built on miscegenation and the benign experience of slavery.¹⁹⁴ Freyre's thesis supported Vargas's goals, however it also glossed over the struggles and disadvantages faced by former slaves, thereby diminishing the plight of slavery within Brazilian national discourse.

Despite apparent changes in Brazilian society from the 1870s to the 1940s, which included the abolition of slavery and modernisation, very little had changed concerning racial

¹⁸⁶ Andrews, *Blacks and Whites in São Paulo*, 181.

¹⁸⁷ Brazilian music and dance of African origin.

¹⁸⁸ Hermano Vianna, *Mystery of Samba: Popular Music and National Identity in Brazil* (Chapel Hill, NC: University of North Carolina Press, 2000), 90.

¹⁸⁹ Capoeira is simultaneously a dance, a fight, and a game. Sixteenth century written sources refer to war dances and martial arts that are similar to capoeira. The practice remained underground until it was permitted in Brazil in the 1930s and its popularity has grown since then. See Maya Talmon-Chvaicer, *The Hidden History of Capoeira: A Collision of Cultures in the Brazilian Battle Dance* (Austin: University of Texas Press, 2010).

¹⁹⁰ Sousa, *Myth of Racial Democracy*, 84.

¹⁹¹ Telles, *Race in Another America*, 37.

¹⁹² Gilberto Freyre, *Casa-Grande & Senzala: Formação Da Família Brasileira Sob O Regime Da Economica Patriarcal*. Vol. 1: J. Olympio, 1933.

¹⁹³ Guimarães, *Racismo E Anti-Racismo No Brasil*.

¹⁹⁴ Andrews, *Blacks and Whites in São Paulo*, 7.

discourse. Ideologies of nation-building constructed on whitening ideologies and policies remained in place and were matched by the absence of a sustained discussion on race, including its omission from the census.¹⁹⁵ The Brazilian census, first introduced in 1870, was initially undertaken by Brazil's General Directorate of Statistics (Directoria Geral de Estatística).¹⁹⁶ The census was not carried out in 1910 and 1930 and race/colour questions were omitted from the censuses of 1900 and 1920. The use of racial categories was reintroduced in the 1940 census under the Vargas modernisation programme to show that there was no race problem in Brazil.¹⁹⁷ Evidence of the impact of whitening was seen in the 1940s after it had been reintroduced following a fifty-year suspension. The overall Brazilian population had increased fourfold from 10 to 41 million and was dominated by the 64 per cent of people who classified themselves as white compared to 44 per cent in 1890. The Black population was constant at 15 per cent over fifty years whereas the mixed-race population by self-identification had decreased from 41 to 20 per cent. Thus, racial mixing was decreasing as less intermarriage took place during that period. In addition, European immigration had significantly increased the white percentage of the population, demonstrating the impact of the whitening process and its by-product, namely less miscegenation.¹⁹⁸ It is clear from these data that although Vargas's nation-building used hybrid constructs to create the impression of an inclusive miscegenated national identity, he was continuing to promote the whitening project, thereby limiting actual prospects and opportunities for Black Brazilians.

The myth of racial democracy: A twentieth-century discourse

The image of a miscegenated national identity reached beyond Brazilian borders. Vargas built on the dominant image of Brazil that existed both in and outside of the country, disseminating the idea that it had become a racially harmonious mixed society after the abolition of slavery.¹⁹⁹ Brazil was recognised internationally as a great example of how a

¹⁹⁵ Skidmore, "Racial Ideas," 9.

¹⁹⁶ Mara Loveman, "The Race to Progress: Census Taking and Nation Making in Brazil (1870-1920)," *Hispanic American Historical Review* 89, no. 3 (2009): 435-470.

¹⁹⁷ Telles, *Race in Another America*.

¹⁹⁸ Telles, *Race in Another America*, 39.

¹⁹⁹ Skidmore, "Racial Ideas".

society worked well in terms of combatting racism in the post-second world war period.²⁰⁰ Roger Bastide, for example, a French sociologist, described the country as a “racially mixed, free, festive culture”.²⁰¹ In 1950, after the Holocaust in Europe and racial disharmony in other areas of the world, the United Nations Educational, Scientific and Cultural Organisation (UNESCO) initiated an investigation into the reasons for Brazil’s supposed success as a racially harmonious society. UNESCO commissioned research led by Arthur Mota, a sociologist whose theory suggested that democracy in Brazil was multi-faceted.²⁰² Mota argued that democracy was geographically divided across different areas of Brazil and segmented by region based on evidence of social inequality and discrimination against “people of colour” throughout the country.²⁰³ Transnational observers, coupled with Freyre’s patriarchal studies, laid the foundations for Vargas’ nation-building using a narrative of Lusotropicalism that constructed an inclusive national identity while acknowledging the role of slavery but not condemning it.

By examining Brazil in its own right, rather than comparing it to other countries, a different impression emerges regarding the belief in a racial democracy. UNESCO’s report was the first formal rejection of the country’s supposed racial democracy. Florestan Fernandes, one of the coordinators of the UNESCO project, called the belief in racial democracy a myth by exposing racial inequality and discrimination.²⁰⁴ In 1969, the dictatorship removed Fernandes’s professorship, forcing him to teach in the US and Canada. In turn he denounced slavery as the source of the notion of white superiority, a hierarchical feature in the country that denied basic human rights and freedoms, maintained illiteracy, and had forced ex-slaves into unskilled labour. Although Freyre and Fernandes held different views, both agreed that slavery had significantly shaped subsequent race relations. Furthermore, they were fundamentally optimistic about the future of Brazilian race relations; Freyre believed that the trajectory of development was bright, while Fernandes saw capitalist development replacing white supremacy and heralding the transformation of Brazilian society. Both agreed that capitalism would solve racial inequalities,²⁰⁵ a belief that overlooked the intertwined nature

²⁰⁰ Marcos Chor Maio, “O Projeto Unesco E a Agenda Das Ciências Sociais No Brasil Dos Anos 40 E 50,” *Revista Brasileira de Ciências Sociais* 14, no. 41 (1999), 141-158.

²⁰¹ Guimarães, *Racismo E Anti-Racismo No Brasil*, 126.

²⁰² Peter Wade, *Race and Ethnicity in Latin America*, second ed., vol. 3 (London: Pluto Press, 2010), 54.

²⁰³ Telles, *Race in Another America*, 7.

²⁰⁴ Telles, *Race in Another America*, 8.

²⁰⁵ Andrews, *Blacks and Whites in São Paulo*.

of race and class in Brazil, where Black people were poor because they were Black. Placing this intersection of class and race in a historical context, Cedric Robinson critiqued the Marxist foundations of capitalism as being rooted in rather than posing a challenge to feudalism. In other words, capitalism and racism, were intrinsically linked as they emerged together from a feudal society through mass production producing a system of “**racial capitalism,**” in direct denial of Freyre and Fernandes’s hopes for capitalist endeavour to overcome racial inequality.²⁰⁶

In their 1952 study, Wagley and Harris concluded that class rather than race was responsible for social inequalities in Brazil, even though they had been involved in the UNESCO study.²⁰⁷ This view resulted from the comparison with the United States where racial segregation and racial conflicts made racism less ambiguous. By contrast, Brazil was seen as a class society in which people could achieve upward social mobility,²⁰⁸ which in turn gave an overall impression of racial democracy. In 1972, Carl Degler observed that the difference between the two countries was reflected by the existence of a “mulatto escape hatch” in Brazil. Degler suggested that because mixed race people had the option to classify themselves as mulatto rather than Black, they avoided the racial disadvantages associated with being Black.²⁰⁹ His argument suggests that to avoid the stigma of being Black, one had to whiten. According to Degler there was an opportunity to escape one’s Blackness through social mobility, if one could achieve it. This idea that being Black was something to be avoided is important because it concurred with the racist discourse that was a legacy of the post-abolition era.

Industrialisation: Modernisation at the expense of social integration

Industry grew from 1889 onwards.²¹⁰ At the start of the twentieth century, Brazil had fewer than 3,000 industrial enterprises, employing fewer than four workers per enterprise,

²⁰⁶ Cedric J. Robinson, *Black Marxism: The Making of the Black Radical Tradition* (2nd edition). University of North Carolina Press, 2000.

²⁰⁷ Charles Wagley and Marvin Harris, *Minorities in the New World: Six Case Studies* (New York: Columbia University Press, 1958).

²⁰⁸ Telles, *Race in Another America*, 9.

²⁰⁹ Telles, *Race in Another America*, 9.

²¹⁰ Richard Graham, *Britain and the Onset of Modernization in Brazil 1850-1914* (Cambridge: Cambridge University Press, 1972), 44.

according to the Industrial census of 1907.²¹¹ Between 1907-1920 industrial output increased fivefold while between 1920-1940 it increased almost 80 times. At this point, Brazil had over 70,000 industrial firms employing 1.4 million workers. Between 1946 and the early 1980s, industrial output increased nine per cent per annum. The country achieved industrialisation as it diversified away from low skilled industries such as textiles and food to more advanced industries, including steel, cars, chemicals, and electrical machinery. The 1970s saw industrial exports outshine agricultural commodities exports. Manufactured goods constituted 40 per cent of Brazilian exports in 1975 with coffee accounting for less than 10 per cent, further demonstrating its advancements. By 1980 Brazil was the seventh-largest country in terms of industrial output in the capitalist world behind the United States of America, Japan and four European countries.²¹²

However, not everyone benefited from its economic success and social inequalities along racial lines became particularly visible.²¹³ The Afro-Brazilian civil rights' activist and scholar Abdias do Nascimento stated in 1989 that,

*Throughout the era of slavery from 1530 to 1888, Brazil carried out a policy of systematic liquidation of the African. From the legal abolition of slavery in 1888 to the present, this scheme has continued using various well-defined mechanisms of oppression and extermination, leaving white supremacy unthreatened in Brazil.*²¹⁴

The aforementioned narrative of Brazilian history argued that from the colonial period onward and into the twentieth century there was exponential economic growth which ran alongside the supposed development of a cohesive mixed-race Brazilian identity. However, this development trajectory offered little promise or support for Black people from slave origins.

So far, we have seen how the belief in the existence of a Brazilian racial democracy was built on the coexistence of miscegenation and structural racism in Brazil. The historical trajectory of race relations in Brazil demonstrates how this notion became embedded. During the slavery era, slaves were treated brutally and inhumanely, and although slavery was eventually abolished in 1888, as mentioned previously there was no policy on the part of the ruling elite

²¹¹ Andrews, *Blacks and Whites in São Paulo*.

²¹² Andrews, *Blacks and Whites in São Paulo*.

²¹³ Nelson, "Racial and Political Inequality in Brazil."

²¹⁴ Abdias Do Nascimento, *Brazil, Mixture or Massacre?: Essays in the Genocide of a Black People* (Dover, MA: The Majority Press, 1989), 59.

to properly integrate former slaves into society, leaving them frequently illiterate and ill-prepared for employment. The impact of this lack of integration was reinforced by a whitening programme adopted by the ruling elite to drive forward Brazil's modernisation plans by bringing in white Europeans to fulfil the labour needs of the country during the early twentieth century. As outlined earlier, Vargas later bolstered this whitening ideal through a nation-building campaign which co-opted the idea of miscegenation, espousing class-based inequalities, as Jerry Davila has detailed.²¹⁵

Raciological discourses and debates: The blurring of race and class

Debates have continued into the twenty-first century on whether racism exists in Brazil. This issue has become political, in particular after racial equality was written into the 1988 Brazilian constitution with subsequent implementation of affirmative action policies, including quotas in education and workplace initiatives.²¹⁶

Sergio Pena's 2011 study assessed genomic ancestral diversity by region in Brazil. Its results indicate a certain degree of uniformity between the four most populous regions in contrast with accepted self-classification methods used in Brazilian census to calculate the ancestral diversity in these regions.²¹⁷ The study revealed racial heterogeneity between the regions across the official five categories of self-classification. More specifically, how people classify themselves²¹⁸ includes regional variations of self-perception and classification, while the genomic picture shows far less regional distinction, indicating that racial classification is not a result of ancestral diversity. A further study during the London 2012 Olympics, part of the "Brazil at Heart" exhibition at the Brazilian embassy in London, tested volunteers to evaluate worldwide genomic diversity. Scientific evidence was gathered to support the notion that "human races" do not exist from a biological standpoint, showing that humans' DNA is 99.5 per cent genetically identical.²¹⁹ These two recent studies suggest that not only does Brazil

²¹⁵ Jerry Dávila, *Diploma of whiteness: Race and social policy in Brazil, 1917-1945*. Durham, NC: Duke University Press, 2003.

²¹⁶ Telles, *Race in Another America*, 257.

²¹⁷ Sergio D. J. Pena et al., "The genomic ancestry of individuals from different geographical regions of Brazil is more uniform than expected," <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0017063> (16 February 2011).

²¹⁸ Stanley Bailey, *Legacies of Race: Identities, Attitudes, and Politics in Brazil* (Stanford: Stanford University Press, 2009), 61.

²¹⁹ Siân Herbert, "As It Enters the Sporting Spotlight, Brazil Calls on the World to Rethink Race," *The Guardian* (14 August 2012).

have a homogeneous genomic ancestry but that genetically there are no ‘racial’ variations between human beings. The scientific evidence in these studies has been used to suggest that as race does not scientifically exist, therefore the suggestion is that racism cannot possibly exist either. This argument has been used in the twenty-first century for political purposes by right-wing politicians whose objective is to remove the quota system that is a part of the affirmative action programme discussed above.²²⁰ This conclusion would then mean that differences in opportunities between different people are down to class, not race. This argument overlooks the statistical evidence of social and economic disparities along racial lines in Brazil that are well documented by Hasenbalg and Do Valle Silva²²¹ and Lovell.²²²

The question that remains unanswered here is, what causes racism if, biologically speaking, race does not exist? Is it a valuable discussion, or does it divide the population, creating more problems than it solves? If one believes that Brazil’s problems relate to class and not race, then it makes sense to stop the discussion. Evidence shows that social mobility has been achieved for some people from the lower classes, while many people who have ascended the social ladder during the early twenty-first century are Black. Is this shift due to changes resulting from affirmative action policies or despite them?

Affirmative action, including changes in legislation to criminalise racism and quotas in education and other areas, have brought race to the forefront of Brazilian discourse. There have been many initiatives, and examples include Black cultural organisations, quotas in education, small business programmes and work-oriented training.²²³ For example, concerning higher education, in 2005 less than a third as many Black young people (6.6 per cent) as white people (19 per cent) attended university. A system of quotas is now in place to guarantee that a minimum number of Afro-Brazilians and people of colour have university places.²²⁴ In 2003, the State University of Rio de Janeiro was the first educational institution in the country to introduce affirmative action, setting a quota of 20 per cent of its places to be made available to Blacks. The quota system has not been without problems.

²²⁰ Michael Kent and Peter Wade. “Genetics against race: Science, politics and affirmative action in Brazil”. *Social Studies of Science* 45, no. 6 (2015): 816-838.

²²¹ Nelson, “Racial and Political Inequality in Brazil,” 163.

²²² Lovell, “Women and Racial Inequality at Work in Brazil,” 141.

²²³ Telles, *Race in Another America*, 75.

²²⁴ France Winddance Twine, *Racism in a Racial Democracy: The Maintenance of White Supremacy in Brazil* (New Jersey: Rutgers University Press, 1998), 1.

What is most problematic is that affirmative action policies are limited in their reach in addressing the problem of racial inequalities. Deep-seated beliefs in whitening coupled with the denial of daily racism are beyond the scope of affirmative action and these ideas remain deeply entrenched. For example, Robin Sheriff has interviewed residents of a favela in Rio de Janeiro as part of an anthropological study. She found that respondents prefer to make light of or dismiss any racism that happens on a daily basis, and that people do not like to talk about it, often feeling ashamed of themselves, as if it is their fault. This silence is a barrier to dismantling racism because, if people do not acknowledge it, it is difficult to deal with.²²⁵ Sheriff connects this silence to the domination experienced during slavery, referencing the figure of *Escrava Anastacia* (Slave Anastacia), a popular saint in Rio de Janeiro. Anastacia was a slave who rejected her master's sexual advances and was subsequently muzzled by him, rendering her mute. After a life of sacrifice including bringing up the plantation owner's son, she died as a result of this muzzle.²²⁶

The story of Anastacia is symbolic of the silencing of the Black voice. Sheriff has alluded to the parallels between this legend and the experience of Blacks in contemporary Brazil, comparing the silence linked to the overwhelming force of domination and the real danger of speaking out about racist encounters. Furthermore, Sheriff highlights that silence is deeply embedded within the psyche of people and that it is not just government policies that need to change but people's attitudes and beliefs.²²⁷ One example of this can be found in France Twine's study from the 1990s, *Racism in a Racial Democracy* which involved ethnographical fieldwork in the town of Visalia in the south east of Brazil. She argues that there were major obstacles to overcome racist practices that existed as part of people's everyday lives. Her research has concluded that the class of the person being discriminated against rather than their race was given as the reason for any acts of social discrimination in her interviews at a school with both students and teachers.²²⁸ In effect, she highlights that blindness towards racism amongst her interviewees formed a major obstacle to overcoming racism. In other words, if there is no awareness of the problem, how can it be overcome? In this way Sheriff emphasises the way class often obfuscates the issue of race in everyday life, despite evidence that racist practices are occurring.

²²⁵ Robin E. Sheriff, *Dreaming Equality: Color, Race, and Racism in Urban Brazil* (New Brunswick, NJ: Rutgers University Press, 2001), 84.

²²⁶ Sheriff, *Dreaming Equality*, 81.

²²⁷ Sheriff, *Dreaming Equality*, 81-82.

²²⁸ Twine, *Racism in a Racial Democracy*.

Hanchard's study from the 1990s argues that Brazil presents a classic case of "racial hegemony" in that it denies the existence of racial inequalities while simultaneously producing them²²⁹ while Sheriff refers to "a constant psychological injunction to let it go".²³⁰ The latter asks "to what extent can cultural censorship be solved by changes in government policy vis-a-vis racism?" Twine argues that "Continued faith... in racial democracy is a primary obstacle to the development of a sustained antiracist movement in Brazil,"²³¹ thus, the hegemony remains intact as a result of the mix of racism and a belief in racial harmony. It is this for this reason that raciology persists and belies societal attitudes in Brazil.

Furthermore, the implementation of quotas is difficult. Who is Black and who is not? Who decides? Fry gives examples of the University of Brasilia where two siblings, one (phenotypically) white and the other Black, were classified as Black by the university for admission purposes.²³² Thus, Fry suggests that quotas and attempts to implement them exacerbate racial tensions due to the arbitrary nature of deciding who is and is not eligible. Putting this example into a framework of racial classification is quite difficult in the Brazilian context, unlike in the United States where it is more straightforward. In Brazil, appearance and skin colour are racialised and the racial halo effect applies. The racial halo effect shows the way that race is essentialised through people's perception on a sliding scale according to their proximity to whiteness or Blackness, and in the way it is used to make a value judgement that privileges or prejudices a person according to this perceived position on the scale. The term *boa aparência* is commonly used in Brazil, which although literally translates as 'good appearance' is often interpreted as meaning to look like white people.²³³

In the United States where there is the 'one drop' policy, meaning that anyone with African heritage is considered to be Black.²³⁴ This may, or may not be the case in Brazil. Again, who decides? Three separate systems of racial classification exist in Brazil. Firstly, the census employs three categories, "Black", "brown" and "white", and requires self-classification.²³⁵

²²⁹ Hanchard, *Orpheus and Power*, 155.

²³⁰ Robin Sheriff, *The Muzzled Saint: Racism, Cultural Censorship, and Religion in Urban Brazil*, (London: Berghahn Books, 2016), 129.

²³¹ Twine, *Racism in a Racial Democracy*, 8.

²³² Peter Fry, "A Viewpoint on the Dispute among Anthropologists over Racially Targeted Policies in Brazil," *Lusotopie. Recherches politiques internationales sur les espaces issus de l'histoire et de la colonisation portugaises* 2, no. 16 (2009): 173-184.

²³³ E. Willems, "Racial Attitudes in Brazil." *American Journal of Sociology* 54(5) 1949: 402-408.

²³⁴ Telles, *Race in Another America*.

²³⁵ Telles, *Race in Another America*.

Secondly, the popular system, which is used informally, uses many classifications including terms reflecting subtle shades of skin tone from Black, dark brown, medium brown, light-medium brown and so on along the continuum from Black to white. It is also largely open to interpretation based on self-classification or classification by others. Finally, the Black movement's classification employs binary terms of "Black" and "white", thereby grouping Black and brown categories together.²³⁶ Referring back to the United States and its 'one drop' rule, there are clear guidelines as to how to categorise race. However, this does not exist in Brazil; therefore, a person will categorise him or herself based on their own ideas, which relate to phenotype or to cultural or political beliefs.

The census is currently conducted by the Institute of Geography and Statistics (IBGE),²³⁷ which was set up in 1936 to replace the General Directorate of Statistics. It uses five categories to classify race/colour: *branco* (white), *pardo* (brown), *preto* (Black), *amarelo* (Asian) and *indígena* (indigenous). The brown and Black categories reflect self-classification for people considering themselves to be of African descent and it is now common to refer to these categories using three interchangeable terms, namely "Black", "African Brazilian" or "of African descent".²³⁸ Informally, people classify themselves in different ways. The 1976 Brazilian Household Survey (PNAD) recorded 134 informal terms of self-classification while Bailey suggests that these terms relate to appearance and skin colour and not racial identity.²³⁹

What does it mean to be Black in Brazil? This question seems to be one that can be answered in many ways, either relating to cultural identity, heritage or appearance. Certainly, cultural identity and heritage are of great interest, but this thesis is concerned with appearance. As mentioned, in Brazil the term "*boa aparência*" is used, which is seen as the route to gaining employment or renting accommodation in a desirable area. This description seems to mean "well turned out, polite" but its undertone is that it means "white".²⁴⁰ This commonly used term is an example of how a seemingly harmless phrase functions as racist narrative to sustain racial divides in Brazil.

²³⁶ Telles, *Race in Another America*, 81; Do Nascimento and Nascimento, "Dance of Deception," 108.

²³⁷ Melissa Nobles, *Shades of Citizenship: Race and the Census in Modern Politics* (Stanford: Stanford University Press, 2000).

²³⁸ Do Nascimento and Nascimento, "Dance of Deception," 108.

²³⁹ Bailey, *Legacies of Race: Identities, Attitudes, and Politics in Brazil*, 41.

²⁴⁰ Kelly Cristina de Pimenta and Sonia Maria de Oliveira, "O racismo nos anúncios de emprego do século XX," *Linguagem em (Dis)curso* 16, no. 3 (2016): 381-399.

The way this divisiveness impacts the racial hierarchies evident in society is measurable, and Black women were at the bottom of the socioeconomic scale in the post-emancipation era. When looking at how Black men and women integrated into the workforce in Brazil's post-emancipation era, Andrews noted that Afro-Brazilian women took on hard domestic labour roles, not considered suitable work either by men or white women. During the early twentieth century, when there was an absence of census data, it was difficult to substantiate this view.²⁴¹ However, when such data did become available, studies were conducted; Peggy Lovell's intersectional socioeconomic research published in 1994 examined both race and gender inequalities using the 1960-80 demographic censuses as data sources.²⁴² Her research examined women in employment, both white and Black, aged between 18 and 64 by urban geographical region in Brazil. She was able to estimate the mean socioeconomic and demographic characteristics of the urban workforce and to predict average monthly wages by race to indicate labour market inequality. Lovell's findings revealed that there was a greater concentration of Black women in northeastern Brazil, an area where social and economic opportunities were scarce; these women spent fewer years in school and had less well-paid jobs. There was a greater concentration of white women in the urban south-east of Brazil, where there were better social and economic opportunities. Eighty-six per cent of Brazilian white women were living in this area in 1960 compared to 91 per cent in 1980. The poorer the area, the poorer the people and the more likely they were to be Black, thus Black women remained at the bottom of the pile.

Regarding education, the situation for Black women was relatively poor compared to white women. In 1960, Black working women were three times less likely to have formal schooling compared to white working women in Brazil. Thirty-five per cent of white women had completed eight years or more of schooling compared to seven per cent of Black women. By 1980, both groups' education attainment had improved (Black women increased the most in absolute terms), but the relative disparity between the two groups remained the same.²⁴³ Thus, the socio-economic starting point in life for Black women was still less than that enjoyed by white women.

In terms of occupation, race had a strong influence on Lovell's findings. In 1960, 68 per cent of Afro-Brazilian women worked in domestic roles, while 28 per cent of white women held a

²⁴¹ Andrews, *Blacks and Whites in São Paulo*.

²⁴² Lovell, "Women and Racial Inequality at Work in Brazil," 141.

²⁴³ Lovell, "Women and Racial Inequality at Work in Brazil," 143.

similar position. Forty-eight per cent of urban white women and 12 per cent of Afro-Brazilian women worked in white-collar jobs. By 1980, as in education, Afro-Brazilian women had made the most economic progress over the twenty years examined. However, in relative terms, there was still a racial lag. Sixty-three per cent of working white women were employed in white-collar roles compared to 34 per cent of Afro-Brazilians. Despite the advances made by Afro-Brazilian women, the majority of working women, 36.5 per cent, remained in manual labour occupations.

Furthermore, they were still the least well educated and lived in areas with the worst opportunities, not to mention wage gaps linked to race. Racial differences affected wage differentials in similar jobs, so white women in white-collar jobs earned more than Black women in similar jobs and the same situation applied to manual labour occupations. Lovell also highlighted that gender impacted on wage differentials within racial groups; white women earned less than white men in similar roles and the same prevailed for Black men/women. In instances of both race and gender, these differentials increased over time in white collar work. Between 1960-80, women's wages decreased from 61 to 57 per cent of those of men, whereas in blue-collar jobs they increased from 37 to 48 per cent indicating that women were taking on jobs that men had been doing in this area. Thus, Afro-Brazilian women suffered economically, both as a result of race and gender.²⁴⁴

Lovell has undertaken further analysis regarding whether Afro-Brazilian women were paid less than white women. By eliminating differences such as geographical location and level of education, she has tried to isolate race as a unique differential, and in so doing has revealed that Afro-Brazilian women earned less and thus experienced race and gender inequality. Moreover, although education and occupation attainment had increased for Afro-Brazilian women between 1960 and 1980, there was an 18 per cent wage gap, indicating a tripling of the differential in pay during this period, which has been attributed solely to racial differences; Telles has analysed data from the 1960-2000 censuses and found that Black women have consistently attained the lowest levels of literacy, income and years of education. While improvements have been made, Black women still lagged a long way behind other Brazilians with Black women at the end of the twentieth century only earning 32 per cent of what white men were paid.²⁴⁵

²⁴⁴ Lovell, "Women and Racial Inequality at Work in Brazil."

²⁴⁵ Telles, *Race in Another America*, 124.

Class divisions and distinctions in Brazil: Economics, classification and culture

Having seen how Brazilian 'raciologies operated during and after the slavery era, and indeed down to the late twentieth century, I now discuss a point in time when there was an economic shift that offered hope in terms of addressing Brazil's stark racial inequalities. Until the early 2000s race and class hierarchies had remained intact through a dictatorship that lasted over two decades and despite micropolitical resistance, for example, through popular culture and Afro-Brazilian culture such as the *Pagode* Samba Movement.²⁴⁶ The country was subject to racialised social stratification, which saw a concentration of white people at the top of society and Black people at the bottom. These clear lines of demarcation had the potential to become blurred when higher disposable incomes across the lowest socio-economic groups in Brazil saw many Black Brazilians enter the ranks of the middle class, which had previously been overwhelmingly white. Klein et al. label the new middle class as "previously poor" to demonstrate the journey they have made from poverty, thereby underlining the link between race and class by highlighting that, relative to the traditional middle class who are predominantly white, the majority of the ascendant middle class are Black.²⁴⁷

This section examines these shifts in class structures in Brazil in order to evaluate the impact of this economic change, including any influence it may have had in eroding traditional class barriers. I start by discussing this structural economic shift and socioeconomic classification methods as an investigatory framework. The complexity of classification by socio-economic markers potentially limits the ways in which class can be interpreted while underlining the importance that culture and changing cultural identify play. I consider Bourdieu's concept of habitus²⁴⁸ as having the potential to reveal the fundamental dichotomy between the new and traditional middle class in Brazil and secondly, how the tastes of the new middle class have been transformed through class ascension.

²⁴⁶ Philip Galinsky. "Co-option, cultural resistance, and afro-brazilian identity: a history of the 'pagode' samba movement in Rio de Janeiro." *Latin American Music Review/Revista de Música Latinoamericana*, 17:2 (1996): 120-149.

²⁴⁷ Klein, Mitchell, and Junge, "Naming Brazil's Previously Poor," 91.

²⁴⁸ "The structure constitutive of a particular type of environment... produce the habitus, systems of durable dispositions, structured structures predisposed to function as structuring structures, that is, as the principle of generation and structuration of practices and representations which can be objectively 'regulated' and 'regular' without in any way being the product of obedience to rules, objectively adapted to their goal without presupposing the conscious orientation towards ends and the express mastery of the operations necessary to attain them, and, being all that, collectively orchestrated without being the product of the organizing action of a conductor". Pierre Bourdieu, "Esquisse D'une Théorie De La Pratique," *Précédé de trois études d'ethnologie kabyle*. Geneva (1972).

Classifying Brazil's new middle class

To place these changing class dynamics in their political context, the Workers' Party (PT), whose socio-economic policies supported poverty reduction, were in office between 2003 and 2016, which was mostly a period of economic growth. Luiz Inácio Lula da Silva held the presidency over two terms from 2003-2010, followed by Dilma Rousseff (2010 down to 2016 when her presidency ended due to her impeachment). During the first eleven years of the PT's term in government, poverty was reduced for millions of Brazilians, an unprecedented development.²⁴⁹

The notion of a new middle class in Brazil was proclaimed by economist Marcelo Neri in 2008.²⁵⁰ Brazil's new middle class was categorised as either *classe C* or *a nova classe média* and the emergence of this phenomenon is seen as indicating an improvement in the country's social conditions.²⁵¹ There are two formal methods of socioeconomic classification, one for socioeconomic research, the other for marketing purposes. The most frequently used Brazilian classification was created by the Fundação Getúlio Vargas (FGV) based on five socioeconomic classifications from A to E in Brazil. Groups A, B and C all grew in terms of numbers in the seven years between 2001-2008: "Class C was the fastest-growing group, rising from 38.07 per cent of the population in 2001 (approximately 66 million people) to 49.22 per cent in 2008, thereby becoming the dominant class at 100 million Brazilians. More than 30 million people ascended and the number of people in classes D and E decreased."²⁵²

This new-found economic prosperity led to an increased focus on the emerging middle class. As a result of the sheer size of this '*classe C*', politicians wanted to gain popularity with the group, financiers wanted to lend money to these newly solvent people, and marketers were eager to sell products and services to them.²⁵³ Marketers have adopted a second system of

²⁴⁹ Klein, Mitchell, and Junge, "Naming Brazil's Previously Poor," 84.

²⁵⁰ Neri, "A Nova Classe Média."

²⁵¹ 'A nova classe média' accounts for over 100 million people, an increase from 50 million since the turn of the twenty-first century. Marcelo Cortes Neri, "Poverty Reduction and Well-Being: Lula's Real," in *Brazil under the Workers' Party* (New York: Springer, 2014); Marcio Pochmann, *Nova Classe Média?: O Trabalho Na Base Da Pirâmide Social Brasileira* (Boitempo Editorial, 2012).

²⁵² Centro de Políticas Sociais Instituto Brasileiro de Economia Fundação Getulio Vargas, "Consumidores, Produtores E a Nova Classe Média: Miseria, Desigualdade E Determinantes Das Classes," <http://www.cps.fgv.br/cps/fc/>. Accessed 24 September 2019.

²⁵³ Ana Raquel Coelho Rocha et al., "Classifying and Classified: An Interpretive Study of the Consumption of Cruises by the 'New' Brazilian Middle Class," *International Business Review* 25, no. 3 (2016): 624-632.

formal classification in Brazil that is used to classify socioeconomic status, the “*Critério Brasil*” developed by the Brazilian Association of Research Companies (ABEP). It looks at three key criteria: possession of eight types of durable goods; level of education of the head of the household; and employment of domestic help. Its objective is to create a standardised method of consumer profiling to help companies gain insight into different strata of Brazilian society and thus formulate effective and highly targeted marketing strategies according to this data.²⁵⁴

A report published by the World Bank, *Shared Prosperity and Poverty Eradication in Latin America and the Caribbean* (2015), shows that Brazilian government-led programmes such as Bolsa Família (Family Allowance) and the Plano Brasil Sem Miséria (Brazil Without Extreme Poverty) drastically reduced extreme poverty, from 10% to 4% of the population, over the twelve years between 2001 and 2013.²⁵⁵ The report also highlights economic growth and job creation in the formal economy during those twelve years as well as improved living standards for the poorest Brazilians. According to the report, the poorest 40% of Brazilians experienced annual average income growth of more than 6% between 2002 and 2012, twice the annual average increase for the entire population, thereby contributing to a decrease in income inequalities. The World Bank report also refers to a significant fall in Brazil’s level of “multidimensional” poverty, including information on income and living conditions, access to water and electricity as well as to basic goods such as cookers, fridges and telephones while the number of children (up to age 17) in full time education also rose. In 2004 Brazil’s level of multidimensional poverty was 6.7% and by 2012 it was 1.6%. This change was pointed out in a study conducted using household survey data, which compared incidents of poverty between 2001 and 2013. Among urban Brazilians, combined incidents of vulnerability to poverty, moderate poverty and extreme poverty decreased from 73% to 55.7%.²⁵⁶

In simple terms, throughout this period of economic growth a greater number of people experienced less poverty than before. This was clearly considered to be a political triumph for the PT and a success story for Brazil as a nation in terms of addressing the structural poverty

²⁵⁴ Wagner A. Kamakura and Jose A. Mazzon, “Socioeconomic Status and Consumption in an Emerging Economy,” *International Journal of Research in Marketing* 30, no. 1 (2013): 4-18.

²⁵⁵ Louise Cord, Maria Eugenia Genoni and Carlos Rodriguez Castelan, *Shared Prosperity and Poverty Eradication in Latin America and the Caribbean Report* (Washington, DC: World Bank, 2015).

²⁵⁶ Marco Stampini et al., “Poverty, Vulnerability, and the Middle Class in Latin America,” *Latin American Economic Review* 25, no. 1 (2016).

that had blighted the country throughout its modernisation. This success was recognised internationally with the awarding of the FIFA 2014 World Cup to Brazil in 2007, and the 2016 Olympic Games in 2009. However, while there was significant poverty reduction, there were still high levels of extreme and moderate poverty, and the overall picture was mixed rather than consistently positive; namely 43.9% in 2001 (88 million people) compared to 21.2% in 2013 (42 million people), however, a middle category that sits between moderate poverty and middle class, the vulnerable class had increased from 32.5% to 38.5%. This is important because this category indicates a precarious situation, whereby a large proportion of the population is susceptible to poverty.

Recalling the discussion of the Cardoso/Lula socio-economic interventions detailed in the Introduction, it is necessary to further examine socio-economic developments in Brazil. Marcelo Cortes Neri's 2010 report evaluates social improvements in Brazil in the 2000s, particularly the reduction of poverty and inequality as a result of economic growth and government social spending and policies.²⁵⁷ The main finding is that the number of people in Classe D and E decreased, while the number in Classe C increased by 34.32% between 2003 and 2009. In Brazil, Classe C represents the middle class in terms of income levels. For the first time since the early 1990s, in 2006 the number of Brazilians with a middle-class income (Classe C) began to exceed those under the Brazilian poverty line (Classe D and E). This phenomenon is referred to as the "new middle class", a group that benefitted from social mobility, job opportunities, and higher income levels in the 2000s and early 2010s. This research has been updated and deepened, reflecting that the number of people with the lowest income levels (with an income under the poverty line of R\$497) increased by 13.4% between 2019 and 2021.²⁵⁸ As a result of the pandemic and economic decline in the 2010s, in 2021 poverty was at its highest level since 2012. During the 2010s, social mobility (growth of the middle class, Classe C) also stagnated, while families with a middle-class income increasingly struggle to make ends meet.²⁵⁹

However, Rita Alfonso, Roberto Bartholo, Luiza Sarayed-Din and Cristine Carvalho have outlined the limitations of an income-based definition of class such as that used by the

²⁵⁷ Marcelo Cortes Neri, *A nova classe média: O lado brilhante dos pobres*, Centro de Políticas Sociais da Fundação Getúlio Vargas, 2010. <https://www.cps.fgv.br/cps/ncm/>

²⁵⁸ Marcelo Cortes Neri, "Mapa da Nova Pobreza", Centro de Políticas Sociais da Fundação Getúlio Vargas, 2022. https://www.cps.fgv.br/cps/bd/docs/Texto-MapaNovaPobreza_Marcelo_Neri_FGV_Social.pdf

²⁵⁹ "Brasil empobrece em 10 anos e tem mais da metade dos domicílios nas classes D e E", FECOP, 2022. <https://www.fecop.seplag.ce.gov.br/2022/03/21/brasil-empobrece-em-10-anos-e-tem-mais-da-metade-dos-domicilios-nas-classes-d-e-e/>

Brazilian government and Marcelo Cortes Neri's 2010 report on the "new middle class".²⁶⁰ They give examples of other indicators that can be included, such as labour market participation, modes of consumption, language and cultural capital. The authors argue that the recession of the 2010s shows the precariousness of the "new middle class's" social mobility. In turn they cite Charles H. Klein, Sean T. Mitchell and Benjamin Junge's work which provides a further critique of income-based definitions based on research among the urban working class.²⁶¹ They pay some attention to race and suggest that "people's experience of racism, race, and color are highly significant in the formation of class subjectivity among the previously poor".²⁶² Klein, Mitchell and Junge argue that "disproportionate numbers of the economically ascendant are nonwhite, Nordesteño", meaning that they have a different experience and background from the previously dominant white middle class.²⁶³ On the basis of their research they also point to the importance of urban experiences such as violence, living in favelas, and long commutes as characteristics of the the "new middle class" experience.

Table 2 shows an overall shift in society, with the portion of the population classified as middle class rising from 21.3% in 2001 to 36.7% in 2013. At the same time, significant sections of the population still lived in either moderate or extreme poverty; this data set shows a statistical improvement in both urban and rural settings, with the urban middle class increasing from 24.4% in 2001 to 40.3% in 2013. Thus, a new middle class emerged from those people who were either vulnerable to poverty (a per capita daily income of between \$4-\$10) or who had experienced a moderate level of poverty (a per capita daily income of between \$2.50 and \$4).²⁶⁴ Furthermore, the poorest segment of the population remained poor, making up 10.4% of the overall population in 2013 (7.5% of the urban population and 26.5% of the rural population lived in extreme poverty in 2013, namely a per capita daily income below \$2.50)²⁶⁵ and saw little change in their circumstances. Overall, despite improvements,

²⁶⁰ Rita Alfonso, Roberto Bartholo, Luiza Sarayed-Din and Cristine Carvalho, "Middle Class Definitions: Brazil", SCARETHics, n.d. <https://blogs.ncl.ac.uk/scarfethics/who-are-the-new-middle-classes/middle-class-definitions-brazil/>

²⁶¹ Charles H. Klein, Sean T. Mitchell and Benjamin Junge, "Naming Brazil's previously poor: 'New middle class' as an economic, political, and experiential category", *Economic Anthropology*, 5(1), 2018 (83-95).

²⁶² Klein, Mitchell and Junge, "Naming Brazil's previously poor", 88.

²⁶³ Klein, Mitchell and Junge, "Naming Brazil's previously poor", 91.

²⁶⁴ Luis F. López-Calva and Eduardo Ortiz-Juarez, "A Vulnerability Approach to the Definition of the Middle Class," *The Journal of Economic Inequality* 12, no. 1 (2014).

²⁶⁵ López-Calva and Ortiz-Juarez, "A Vulnerability Approach."

the gap between the richest and poorest remained either as wide or became wider, as demonstrated by a study of the top 5% of incomes in Brazil during 2006-2012.²⁶⁶

Table 2. Income distribution in Brazil by classification (2013 compared to 2001)²⁶⁷

	Extreme poverty	Moderate poverty	Vulnerable class	Middle class	High income
Incidents in 2001 – total	27.1%	16.8%	32.5%	21.3%	2.3%
Urban	21.9%	16.6%	34.5%	24.4%	2.7%
Rural	54.3%	18.3%	21.9%	5.3%	0.3%
Incidents in 2013 – total	10.4%	10.8%	38.5%	36.7%	3.6%
Urban	7.5%	9.6%	38.6%	40.3%	4.1%
Rural	26.5%	17.5%	37.6%	17.8%	0.6%

The socioeconomic shifts evident in between 2001 and 2013 show that while a new middle class emerged, this group of people had lived in a very different set of economic circumstances than the traditional middle class. The history of economic disparities belies the cultural differences between the existing and new middle classes. Connecting this back to the history of Black women in Brazil, Lovell’s study revealed the stark structural racial-economic hierarchies that exist. The lived experiences of these women are born out of factors connected to their economic situation such as where people live, their level of education, jobs, and access to health care. The women who ascended into the new middle class of the early 2000s will have had a fundamentally different upbringing compared to the traditional middle class. These life experiences offer a framework for the analysis of the differences between the traditional and new middle class through their *habitus*, the latter determining their outlook, behaviours, tastes and values.

²⁶⁶ Marcelo Medeiros, Pedro Souza, and Fabio Ávila de Castro, “O Topo Da Distribuição De Renda No Brasil: Primeiras Estimativas Com Dados Tributários E Comparação Com Pesquisas Domiciliares, 2006-2012 (Top Incomes in Brazil: First Estimates with Tax Data and Comparison with Survey Data, 2006-2012),” *DADOS–Revista de ciências sociais, Rio de Janeiro* 58, no. 1 (2015).

²⁶⁷ Stampini et al., “Poverty, Vulnerability, and the Middle Class in Latin America.”

An example of the juxtaposition in habitus between the lives of women in the existing middle class and those who moved into the new middle class can be found in Donna M. Goldstein's work.²⁶⁸ This class-based ethnography of women in Rio's favelas, based on research carried out by Goldstein in the early 1990s, provides a unique perspective on their daily lives, including their values, attitudes and behaviours. While this study pre-dates the emergence of the new middle class, it is pertinent because it shows the lives of women prior to the emergence of the new middle class. Goldstein analyses interactions in their working roles as domestic servants with their middle- and upper-class employers and identifies the struggles as some attempt to achieve social mobility, this is usually through good marriage, or factory work as the education system does not afford opportunities to these women to ascend into better positions of employment. The insight from Goldstein's study is that the lives of the domestic workers are fundamentally different to those of their affluent employers, not simply in economic terms but in relation to their habitus, as such, by giving these women or their daughters (in the case that the new middle class emerged over the twenty years after Goldstein's study), more money may create a unified economic group but is unlikely to erode values, attitudes, memories and behaviours which are likely to influence them.

Doreen Gordon has highlighted the difficulty in categorising the term "middle class" in Brazil and uses the FGV definition of middle class²⁶⁹ which defines it as those people with: a job in the formal economy; access to credit; ownership of a car/motorbike; and a monthly household income of between R\$ 1,064-4,651 (£200-£1,000). However, while some of Gordon's informants met those criteria, they did not consider themselves middle class and, conversely, others who did not meet the same criteria but who lived in more affluent areas of Salvador described themselves as middle class.²⁷⁰ Many people in the emerging middle class of the early 2000s were either Black or had more African ancestry than people from the traditional bourgeoisie who were predominantly white and of European descent.²⁷¹

²⁶⁸ Donna M. Goldstein, *Laughter out of Place: Race, class, violence, and sexuality in a Rio shantytown*, Berkeley, CA: University of California Press, 2013.

²⁶⁹ Established in 1951, the mission of FGV's Brazilian Institute of Economics (IBRE) is to research, analyse, produce and disseminate first-rate macroeconomic statistics and applied economic studies to support public policies and private initiatives within Brazil's economy, ultimately promoting economic development and social well-being across the country. <https://portal.fgv.br/en/brazilian-institute-economics>

²⁷⁰ Doreen Joy Gordon, *Blackness and Social Mobility in Salvador, Brazil* (doctoral dissertation, University of Manchester, 2009), 21.

²⁷¹ Gordon, *Blackness and Social Mobility*, 21.

The women at the centre of this study were part of this emerging middle class. As their economic situation improved, they engaged with consumption, reflecting their changing demand for products and services based on their unique needs and desires. According to my findings, new Black prospective consumers exhibited previously unmet needs, thereby disrupting a market that had consisted mainly of white women. Bourdieu suggest that tastes are influenced by original social groups:

The classifying subjects who classify the properties and practices of others, or their own, are also classifiable objects which classify themselves (in the eyes of others) by appropriating practices and properties that are already classified (as vulgar or distinguished, high or low, heavy or light etc. – in other words, in the last analysis, as popular or bourgeois) according to their probable distribution between groups that are themselves classified. The most classifying and best classified of these properties are, of course, those which are overtly designated names and titles expressing class membership whose intersection defines social identity at any given time.²⁷²

The desires they expressed through consumption reflected their habitus while their consumption itself was an enactment of class.²⁷³ Bourdieu has argued that the “sense of distinction” is reflected by the habitus of the dominant class and the cultural appropriation of the work of art, namely by expressing a sensibility to aesthetics:

While it is clear that art offers in the greatest scope, there is no area of practice in which the intention of purifying, refining and sublimating facile impulses and primary needs cannot assert itself, or in which the stylisation of life, i.e. the primacy of form over function, which leads to the denial of function, does not produce the same effects. In language, it gives the opposition between the popular outspokenness and the highly censored language of the bourgeois... The same economy of means is found in body language: here too, agitation and hate, grimaces and gesticulation are opposed... to the restraint and impassivity which signify elevation. Even the field of primary tastes is organised according to the primary opposition, with the antithesis

²⁷² Pierre Bourdieu, *Distinction: A Social Critique of the Judgement of Taste* (Harvard: Harvard University Press, 1984), 484.

²⁷³ Klein et al. “Naming Brazil’s Previously Poor,” 89. Ana Raquel Coelho Rocha et al., “Classifying and Classified: An Interpretive Study of the Consumption of Cruises by the ‘New’ Brazilian Middle Class,” *International Business Review* 25, no. 3 (2016): 624-632.

between quantity and quality, belly and palate, matter and manners, substance and form.²⁷⁴

This idea of distinction can be identified in the changes that took place in Brazil such as in cosmetic surgery market practices. Two distinctive markets have emerged to meet the needs of different groups of people, the existing traditional middle class and the emerging middle class. The following are extracts from observations I made of cosmetic surgery clinics I visited during my research; they draw a contrast between Bourdieu's identification of a bourgeois language in the first instance and popular in the second. Entering an exclusive cosmetic surgery clinic in a privileged area of São Paulo, I encountered a beautiful reception area adorned with fresh orchids and Japanese antiques among a few carefully chosen modern pieces of furniture welcoming its affluent visitors. There was a manicured Japanese garden behind the main reception area, creating an oasis of calm with a koi carp pond as a centrepiece. The flowers, antiques, fish, furniture and indeed the location were all symbols of distinction. These reflected the taste and habitus of the clinic's customers, members of the dominant class, who were there for a consultation with one of São Paulo's top rhinoplasty surgeons who charged around 40,000 BRL²⁷⁵ for a procedure. Walking through a multi-purpose mall with offices, restaurants and retail outlets in the Central area of Rio de Janeiro, I went up two flights of concrete stairs, through a windowless wooden door, into a busy waiting room, with no space for ornaments or flowers. The room was crammed with patients, some standing but most sitting on the plastic chairs typical of a general practice doctor's waiting room. They were waiting to see a well-regarded rhinoplasty surgeon who charged approximately 12,000 BRL for rhinoplasty.

This dichotomy between bourgeois and popular approaches was also reflected in beauty magazines specialising in cosmetic surgery featuring advertisements targeting both the traditional and new middle classes, commercials which offered discounted surgery and finance options targeting lower income women, whereas others conveyed messages about luxurious and exclusive cosmetic surgery clinics and seemed aimed at more affluent women. The language and visual presentation of these contrasting advertisements also varied, with those appearing to target poorer women adopting a more direct tone and communicated affordability in contrast to those targeting wealthier women using more aspirational and

²⁷⁴ Pierre Bourdieu, *Distinction: A Social Critique of the Judgement of Taste* (Cambridge, MA: Harvard University Press, 1984), 175.

²⁷⁵ 40,000 BRL = £8,000 (May 2020).

exclusive language and images. This approach is, of course, a common practice in advertising and marketing, i.e. targeting consumer groups according to their desires and needs.

This segmentation of the cosmetic surgery consumer market is, however, indicative of a significant change that has taken place in contemporary Brazil, i.e. indicating an emerging middle class, which is significantly different to the existing middle class. This illustrates the differences between the two types of middle class both in terms of their economic profile (the emerging middle class are relatively less affluent) and their respective cultural tastes (the emerging middle class have more popular tastes while the traditional middle class have more bourgeois tastes). What might also be considered is the complex ways in which the new Black Brazilian middle class are constructing a 'raced' cultural capital, distinct to that of the all too familiar white accumulation of the same. As Derron O. Wallace has observed, "The notion of black cultural capital challenges the implicit assumption of cultural capital as synonymous with whiteness," which leads us to the question of whether, in the context of Brazil, achieving Black beauty can be seen as part of a familiar middle class accumulation of cultural capital, where "immaterial assets can influence the acquisition of economic and social resources"?²⁷⁶ If it is, is it a 'raced' form of cultural capital, one distinct from a wider, more "convivial" acquiring of Brazilian cultural capital? This is an intriguing question which will require a serious and specific study of how consumers of rhinoplasty of the *nariz negroide* understand and represent their new found beauty capital to each other as well as to themselves.

Conclusion

This chapter has underlined the sui generis position of Black women in Brazil as being at the bottom of Brazil's socioeconomic system and subject to raciological discourses introduced under colonialism and which continued through the national-building phase, through to the eugenics of the 1920s, Freyre's "racial democracy" and beyond. I have shown what I describe as a collision between dominant racial hierarchies and the economic shift in Brazil during the early 2000s. The purpose of this is to highlight the importance of this conflict as a site of enquiry. The rigidity of these hierarchies maintains class differences but to what extent is it challenged by the economic shift, a change that seemingly offers hope and promise? Moving beyond tangible measures of class, such as income levels, there are more subtle indicators that are deeply rooted in the country's understanding and articulation of race.

²⁷⁶ Derron O. Wallace, "Reading 'Race' in Bourdieu? Examining Black Cultural Capital Among Black Caribbean Youth in South London". *Sociology*, 51(5), 907-923 (2017).

Ideas, values, attitudes and behaviours connected to these raciologies also inform ideas of class while affecting and potentially subverting social mobility.

The beginning of a period of severe economic downturn, triggered by the slowing down of the Chinese economy, created the social and political conditions for the impeachment of Dilma Rousseff in 2016,²⁷⁷ with Brazil experiencing a sustained political shift to the right since the mid-2010s and a gradual dismantling of socially inclusive policies. As a consequence of this shift away from addressing inequalities, the future of the ascending middle class is uncertain,²⁷⁸ which has changed significantly, meaning that the hopes of this new middle class are rather fragile, in particular given the large size of the vulnerable group identified in Brazil. Due to the precarity of this group, while Klein et al. argue that the idea of Brazil's new middle class has been dropped from newspaper headlines and everyday conversations, this narrative of social mobility and the possibility of transcending class boundaries remains a focal point among young Black Brazilians. This site of enquiry has been constructed to lay the foundation for the next chapter to explore beauty, which connects to longstanding raciologies and to capitalism through consumption by harnessing these discourses and reproducing them as symbols of class.

The research objective of this chapter was to evaluate race and class formation in Brazil and the subsequent construction of Brazilian discourses of raciology and conviviality, the latter focussing in particular on *mestiçagem*. Race and beauty are connected through the national convivial discourse of *mestiçagem* with the latter being used in Brazil to construct a miscegenated idea of beauty. Meanwhile, the notion of race, as part of this intersectional approach to analysing the politics of beauty and the *nariz negroide*, is fundamental to the discussion of beauty and its relationship with *mestiçagem* because of the role of eugenics in the construction of the discourse whereby Blackness has been considered ugly, while at the same time *mestiçagem* creates the illusion of racial harmony. This paradox reminds us that *mestiçagem* is not a neutral discourse and that racial hierarchies take on a fundamental role when thinking about the politics of beauty.

²⁷⁷ Klein, Mitchell, and Junge, "Naming Brazil's Previously Poor."

²⁷⁸ Klein, Mitchell, and Junge, "Naming Brazil's Previously Poor;" Marcio Pochmann, *O Mito Da Grande Classe Média: Capitalismo E Estrutura Social* (Boitempo editorial, 2015).

Chapter 3. The politics of beauty in Brazil: Concepts and context

Introduction

Several times during my research interviews with Black or mixed race women who had already had or wanted to have rhinoplasty surgery in Brazil, I heard the phrase “*ela precisa*” or “*eu precisei*,” meaning “she needs it” or “I needed it”. One interview took place at a Starbucks café in a busy shopping centre, Shopping Norte, on a Saturday morning in the north of the city of Rio de Janeiro. Lana, a 39 year-old woman had had rhinoplasty a few months prior with Dr Avio. She worked as a medical representative for a pharmaceutical company and was a part time marketing post-graduate student at a private university. Pursuit of beauty has been facilitated through economic growth, which has increased the accessibility of beauty services for all socioeconomic groups. Moreover, the popularity of cosmetic surgery has increased in Brazil and the country has the most invasive cosmetic surgery procedures undertaken worldwide.²⁷⁹ This availability of cosmetic surgery links to the high significance of beauty in Brazil and can offer the opportunity to achieve social mobility. Lana told me she was the only dark-skinned woman in her team at work; she was mixed race and her nose (prior to surgery) was broad and flat (i.e. a *nariz negroide*). She was very pleased with the results as she felt that she had needed surgery and her nose was, according to her, now “normal” as it was narrow, small and straight. As we were saying goodbye after the interview, a friend of Lana walked past the cafe. Lana introduced her, making a point of saying, with concern for her friend, “*Maria também queria fazer rino, ela precisa*” (“Maria also wants to have a nose job... she needs it!”). Maria was dark-skinned with a broad, flat nose. When I asked why she thought she needed it, Lana, just replied “*ela precisa, não?*” (“she needs it, right?”), as if it were obvious from looking at Maria that her nose was not in line with a normative or commonly understood idea of beauty and therefore no further explanation was required. When Lana pointed her friend Maria out to me, her words and actions showed that I was expected to recognise Maria’s lack of beauty, and conflate it with being normal, and that she needed to have rhinoplasty to address this lack.

This forced me to reflect on my own reaction, as indeed, I did understand what Lana meant. I share an understanding and recognition of the beauty that we perceive, as women, and are

²⁷⁹ International Society of Aesthetic Plastic Surgery ISAPS, “Isaps International Survey on Aesthetic/Cosmetic Procedures Performed in 2018,” <https://www.isaps.org/wp-content/uploads/2020/10/ISAPS-Global-Survey-Results-2018-1.pdf>. 7. Accessed 1 May 2019.

often under pressure to achieve. Common understandings, or *common sense* are not neutral and are influenced by the cultural context,²⁸⁰ so for example in Brazil, facial beauty is linked to whiteness. Not one of the women I interviewed explained what type of nose she was looking for; it was considered to be implied. In Brazil what is perceived as a *nariz negroide* is not seen as beautiful in terms of dominant beauty standards and is seen as something that needs to be fixed. So, being far from this beauty standard is commonly considered problematic, even abnormal.

These interviews and my personal reflection raised the questions which are examined in this chapter, as to where does this understanding come from, and by which standards do we evaluate beauty? After all, beauty is not neutral.²⁸¹ Kia Caldwell explores the way female beauty affects Black women's identities and uses hair to examine "the ways in which Afro-Brazilian women's bodies are marked by larger political forces".²⁸² I add to this discussion on the politics of race and beauty in the way that the *nariz negroide* and rhinoplasty reflect discourses relating to whitening and racial consciousness under the umbrella of *mestiçagem* while this chapter also deals with the question of the common understanding of beauty and why, in Brazil, a *nariz negroide* is not seen as beautiful in terms of dominant beauty standards and is seen as something that needs to be fixed.²⁸³ As Alvaro Jarrín argues, miscegenation in Brazil sought to homogenise the nation "without as much racial variation and without ugliness".²⁸⁴ I add to Jarrín's argument by discussing how discourses of whitening and *mestiçagem* operate together and against one another simultaneously, in that the whitening impulses of beauty discourses still exist despite the ubiquity of *mestiçagem*. For example, the ideal of racial hybridity which is integral to the discourse of *mestiçagem* appears to be interpreted by respondents as incontrovertible in the interviews discussed in Chapters 5 and 6, to the extent that *mestiçagem* is used as a shield to close down discussions on race (and racism) at the same time that a whitened (Eurocentric) ideal of facial beauty is

²⁸⁰ "Every philosophical current leaves behind it a sediment of 'common sense'; this is the document of its historical effectiveness. Common sense is not rigid and immobile but is continually transforming itself, enriching itself with scientific ideas and with philosophical opinions which have entered ordinary life." Gramsci, Antonio. *Hegemony*. na, 1971. 362

²⁸¹ Tate, *Black Beauty*, 17.

²⁸² Caldwell, *Negras in Brazil*, 81.

²⁸³ Edmonds asks "Why did a security guard at one of Rio's largest prisons seek out an operation termed 'correction of the Negroid nose' in a land often celebrated for its racial democracy?". Edmonds, *Pretty Modern*, 16.

²⁸⁴ Jarrín, *The Biopolitics of Beauty*, 132.

also held to be an aesthetic goal. Therefore, the research objective of this chapter is to discuss the history of beauty and offer a critical assessment of its role in perpetuating racial inequalities in Brazil.

A brief history of global beauty

Using a historical framework to explore the notion of a European-derived hegemonic beauty, this section discusses how beauty hierarchies were constructed interweaving gender with race and class and influence both essentialised and subjective perspectives on beauty. Social and cultural constructs of female beauty have been evident since Greco-Roman times and been carried through colonial expansion from a European centre to peripheral societies including Latin America from the sixteenth century onwards. Embedded in society through religion, politics, philosophy, science, literature and art, notions of beauty have been reinforced from the early twentieth-century to present day through technology, consumption and associated media communications.

Science, Religion and Philosophy: Colonial contexts

Greco-Roman thought shaped contemporary ideas of beauty. Certain ideas and images found in the Greco-Roman era are attributed to Plato and Aristotle who both saw mathematics as the highest form of beauty. Whilst Plato's view was esoteric, Aristotle's was more reified. He equated mathematical symmetry as beautiful, in a way that one might interpret today as symmetrical facial features equating to perfection, thus they can be considered to be beautiful.²⁸⁵ The concept of beauty and the female body are synonymous. Since Antiquity, female beauty ideals have connected to morality and spirituality, as well as harmony and symmetry.²⁸⁶

During the Middle Ages, Plato's ideas were reconciled with Christianity, when beauty was interpreted as the love of God.²⁸⁷ During the medieval era, beauty became more essentialised, as exemplified by the image of a damsel in distress, worth fighting to the death for, while

²⁸⁵ BBC Radio 4, "Beauty," *In Our Time: Beauty*, presented by Melvyn Bragg (BBC Radio 4, 2005) 19 May 2005; Monroe C. Beardsley, *Aesthetics from Classical Greece to the Present: A Short History*, Tuscaloosa: University of Alabama Press (1966).

²⁸⁶ BBC Radio 4, "Beauty."

²⁸⁷ BBC Radio 4, "Beauty."

during the Renaissance, the naked female form represented an innocent, divine beauty. Muses took the shape of beautiful women who would inspire artists and writers.²⁸⁸ The Renaissance saw Platonic ideas interpreted through art with the use of proportion seen as giving beauty to architecture, paintings and sculptures. An example of this is the painting by Titian, *Diana and Actaeon* (1556-59) which depicts a tale from Ovid, the Roman poet's *Metamorphoses*. There are several women depicted all white except for a Black female attendant who is at the edge of the painting in a subordinate position behind the goddess and wearing clothes, while all the other women are naked.



Figure 1. *Diana and Actaeon*, Tiziano Vecellio (Titian) 1556-1559

Sabrina Strings analyses the colonial context and motivation for the depiction in Titian's painting: The rise of the slave trade in Venice led to the rapid incorporation of Black women into a variety of religious, domestic and mythological scenes. They were typically rendered as the physically alluring social inferiors to white women, a representation that reified social distinctions.²⁸⁹

These racialised hierarchies were also evident through the Enlightenment era (and can be seen, in the present day), in public spaces and galleries such as nude statues; these are often

²⁸⁸ Kathy Davis, *Reshaping the Female Body: The Dilemma of Cosmetic Surgery*, New York and Abingdon: Routledge (2013).

²⁸⁹ Sabrina Strings, *Fearing the Black Body: The Racial Origins of Fat Phobia*, New York: NYU Press (2019).

works of art ‘in the style of’ ancient Greco-Roman art but not created until the Renaissance or even during modern times. This replication of ancient Greek art is exemplified by Botticelli’s highly influential image of Aphrodite, *The Birth of Venus* (1486).²⁹⁰ Ancient Greek artistic depictions of the female body continued to influence Europe after the Renaissance and the early female nude statue of the goddess Aphrodite from 360 BCE is the prototype for artistic depictions of the female.²⁹¹ Furthermore, William Hogarth’s *The Analysis of Beauty* (London, 1753) pays homage to the ancient system of proportion and artists’ attempts to use a numerical ‘golden ratio’ to create perfection in line with the notion of the symmetry of the human body as suggested by Aristotle.²⁹² The ‘golden ratio’ is used in contemporary rhinoplasty and cosmetic surgery, generally as a standard for planning clinical procedures. According to my research, its aim is to achieve harmony which is seen by cosmetic surgeons as an integral part of being beautiful.

From the eighteenth century onwards, eugenics embraced ideas of the beautiful body from Antiquity. An example of this is Friedrich Schiller writing in 1785 in relation to viewing the Belvedere Torso, which was thought to represent Herakles:

I cannot leave this gallery without delighting once more in the triumph that the art of Greece celebrates over the whole world. Here I stand before the famous rump, which was once dug out of the ruins of ancient Rome. In this shattered masses of stone lies unfathomable contemplation – friend! This torso tells me that two thousand years ago a great person existed who was able to create such a thing – that a nation existed to give ideals to the artist who made it – that this nation believed in truth and beauty, because one among them felt truth and beauty – that this nation was noble, because virtue and beauty are daughters of one mother. Look, friend, I have imagined Greece in the torso...²⁹³

Links between Greco-Roman art and ideas of modernity can also be seen during the Enlightenment and into the late nineteenth century. This resurrection of the classical was pan-European, but Germany was at its forefront.²⁹⁴ Within the context of ideas of scientific

²⁹⁰ Michael Squire, *The Art of the Body: Antiquity and Its Legacy*, London and New York: IB Tauris (2011), 16.

²⁹¹ Squire, *Art of the Body*, 72.

²⁹² Squire, *Art of the Body*, 16.

²⁹³ Ian Dennis Jenkins, Celeste Farge, and Victoria Turner, *Defining Beauty: The Body in Ancient Greek Art*, London: British Museum (2015), 40.

²⁹⁴ Squire, *Art of the Body*, 18.

racism, significant to the course of events – and indeed atrocities, of the following century – Friedrich Nietzsche welcomed the rise of a superior Aryan race based on Ancient Greek influences.²⁹⁵ Nietzsche believed in the fundamental importance of beauty for the ancient Greeks and this idea was taken up and adopted in German ideals of Aryan superiority.²⁹⁶ According to Nietzsche,

Today we are again getting close to all those fundamental modes of interpreting the world which the Greek Spirit devised. Day by day, we're becoming more Greek. At first, as is to be expected, in our concepts and estimations – like Hellenising ghosts so to speak. But one day – or so we hope – we will also become more Greek in our bodies.²⁹⁷

The Ancient Greek idea of the strong, perfect body fed into the fascist ideologies of the first half of the twentieth century which saw white skin, blonde hair and blue eyes as superior physical characteristics which were also linked to scientific racism. The historian of Ancient Greece, Michael Squire's study on how Greco-Roman art has shaped contemporary cultural imaginary heads a section 'body fascism' and discusses artists' attempts to use a numerical 'golden ratio' to create proportion and perfection in the representation of the human body.²⁹⁸ He suggests that our internalised ideas about our own bodies have been influenced by Antiquity. For example, Squire shows a picture of Eugen Sandow (founder of modern day body building) standing in same pose as that of Farnese Hercules.²⁹⁹

²⁹⁵ Squire, *Art of the Body*, 18.

²⁹⁶ Drew A. Hyland, *Plato and the Question of Beauty*, Bloomington: Indiana University Press, 2008.

²⁹⁷ Squire, *Art of the Body*, 19.

²⁹⁸ Squire, *Art of the Body*, 16.

²⁹⁹ Squire, *Art of the Body*, 16.

Constructing facial beauty

The Eurocentric ideal of facial beauty prevails in Brazil where the majority of Brazil's population is Black. This beauty ideal is represented in the media with white television presenters, actors and models as a woman who is young, feminine, slim, white, with unblemished skin, symmetrical features and has long hair.³⁰⁰ This concept of Eurocentric beauty is not neutral, it is political and subject to a set of hegemonic forces connected to hierarchies of class and race as seen not just in media representation but in beauty practices. Beauty could even be described as a raciological system that operates across society as a form of capital with its own symbols, codes and practices that reflect wider politics of the culture in which it is situated. Indeed, Brazil has its own raciological discourses imbued with deeply entrenched racialised ideas that pass off as class signifiers. Running alongside the operation and influence of racilogies in Brazil, *mestiçagem* has coexisted with discourses of whitening, hence the construction of Black Brazilians – particularly women – as inferior to whites based on aesthetic categories understood as moral distinctions.³⁰¹ Within the capitalist framework of Brazilian society, beauty serves as capital and therefore the greater or lesser beauty may determine a person's life outcomes such as their employment, relationship or where they live.³⁰² Jarrín suggests that there is an expectation that, on acquiring economic power, “the first thing people do ... is to straighten their hair and get thinner noses via cosmetic surgery”.³⁰³ My research chimed with this insofar as the women I interviewed felt pressure to conform to beauty standards as they entered the new middle class, however, they also felt that the acquisition of beauty capital would help them achieve greater social mobility and they saw it as a means of empowerment. Beauty in Brazil is often communicated on the basis that whiteness is synonymous with white facial features, hence accessing beauty as part of ascending into the middle class illustrates the function of race as part of class processes whereby whiteness is highly valued and Blackness is not. Indeed, the open-ended question which is addressed in Chapters 5 and 6 is whether Black Brazilian consumers of beauty reproduce or reflect the whiteneing impulses latent in the longstanding raciological assumptions of Brazil's beauty industry.

³⁰⁰ Sovik, “We Are Family.”

³⁰¹ Kwame Anthony Appiah, “Na casa de meu pai: a África na filosofia da cultura; Trad.” Vera Ribeiro (1997).

³⁰² John Burdick. *Blessed Anastácia: Women, Race and Popular Christianity in Brazil* (London: Routledge, 2013).

³⁰³ Jarrín, *Biopolitics of Beauty*, 14.

Feminist scholarship on beauty: Foundations and limitations

Feminist scholarship has traditionally been dominated by European and Anglophone scholars³⁰⁴ in general and in relation to beauty. The applicability of feminist scholarship to my study is on the one hand, fundamental and on the other hand, limited in its scope because of the unique set of discourses that frame the politics of beauty in Brazil. One particularly prescient intervention is the Afro-Brazilian feminist Lélia González, who made the case that feminists often neglect questions about racial discrimination against women, which reflects a wider tendency in Latin America that leaves racial inequality hidden.³⁰⁵ She also critiqued the “ideology of *embranquecimento*” (whitening), transmitted through the mass media, as a mechanism of social mobility and improvement. In her view, this myth reproduces racial inequalities in Brazil.³⁰⁶ For her, what is key is to make *amefricanas* (Afro-Latin-American women) in Brazil aware that the oppression they face is primarily racial.³⁰⁷ This intersectional understanding of the raciological underpinning of class and gender inequality is a central theme in this thesis.

What is also particularly important is the discussion that took place in the late 20th century, when feminist scholars argued that the female body as part of cultural discourse was the site of male patriarchal control and oppression:³⁰⁸ “In this framework, routine beauty practices belong to the disciplinary and normalising regime of body improvement and transformation, part and parcel of the production of ‘docile bodies’”.³⁰⁹ The focus of such western scholars was on the multiplicity of meanings attributed to the female body as well as the insidious workings of power in and through cultural discourses on beauty and femininity. The body remains a central concern, this time, however, as a text upon which culture writes its meanings. Following Foucault, the female body is portrayed as an imaginary site, always

³⁰⁴ Western relates to scholars who are outside of Brazil and in particular from the global north-west, moreover, mostly from the United States and the United Kingdom.

³⁰⁵ Lélia González, “Por um feminismo afro-latino-americano”, in *Pensamento Feminista Hoje: Perspectivas Decoloniais*. Heloísa Buarque de Hollanda, ed., Rio de Janeiro: Bazar do Tempo, 2020, 3; “Racismo e sexismo na cultura brasileira”, *Revista Ciências Sociais Hoje*, 1984, pp. 223-244 (228).

³⁰⁶ González, “Por um feminismo afro-latino-americano”, 4.

³⁰⁷ González, “Por um feminismo afro-latino-americano”, 7; González & M.C. Ortiz “La categoría político-cultural de la amefricanidad”. *Revista Epistemologias do Sul*, 6(1) 2022.

³⁰⁸ Kathy Davis, *Reshaping the Female Body: The dilemma of cosmetic surgery* (New York and London: Routledge, 1995), 50.

³⁰⁹ Michel Foucault, *Discipline and Punish: The Birth of the Prison* (London: Penguin, 1977).

available to be inscribed: “It is here that femininity in all her diversity can be constructed – through scientific discourses, medical, technologies, the popular media and everyday common sense.”³¹⁰ A constant attempt to embody hegemonic beauty norms and their ideals of perfection is enacted through the “doing” of beauty.³¹¹ This feeling of having no control over the beauty standard and reproducing it validates and reinforces that same standard of beauty. This phenomenon is spreading whereby cosmetic surgery is becoming increasingly common as women strive for this perfect standard, perpetuating bodily dissatisfaction and further consumption in what seems like an endless cycle.

However, theories of oppression and empowerment are not mutually exclusive. Beauty is at the same time oppressive, imposing standards that predicate practices that may be seen as painful, but which can produce pleasure and allow for social mobility which provides satisfaction and social and economic rewards. In this vein, sociologist Maxine Leeds Craig investigates “local power relations at work in discourses and practices of beauty and examine the penalties or pleasure they produce”. She suggests the coexistence of oppression and pleasure, domination and resistance.³¹² In Brazil there is, typically among women, a sense of pride in undertaking beauty practices in the context of oppression and domination, which is discriminatory and produces inequalities. This paradox applies to the consumption of rhinoplasty where there is a great sense of empowerment in undergoing surgery as it is in pursuit of becoming beautiful but this is within the context of hegemonic beauty which is imbued with racialised assumptions and practices.

This argument that empowerment and oppression coexist allows for a comprehensive analysis of contemporary beauty practices, giving voice to the women who undertake them, as opposed to ignoring the voice of women who elect to partake in beauty practices, Wolf,³¹³ Haiken³¹⁴ and Bordo³¹⁵ position women in a place of subordination and imply a process of disempowerment through beauty practices, undermining what many women consider

³¹⁰ Davis, *Reshaping the Female Body*, 50.

³¹¹ Tate, *Black Beauty*, 7.

³¹² Maxine Leeds Craig, “Race, Beauty, and the Tangled Knot of a Guilty Pleasure,” *Feminist Theory* 7, no. 2 (2006), 159-177 (160).

³¹³ Naomi Wolf, *The beauty myth: How images of beauty are used against women* (London, Vintage Books, 1991).

³¹⁴ Elizabeth Haiken, *Venus Envy: A History of Cosmetic Surgery* (Baltimore: Johns Hopkins University Press, 1997).

³¹⁵ Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (Oakland: University of California Press, 1993).

important. Thus, we are able to move beyond Harold Garfinkel's concept of "cultural dopes"³¹⁶ which is overly simplistic and does not fully consider embodiment and the lived experience of beauty practices assuming no agency on the part of women whatsoever and ignores their voices, subsequently resulting in a feminist approach that is out of touch with the lives of women.

Scholarship from the early 2000s has focused more on beauty practices that are subject to structures of inequality. For example, Maxine Leeds Craig suggests that we look at beauty as a gendered, racialised, and contested symbolic resource.³¹⁷ Taking a lead from Kang,³¹⁸ Liebelt,³¹⁹ Tate,³²⁰ Moreno Figueroa,³²¹ Jarrín³²² and Edmonds,³²³ I place this beauty study in a local (Brazilian) context which enables an understanding of the specific set of discourses and societal structures that determine how the nose and rhinoplasty are lived in Brazil.

Black beauty: Representation and visibility in the media

While positive representations of Blackness as beautiful have typically been non-existent in mainstream Brazilian media, there are positive representations of Black beauty in contrast to this oppressed image of Blackness, elsewhere. Caldwell's study on Afro-Brazilian hair does not just discuss anti-Black beauty standards but examines positive moves by women to be proud of their hair.³²⁴ There is an increasing resistance movement against stigmatisation, particularly in relation to positive representations of Blackness in hair, such as the *Movimento Crespo* (Black hair movement, literally translates as "Curly movement"), an aesthetic and political movement where women are supported in abandoning hair straightening routines in favour of wearing their hair naturally, thereby validating their Black identity.³²⁵ Furthermore,

³¹⁶ Harold Garfinkel, *Studies in Ethnomethodology* (1967). Englewood Cliffs, NJ: Prentice Hall.

³¹⁷ Craig, "Race, beauty".

³¹⁸ Miliann Kang, *The managed hand: Race, gender, and the body in beauty service work* (Oakland: University of California Press, 2010).

³¹⁹ Claudia Liebelt (2019). "Reshaping 'Turkish' Breasts and Noses", 155-176.

³²⁰ Tate, *Black beauty*.

³²¹ Monica M Figueroa, and M. R. Moore, "Beauty, race and feminist theory in Latin America and the Caribbean," *Feminist Theory* 14(2) (2013): 131-136.

³²² Jarrín, *Biopolitics of Beauty*.

³²³ Edmonds, *Pretty Modern*.

³²⁴ Caldwell, *Negras in Brazil*, 81.

³²⁵ Matheus Rocha, <https://epoca.globo.com/sociedade/noticia/2018/04/o-movimento-estetico-e-politico-dos-cabelos-crespos-e-cacheados.html> (April, 2018).

alternative ideas of beauty are being recognised as the media is coming under increasing pressure to be more inclusive. For example, there are specific Black fashion shows; a Black beauty contest has been in existence since 1979³²⁶ and there are Black cultural magazines, such as *Raça* which was introduced in 1996. They aim to validate Brazilian Blackness outside of the stereotypes by constructing a positive Black identity. Although there is a dominant notion of beauty as white in Brazil and Blacks are largely invisible in the media, the scope of the government's affirmative action policies has not focused on the media. However, in 2009 pressure was placed on São Paulo Fashion Week to introduce quotas for Black models; ten per cent of models must be Black.³²⁷ As few such measures are in place to address the visibility of Black Brazilians in the media, the invisibility of Blackness largely prevails.

However, there are increasing opportunities for people to self-promote and self-represent through video platforms such as YouTube and social networking sites such as Facebook and Instagram. This has given space to Black voices and to highlight a wave of resistance based discourse that is invisible elsewhere. There are podcasts that challenge racism and, while they do not wholly focus on beauty, they do validate Black women's beauty practices through highlighting the existence of white privilege. For example, "Papo de Preta" (Black women's chat) is a YouTube channel producing two ten to fifteen minute vlogs each week on popular culture, beauty, daily life and society, presented by two Black women. Their YouTube channel has been running since 2015 and has 170,000 subscribers and over 6.3 million views.³²⁸ As part of Papo de Pretas, Gabi Oliveira, a YouTuber whose channel has over 660,000 subscribers, posted a video called "Tour Through my Face" in 2018.³²⁹ This video has had over 1 million views and over 14,000 comments. She uses the video to explore her face in relation to standards of beauty in Brazil and to challenge beauty standards. Oliveira reflects on her face as having many "traços de negroide" (negroid traces) and goes through her face, feature by feature. Starting with her nose, which she says is wide and does not have a fine point, and that when she smiles "look what happens, it gets broader. Obviously. Now can you imagine if I'd stop smiling because of that. Take pictures only. The sad part is

326 Wade, *Race and Sex*, 188.

327 <https://revistaraca.com.br/a-coisa-ta-preta-no-sao-paulo-fashion-week%EF%BF%BC/>

328 <https://www.youtube.com/c/PapodePreta/featured>

329 <https://www.youtube.com/watch?v=CEOvcHPvvis>

knowing that in some moments I didn't smile because of it".³³⁰ She goes on to say that how, in her childhood, even at the age of 6 or 7, she would spend hours using a clothes peg to make it thin. Gabi Oliveira's video is an intimate autobiographical portrayal of the racist standards of beauty in Brazil and the impact of these standards on her as painful and not wanting to smile. I highlight this portrayal because there appears to be nothing else like it. Edmonds suggests that physical beauty carries with it a form of power, a promise of social mobility that, if made accessible to everyone ready to subject themselves to the demands of the market, may be seen as challenging established power hierarchies³³¹. There is an implication that beauty in some ways can create a subversion of existing hierarchies. Patricia de Santana Pinho discusses the construction of Black beauty in Brazil, "focusing on the ways through which Africanness and therefore 'Africa' itself have been imagined in order to produce beauty and restore dignity", in other words acting as a source of 'becoming'.³³² However, it appears from mainstream media and my research that there is very little resistance to the standard of beauty of the nose, and unlike Caldwell's study (on hair) where she can find some positive action validating Blackness against hegemonic beauty standards, that is not the case with regard to the nose. Although Gabi Oliveira does not celebrate her nose as beautiful, she highlights the uneven standards of beauty of the nose along racial lines. Indeed, she challenges the standards of beauty: "Now I ask you, what makes you think this nose is ugly and this one is beautiful? And why can't the two of you be pretty? A cute nose like that!"³³³ Naomi Wolf's view conforms to this idea, namely that in contemporary societies the acceptance and pursuit of this notion of beauty is embraced by the media, which in turn churns out images of an ideal beauty while promoting a beauty consumerism through the use of cosmetics, grooming practices, and fashion.³³⁴ Wolf has described the ideal woman as "tall, thin, white, and blonde, a face without pores, asymmetry or flaws, someone wholly *perfect*."³³⁵ She suggests that this media to consumer chain then creates a loop of validation

³³⁰ "quando eu sorrio, olha só o que acontece, ele se abre, obviamente. Agora imagina se eu deixasse de sorrir por causa disso, ficar tirando foto só. O triste é saber que sim, em algum momento eu já deixei de sorrir por causa dele."

³³¹ Edmonds, "The Poor Have the Right to be Beautiful," 363-81.

³³² Patricia de Santana Pinho, "Afro-Aesthetics in Brazil," *Beautiful/ugly: African and diaspora aesthetics* (2006): 266-289.

³³³ "Agora eu te pergunto: o que te faz acreditar que esse nariz aqui é feio e esse daqui é bonito? E por que os dois não podem ser bonitos? Um nariz fofinho desses!"

³³⁴ Wolf, *Beauty Myth*.

³³⁵ Wolf, *Beauty Myth*, 1.

of the “ideal.”³³⁶ While Wolf’s comments chime with my view regarding the way the media operates in reflecting symbolic power, we have to look beyond the media to the discourses that reproduce the structural hierarchies of inequalities. Caldwell’s assessment of the confluence of discourses is that, “Despite the prevalence of official and popular discourses that emphasize the importance of racial miscegenation, practices of racial differentiation and categorization are pervasive in Brazil”.³³⁷ Another way to look at this is what comes out of Oliveira’s video, where she highlights the inapplicability of a whitened ideal of beauty to the Black population is whereby the outcome is such that anti-Black practices can continue but seem to go unnoticed, defended on the basis that racial categories do not exist so any bias cannot be connected to race.

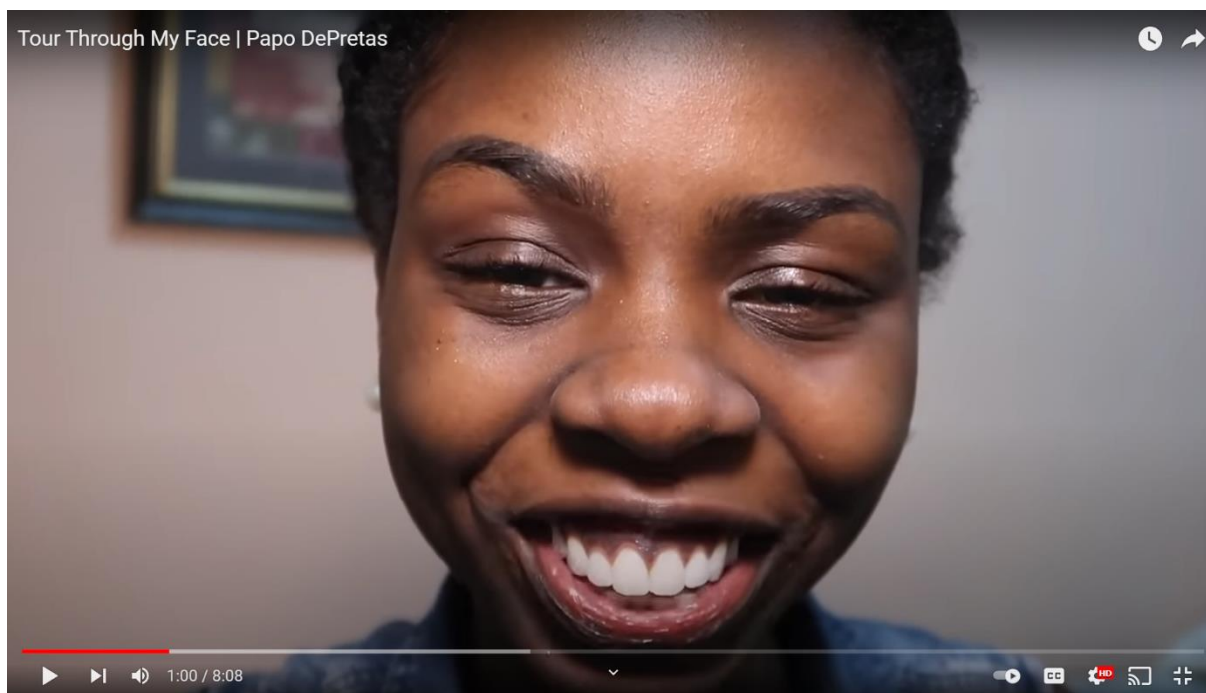


Figure 2. Gabi Oliveira’s “Tour Through my Face”³³⁸

³³⁶ Wolf, *Beauty Myth*, 4.

³³⁷ Caldwell, *Negras in Brazil*, 89.

³³⁸ Gabi Oliveira, “Tour Through my Face,” <https://www.youtube.com/watch?v=CEOvHPvvis>

The perception of beauty and aesthetic hierarchies

As a result of the way the convivial discourse of *mestiçagem* has the effect of obscuring the acceptance of race as a category, it can be difficult to perceive racism in the way beauty is judged. Rather than essentialising race in a way which is anathema to *mestiçagem*, the racial halo³³⁹ approach assigns value to the way beauty is perceived in the shape of aesthetic hierarchies and, as such, circumvents the problematic discourse on race (and class) in Brazil (see Chapter 2). In my research I found that there was a quest for beauty by ascending this scale of beauty through rhinoplasty. This quest has little to do with a person's desire to change racial identity but everything to do with wanting to be beautiful while the former, changing racialised appearance (i.e., whitening) is a consequence of the latter because of the way beauty is perceived as whitened. As such, the racial halo concept helps to identify the whitening discourse present in evaluations of beauty, which is integral to the ideal of a beautiful nose.

With regard to the perception of beauty, I will discuss how beauty is perceived and judged using hegemonic beauty values such as shape, form, proportion and subjective sensory perception, all of which are shaped by politics, which in the case of Brazil links to the country's racial hierarchies and raciologies as discussed in Chapter 2. I conducted a short survey among 14 members of the Facebook group 'Rinoplastia: *Nariz negroide*' asking "What is Beauty?" What we see is that although the topics of discussion, harmony and symmetry, standards of beauty and subjectivity are not directly evaluated based on racialised criteria, the topics are imbued with racialised evaluations in line with aesthetic hierarchies.

Harmony and Symmetry

Embedded in mathematical principles, harmony and symmetry are components of beauty that essentialise it as something that can be measured. One respondent answered, "Beauty is the balanced proportion of physical features,"³⁴⁰ and another said, "Beauty is symmetry, people with both sides of the face equal and beautiful,"³⁴¹ they are suggesting that beauty exists outside of one's own subjectivity. Another person added to their answer that beauty is harmonious to say that individual features alone may be perceived as ugly by that if the other

³³⁹ Hunter, "Colorism in the Classroom", 56.

³⁴⁰ "Beleza é proporção equilibrada de traços físicos."

³⁴¹ "Beleza é simetria, as pessoas que tem os dois lados do rosto igualzinho é bonita."

features are also big, the face can be attractive, “Beauty is the harmony of the features of the face seen together (we may find a big nose ugly, but if someone has other big features, it can be harmonious and attractive to us)”³⁴². This discourse of harmony and symmetry reflects (Aristotle’s) golden ratio, which is used by cosmetic surgeons to measure facial proportions whereby certain measurements are required to create a harmonious face. The golden ratio is used to determine what is or is not possible by surgeons, so for example, if a woman wants a nose that adheres to the Eurocentric standard of beauty but the rest of her face does not, they may refuse to let her have the nose that she wants as they would perceive it as disrupting the harmony of the face.

Beauty standards: The white facial ideal

The *nariz negroide* is seen as a racial marker of Black ancestry and it is quite common in Brazil’s highly miscegenated population. In regard to the cosmetic surgery industry, rhinoplasty could be described as an anomaly in the way it differs from other surgical practices. Alexander Edmonds notes the homogenising aspects of the growth of the beauty industry is disturbing in the way that the standard of beauty “ascribes Western aesthetics on non-Western bodies” but, he argues, in Brazil “cosmetic surgery takes on a localised form as it is used to emulate the sensual ideal of ‘magnificent miscegenation’”.³⁴³ While hybridity overall is celebrated as part of the discourse of *mestiçagem*, the nose can remain as a whitened beauty ideal while rhinoplasty at first appears to reject this miscegenated approach. This rejection manifests itself in the valorisation of a nose that is strictly linked to Caucasian ancestry and is often described as narrow and straight. This dualistic rejection/valorisation is anathema to racial hybridity and *mestiçagem*, although as we will see in Chapters 5 and 6, women consuming rhinoplasty of the *nariz negroide* do not see themselves as rejecting either a convivial *morena* or an Afrodescendant identity.

³⁴² “Beleza é a harmonia das feições do rosto vista em conjunto (a gente pode achar nariz grande feio, mas uma pessoa tiver as outras feições grandes, fica harmonioso e atraente pra gente).”

³⁴³ Edmonds, *Pretty Modern*, 148.



Saiba quais são as formas que a cirurgia plástica traz para o alcance de uma melhor simetria facial

Um termo que vem sendo cada vez mais discutido é o da simetria facial, e você sabe o que isso significa? Simetria facial consiste em uma simetria perfeita entre os dois lados da face, o que constitui um belo rosto e a garantia de belas fotografias. Muitos especialistas afirmam que uma simetria facial perfeita não existe, mas algo próximo a ela sim. E muitas pessoas reclamam por terem o rosto bem longe da simetria ideal, o que pode provocar uma sensação ruim e de baixa autoestima.

Figure 3. Facial symmetry³⁴⁴

The sense that beauty exists is validated in the form of representation. The following response illustrated the sense of the way representation in the media: “With the globalization of today's world, the beautiful is the standardized, people are already ‘programmed’ to find beautiful, predetermined features, and as much as some still are reluctant to say that beauty is something relative and is in the ‘eyes of the who sees’, we know that the beautiful, is what is sold in the media, and these are these moulds that people try at all costs to fit in”³⁴⁵.

Images of female beauty in the mainstream Brazilian media are presented consistent with a notion of female beauty, namely a woman who is young, feminine, slim and white with unblemished skin, symmetrical features and long hair.³⁴⁶ Luciana Messias Shinoda et al.’s study of female representation in Brazilian print advertising reveals how Black women are also missing there.³⁴⁷ This phenomenon stretches beyond magazines to billboards in shopping malls, point of sale material in shops, direct marketing and television advertising. This racial

³⁴⁴ LTJ Plastica (cosmetic surgeon), <https://ltjplastica.com.br/blog/simetria-facial-voce-sabe-o-que-e/>.

³⁴⁵ “Com a globalização do mundo atual, o belo é o padronizado, as pessoas já estão ‘programadas’ a achar belo, feições pré determinadas, e por mais que alguns ainda relutem em dizer que beleza é algo relativo e está nos ‘olhos de quem vê’, sabemos que o belo, é o que é vendido na mídia, e são nestes moldes que as pessoas tentam a todo custo de alguma forma se encaixar”

³⁴⁶ Sovik, “We are family,” 315-325.

³⁴⁷ Shinoda et al., “Beyond gender stereotypes”.

exclusion is validated by D'Adesky's research published in 2004, which showed that only four per cent of models in the advertising featured in the women's magazine *Cosmopolitan* in Brazil were Black.³⁴⁸ Over fifty per cent of the country's population is Black, however, across the mainstream media, beauty has typically been represented using visual images of white women with Caucasian features, rendering Black women virtually invisible.³⁴⁹ Deviation from this white facial ideal in the Brazilian media is uncommon. Fine features linked to European ancestry are considered beautiful compared to traits associated with other heritages. In the media, white actors are most visible, playing roles that symbolise beauty and affluence. Black actors, in contrast, appear far less frequently;³⁵⁰ in *telenovelas* (soap operas) aired by TV Globo between 1993-1997, less than eight per cent of 830 actors were Black. They tend to be cast in roles that reinforce racial stereotypes, playing menial roles.³⁵¹

Subjectivity: The politics of the eye of the beholder

In her analysis of what constitutes beauty, The idea that beauty is subjective is a common trope exemplified by the expression, "Beauty is in the eye of the beholder." This trope was reflected in answers to questions posed in a short survey among members of the Facebook group "Rinoplastia: Nariz Negroide" to ask, "What is Beauty?" For example, "Anything that is pleasant, pleasurable, to my senses, creating good sensations / impressions,"³⁵² to "Beauty is seen through our eyes, but is spiritual as well as physical"³⁵³. "Beauty is something very relative, but something that most seek. But in my vision, beauty comes from the inside out, it is to look in the mirror and say 'I'm beautiful'. without worrying about the labels of society!"³⁵⁴ The second conveys beauty as something that is in the eye of the beholder while, although suggesting that beauty actually exists, it transcends the physical and has a deeper, spiritual dimension. The third is that it is sensory, focusing on the viewer of beauty as the

³⁴⁸ Jacques D'Adesky, "Pluralismo étnico e multiculturalismo: racismos e anti-racismos no Brasil". *Afro-Asia* (1997).

³⁴⁹ Sovik, "We are family," 315-325.

³⁵⁰ Jacques D'Adesky, *Pluralismo Étnico E Multiculturalismo: Racismos E Anti-Racismos No Brasil* (Rio de Janeiro: Pallas, 2001).

³⁵¹ Telles, *Race in Another America*, 155.

³⁵² "Tudo que for agradável, prazeroso, perante meus sentidos, provocando boas sensações/impressões."

³⁵³ "Beleza está ao nossos olhos não somente física mas de Espírito."

³⁵⁴ "Beleza é algo muito relativo, porém algo que a maioria busca. Mas na minha visão, beleza vem de dentro para fora, é se olhar no espelho e falar 'tô linda'. Sem se preocupar com os rótulos da sociedade!"

actor who processes what is beautiful. These comments remind us of Kant's *Critique of Judgement*, first published in 1788, an 'object of universal satisfaction' is recognisable at an instinctive or sensory level, without needing for conscious deliberate thought or consideration.³⁵⁵ Shirley Anne Tate argues that, Kant positions European beauty at the centre, despite him stating that it is 'objectless' and that there are other forms of beauty. It is, however, clear to Tate that the white body is marked as unraced in Kant's discussions rendering non-white bodies as othered and different. Tate uses the 'everyday' examples of "the canerow and hair extensions as a way of illustrating the way that white women can style their hair in ways that historically were associated with Black women without being subject to any negative comments on their 'politics or identities'".³⁵⁶ However, the idea that this subjectivity is neutral is contested as politics shape this subjectivity and are influenced by Eurocentric notions of beauty. These essentialised ideas of Eurocentric beauty have evolved over time.

Mass consumption of beauty in the twentieth century

Advertising in the twentieth century took European ideas of beauty and deployed them internationally. Such ideas fitted with the Brazilian desire to modernise and, despite the ill-fitting messages of whitening relative to the mixed population, the population appropriated them. There was little resistance to these messages due to the national desire to whiten itself and because the majority of people who had the disposable income to consume goods and services were white and would be likely to identify with the white images used. For example, Denise H. Sutton's monograph *Globalising Ideal Beauty* studies leading advertising agency, J. Walter Thompson (JWT). It shows the ease with which beauty images travel across borders unsanctioned. During the early twentieth century, in the wake of mass industrialisation, companies such as JWT sought international expansion. This study is interesting because it shows the culturally imperialistic approach adopted by the company and the dissemination of Eurocentric notions of beauty through this expansion, rather than engaging with local cultures.³⁵⁷ It exemplifies the trend in beauty taking on Eurocentric ideas and colonising new

³⁵⁵ Immanuel Kant, *Critique of Judgment*, trans. Werner S. Pluhar (Indianapolis and Cambridge: Hackett Publishing, 1987).

³⁵⁶ Tate, *Black Beauty*, 5.

³⁵⁷ Denise H. Sutton, *Globalizing Ideal Beauty: Women, Advertising, and the Power of Marketing* (Basingstoke: Palgrave Macmillan, 2009).

markets to stimulate a desire for tastes and aspirations similar to what prevailed in the United States. An example of how beauty was advertised is Pond's face cream. Having successfully introduced the product to American women, JWT promoted its overseas expansion. The basic format of an advert for the product was consistent across all countries.³⁵⁸ The design, copywriting and production of advertising material were all controlled centrally in the United States at JWT's New York office, irrespective of the country it was appearing in. For example, an advertisement used in the United Kingdom in 1931 contained the following testimonial from the Countess of Galloway: "A peach bloom skin – velvety soft – invitingly smooth and clear... the loveliest, most distinguished women in the world have found this to be true... The surest protection I have ever found for my skin".³⁵⁹ This advertisement was replicated in numerous countries, commodifying the idea of beauty around European notions. The key messages were controlled and harmonised and, taking the example above as a reference, "peach bloom skin" indicates a message of whiteness in which we can see the influence of Renaissance ideas of innocence. Images of social aspiration were used and specifically a string of pearls was used consistently in Pond's advertising to indicate high socio-economic status.

Avon, a US company was founded in 1886, launched in Brazil in 1958. According to the company's Brazilian website, Brazil is the company's most successful territory.³⁶⁰ The company has a timeline, referring to three stages of development, *pioneering and innovation*, *empowerment and feminine entrepreneurship*, and *democratisation of beauty*.³⁶¹ Despite such proclamations about the present day's egalitarian approach, the ideal of beauty has not waived. As we can see below in the Pond's and Avon's examples of advertising from the mid-twentieth century, beauty in Brazilian society was represented as white, using a whitened socially aspirational idea of beauty to encourage women to buy products. This practice can still be seen in advertising a hundred years later, as evident in the shopping mall in São Paulo. Thus, over many centuries the notion of a universal beauty became commodified³⁶² via

³⁵⁸ Richard Wilk, "Learning to Be Local in Belize: Global Systems of Common Difference," in *Worlds Apart: Modernity through the prism of the local*, edited by Daniel Miller, (London: Routledge, 1995) 110-33.

³⁵⁹ Sutton, *Globalizing Ideal Beauty*, 154.

³⁶⁰ Avon, "Décadas apoiando mulheres (Decades supporting women)," <https://www.avon.com.br/institucional/avon?sc=1>

³⁶¹ Avon "history" <https://www.avon.com.br/memoria>

³⁶² "Commodification is the mode through which contemporary Western societies seek to ensure a minimal continuity in how people present themselves. That is, the means for managing the self became increasingly tied

processes of globalisation while using a template based on symmetrical facial features (as illustrated by the images used), morality and spirituality, innocence and divine beauty³⁶³ and a general preoccupation with self-beautification.³⁶⁴



Figure 4. Brazilian advertisement for Avon products (mid-twentieth century)³⁶⁵

Beauty in the Brazilian imaginary

It is has often been observed that physical appearance plays an important part in Brazilian identity,³⁶⁶ hence the desire for beauty is a widely shared concern, one linked to the discourse of *mestiçagem* but also whitening,³⁶⁷ the latter particularly in relation to female facial beauty, whereby Black facial features are, in the main, valued as less beautiful than their white counterparts.³⁶⁸ Kia Caldwell’s research included conducting interviews with Black Brazilian women who revealed their sense of not being within aesthetic norms and that the impact on those people, whose physical appearance is outside the perception of the ideal, was to be

up with consumer goods, and the achievement of social and economic success hinges crucially on the presentation of an acceptable self-image.” Chris Shilling, *The Body and Social Theory*, third ed. (London: Sage, 2012), 81.

³⁶³ Davis, *Reshaping the Female Body*, 39.

³⁶⁴ Davis, *Reshaping the Female Body*, 39.

³⁶⁵ Tina Red Rose, “10 Propagandas antigas da Avon,” <https://inspiracoesretroevintage.blogspot.com/2017/04/10-propagandas-antigas-da-avon.html>

³⁶⁶ Freyre, *Casa-Grande & Senzala*.

³⁶⁷ Alexander Edmonds notes the way female beauty “is a kind of populist myth” and goes on to cite a liposuction patient who remarked, “Our country is a country of pretty people. This miscegenation here gives us a different tone, I think.” Edmonds reflects on the ubiquitous embrace of *mestiçagem* across all classes in Brazil and highlights the paradoxical coexistence of eugenics and miscegenation (Edmonds, *Pretty Modern*, 135).

³⁶⁸ Jarrín, *The Biopolitics of Beauty*.

forced into a position of subaltern citizenship.³⁶⁹ Given the importance of beauty in Brazil, this alienation is significant and reflects the exclusionary effects of prevailing discourses.

In Brazil female beauty has been constructed in the national (cultural) imaginary over time, through narratives, images and symbols represented in literature, art, music, cinema and the media. Rooted in the legacy of slavery, colonialism and infused with global ideas of beauty, these originated from elites who had (and still have) the power of literacy as well as the economic means and social status to generate and circulate their ideas. The consistent coding in these representations, which have been communicated and published repeatedly over centuries, embeds the foundational ideas of gender and race in society as truth “by consciously seeking to create a cohesive sense of national identity, solidarity, allegiance to an articulated set of myths, rituals and symbols”.³⁷⁰

The influence of colonialism is pervasive. The 16th century epic Portuguese poem, *Os Lusíadas*, encapsulates the expectations of (male) Portuguese colonisers of indigenous women in exotic lands, who are depicted akin to goddesses from Greek mythology who would welcome the Portuguese with delicious banquets and seduction.³⁷¹ The first account of the Portuguese arriving in Brazil is Pêro Vaz de Caminha’s letter to King Manuel of Portugal, which refers to the people they encountered when the ship stopped in Brazil: “There were three or four girls among them. These were very young and pretty, and had abundant long Black hair down their backs. Their private parts were tightly knit, well raised, and half free from hairs; thus we were not at all ashamed to look at them.”³⁷² He then describes one of the girls who was dyed from head to toe: “She certainly was so well made and so rounded and her private parts (of which she made no privacy) so comely that many women in our country would be ashamed, if they saw such perfection, that theirs were not equally perfect.”³⁷³ The image portrayed by Caminha of the indigenous people in general was one of innocence and passivity. The language used in this letter shows the land and the people as available and ready to be conquered with little resistance.

³⁶⁹ Caldwell, *Negras in Brazil*, 95.

³⁷⁰ Marshall C. Eakin, *Becoming Brazilians: Race and National Identity in Twentieth-Century Brazil* (Cambridge: Cambridge University Press, 2017).

³⁷¹ Luís de Camões, *Os Lusíadas* (Porto: Companhia Editora do Minho, 1960).

³⁷² Charles David Ley, *Portuguese Voyages, 1498-1663* (JM Dent, 1947). 47.

³⁷³ Ley, *Portuguese Voyages*, 47.

Integral to the Brazilian imaginary is the notion of *mestiçagem*, which reveres the cultural hybridity resulting from the sexual and cultural intertwining of African, Portuguese and indigenous peoples, especially through Gilberto Freyre's work which mythologises this notion of Brazil both in and outside of the country.³⁷⁴ Symbols of this hybridity – such as samba – derived from Afro-Brazilian culture, are ubiquitous in Brazil, central to the idea of *mestiçagem*, and are used to construct a positive image of a racial paradise. However, this notion was constructed upon and co-exists with the history of racism in Brazil. As a result of this foundation, biological determinisms of previously dominant racial theories prevailed, thereby contributing to the formation of stereotypes and ideals in relation to brownness in the Brazilian imaginary.³⁷⁵ Ideas that Blackness was ugly were derived from eugenics and associated rural life with disease while Black slaves working on the land were sick compared to white elites as healthy. Black equals sick, equals ugly, while White means healthy, thus beautiful.³⁷⁶ My purpose here is to illustrate the way this imaginary has been constructed and how deeply embedded it became in the discourse of *mestiçagem*, as evidenced by the interviews in Chapters 5 and 6. In contrast to this binary, the lived reality of racial mixing over many centuries between black, indigenous and white people in Brazil has led to a culture of brownness within the realm of beauty. Writing on 'brownness', Shirley Anne Tate has underlined that "Black women don't want to be white, Blackness in all its shade variety is what is desired," thereby undermining trite assumptions that much Black styling and aesthetics is about an unthinking act of either mimicry or whitening.³⁷⁷

The way in which classic racially hybrid female identities have been constructed using these dominant narratives feeds into the idea of *mestiçagem*. For example, in 1958, Jorge Amado's novel, *Gabriela, cravo e canela* created the character of Gabriela, a *mulata*.³⁷⁸ She is the embodiment of *mestiçagem* with her "cinnamon skin," and is well known in and beyond national borders for her Brazilian beauty. The novel has been translated into more than fifteen languages and adapted as a TV series, a telenovela, and a film.³⁷⁹ In keeping with the discourse of *mestiçagem*, Amado created an archetypal *mulata* where the female offspring of

³⁷⁴ Freyre, *Casa-Grande & Senzala*.

³⁷⁵ Natasha Pravaz, "Brazilian Mulattice: Performing Race, Gender, and the Nation," *Journal of Latin American Anthropology* 8.1 (2003), 124.

³⁷⁶ Gilberto Hochman, "A Era Do Saneamento: As Bases Da Política De Saúde Pública No Brasil" (1996).

³⁷⁷ Tate, *Black Beauty*, 121.

³⁷⁸ Jorge Amado, *Gabriela, Cravo E Canela: Crônica De Uma Cidade Do Interior: Romance* (Leya, 2012).

³⁷⁹ Hamilton, "Gabriela Meets Olodum".

miscegenated Europeans and Brazilian Indians or those of African parentage are depicted as “exotic, mysterious, coquettish, and sensual women of colour, most especially *mulatas*, constitute both the subjects and objects of a nativistic and indeed pan-Luso-Brazilian cult”.³⁸⁰ The allure of Gabriela was also used to attract foreign tourists through promotional videos showing a *mulata* wearing a bikini on the beach welcoming potential visitors to Bahia,³⁸¹ an image of the sensual woman which has become a Brazilian national cliché.

The hybridised beauty and allure of the *mulata* has specific features which reflect the exotic Brazilian ideal, including rounder and prominent thighs and buttocks and smaller breasts than would be considered beautiful in Europe or the United States. These aspects of the Black body are erotically desirable and reflect the commodification and mystification of Black sexuality as an international icon.³⁸² In relation to this, Shirley Anne Tate traces the history of the hypersexualisation of black women’s bodies in the colonial context in her study on the Sable-Saffron Venus while remarking that “The gaze of colonial hygiene on the Sable-Saffron Venus continued in the 20th century and is still present in contemporary discourses on Black women’s bodies”.³⁸³

The concept of ideal beauty in Brazil is racially complex and it is important to briefly discuss its historical context. A contradictory mix of racial harmony and racism evolved from early colonial times, throughout the three hundred years of slavery and passed into post-abolition and modern Brazil. This paradoxical combination of seeming harmonious, convivial race relations and deeply embedded racilogies are a characteristic of Brazilian society.³⁸⁴ In relation to beauty, Jarrín highlights that although bodily beauty seems to be able to include but “not entirely erase” Blackness, this is not the case in relation to facial features. He refers to the contradiction that “plastic surgeons assume Caucasian facial features are ideal, but usually they are careful to point out that they do not seek to whiten patients, only to soften the patient’s features so that they are more harmonious in relation to the rest of the face.”³⁸⁵ I agree with Jarrín but what is important to add is that there are two discourses at play here,

³⁸⁰ Hamilton, “Gabriela Meets Olodum”.

³⁸¹ Erica Lorraine Williams, *Sex Tourism in Bahia: Ambiguous Entanglements* (University of Illinois Press, 2013).

³⁸² Wade, *Race and Sex*.

³⁸³ Shirley Anne Tate, “Looking at the Sable-Saffron Venus: Iconography, Affect and (Post) Colonial Hygiene”. *Black Women’s Bodies and The Nation: Race, Gender and Culture* (Amsterdam: Springer, 2015): 17-46 (37).

³⁸⁴ Guimarães, “Racismo E Anti-Racismo No Brasil.”

³⁸⁵ Jarrín, *Biopolitics of Beauty*, 138.

namely, whitening in relation to an ideal beauty and racial consciousness whereby it is considered disrespectful to alter a person's racialised appearance. However, as pointed out earlier in this chapter, Black identity is not necessarily linked to a person's appearance but to their cultural identity, through self-classification, "thus the combination of supposedly black appearance, essence, and tendencies act as a source for the reconstruction of blackness," in other words as a form of becoming.³⁸⁶ The interesting aspect of racial consciousness in relation to beauty is that while surgeons appear to be making a decision as to whether a person should be allowed to change their racialised appearance, in Brazil it is the individual who determines their own racial identity. This notion of self-classification comes from the census where there are five categories of race but among Brazilians themselves there are more than one hundred recognised terms to classify racial identity.³⁸⁷

Beauty and class: The role of white elitism

Beauty projects involving surgery in Brazil were, for a long time, only accessible to elite white women due to their elevated economic means, a reflection of the high level of racial stratification that saw a concentration of white people at the top of society and Black people at the bottom. These social class distinctions remained relatively unchanged until the early 2000s and race and class appeared to be interchangeable. However, these lines of demarcation of class through race had the potential to become blurred when higher disposable incomes across the lowest socio-economic groups in Brazil saw many Black Brazilians enter the ranks of the middle class, which had previously been overwhelmingly white. Klein et al. have labelled the new middle class as the 'previously poor' to demonstrate the journey they have made from poverty, thereby underlining the link between race and class by highlighting that, relative to the traditional middle class who were predominantly white, the majority of the ascendant middle class were Black.³⁸⁸ This promise of social mobility offered hope and opportunities to the previously poor who had been excluded and disenfranchised. For example, research into stereotyping showed that 92% of Black women

³⁸⁶ Patricia de Santana Pinho, *Mama Africa: Reinventing blackness in Bahia*. (Durham, NC and London: Duke University Press, 2010), 152.

³⁸⁷ Edward E. Telles and Nelson Lim. "Does It Matter Who Answers the Race Question? Racial Classification and Income Inequality in Brazil." *Demography* 35.4 (1998): 465-74.

³⁸⁸ Klein et al., "Naming Brazil's previously poor," 83-95.

wanted to see people like them better represented in the media and advertising.³⁸⁹ There was a ready-made market of new Black female middle class consumers, which appeared to be waiting to be sold to and eager to consume forms of body work, such as cosmetic surgery, as a means of empowerment to reproduce beauty ideals based on Brazilian racilogies.

The interplay between race and class takes place through media representation, consumption, and the lived experiences of the population. The beauty system enacts and reproduces the inequalities that are present in Brazil. Race and class are closely linked in Brazil and mediated through perceived beauty. Despite economic growth, it does not necessarily follow that more economic power equals economic freedom. The overriding social hierarchies of race and class which are mitigated through beauty affect the extent of this economic freedom. Beauty operates as capital within a set of raciological discourses that embrace both symbolic and lived elements but access to it can be limited. Symbolically, beauty ideals reflect gender, class and racial hierarchies which are deeply embedded in society. At a lived level, beauty is enacted through consumption and practice. However, acquisition of beauty serves as a form of capital and therefore a means of empowerment, both in the goal of beauty itself and what beauty provides access to in terms of social, economic and cultural capital.

As I mentioned earlier, an appeal to *mestiçagem* frames consumption of rhinoplasty of the *nariz negroide* in Brazil, despite the raciological assumptions embedded in the country's beauty industry and practices (illustrated in Chapters 5 and 6 with regard to the accessibility of beauty through rhinoplasty), whereby racial hybridity (where a person with Black features seeks rhinoplasty) seems to be judged as inappropriate, particularly by surgeons who determine access to rhinoplasty. Shirley Anne Tate's analysis of the perception of Lil' Kim's cosmetic surgery reminds us that the notion of racial hybridity itself is problematised by the existence of "old certainties".³⁹⁰ Carina, a Black feminist activist I interviewed in São Paulo in 2018, puts this into the Brazilian context,

I think women have the right to look for ways to feel more beautiful. I can't condemn a Black woman who suddenly goes and changes her nose in a society that always says her nose is ugly and she wants to feel beautiful, I don't condemn her either. But I'd

³⁸⁹ Unstereotype Alliance, "Beyond Gender – the invisible stereotypes," <https://www.unstereotypealliance.org/en/resources/research-and-tools/beyond-gender---the-invisible-stereotypes>

³⁹⁰ Tate, *Black Beauty*, 143.

like to point out, that when you don't have an option for beauty and you end up being coerced into doing it, it's because you're not given an option.³⁹¹

So, in the Brazilian context, these “old certainties” could be seen to refer to the overwhelming power of white people who hold beliefs that subordinate Black people to rules that neither interest them nor benefit them, for example by surgeons suggesting that women should not have rhinoplasty surgery as it may mean her racialised appearance changes. Then again, the standard of beauty of the nose is predominantly Caucasian and as such is highly problematic. To ignore the racialisation of the nose is to turn a blind eye to the racial prejudice deeply embedded in Brazil but to accept it seems to lead to depriving women of access to beauty and to subvert and challenge the overwhelming whiteness of facial beauty which itself is challenged in the construction of racial hybridity through the consumption of rhinoplasty by women with a *nariz negroide*. An additional issue considered in Chapters 5 and 6 is whether women consuming rhinoplasty of the *nariz negroide* are actually self-fashioning their own understanding of beauty in a complex set of interactions with their wider social, economic and raciological contexts.

Cosmetic surgery in Brazil

Brazilian ideals of beauty are rooted in the country's unequal history which has privileged whiteness and prejudiced Blackness despite the country's diverse population. This history precludes a more egalitarian ideal that would be inclusive of the whole population. Reflecting the white middle class market, until the early 2000s mainly white male surgeons operated from private clinics in affluent areas of major Brazilian cities close to where their customers resided. It is hard to overstate how complete the whiteness of this market was, a dynamic that is probably best exemplified by what happened when the market started to shift and Black consumers (attempted) to enter it in line with the economic changes in Brazil. Despite increasing demand from Black consumers, an analysis of advertisements in the beauty magazine, *Plástica e Beleza*, which focused on cosmetic surgery, showed the static nature of the Brazilian beauty industry's advertising. This reflects the limitations of the concept of “cosmetic citizenship” as the market did not adapt to address the needs of consumers directly,

³⁹¹ “Eu penso que a mulher tem o direito de buscar a forma de se sentir mais bonita. Eu não consigo condenar uma mulher negra que de repente vai lá e modifica o nariz numa sociedade que todo o tempo fala que o nariz dela é feio e ela quer se sentir bonita eu não condeno também. Mas o que eu aponto, assim, é que quando não se tem uma opção de beleza e você acaba sendo coagida a fazer isso é porque não te dão uma opção.”

instead reflecting Brazil's rigid structural racism. As part of an earlier research project, I counted the number of images appearing in each of six editions of the magazine during 2013/14 and found that there to be negligible representation of Blackness; two out of 591 images, 0.33 per cent of images used in the magazine were of Black women.³⁹² These images featured in two advertisements promoting hair straightening for Black hair, in other words advertising a way to adhere to a universal beauty in eradicating a natural feature of Blackness, curly hair.

A typical advertisement in the magazine, featuring two white women, a mother and daughter promoting an aspirational cosmetic surgery clinic in Vila Mariana, a traditional middle class area of São Paulo. As discussed previously, the invisibility of Black faces creates exclusion. However, this is just the tip of the iceberg, as the experiences of women in pursuit of rhinoplasty are determined according to their racial appearance; despite a shift in the consumer profile in the cosmetic surgery market, advertising ignored them. Indeed, the example of *Plástica e Beleza* shows the inhospitable environment that the media creates in a market Black women have only recently entered. The sheer numbers of white faces and the way that these white faces exude traditional white middle classness are exclusionary.



Figure 5. *Dream Plastic advertisement*³⁹³

Figure 6 illustrates an example of a promotional post on Instagram by a rhinoplasty surgeon. The post states, “Brazil is a mestizo country in which people of the most diverse descent live

³⁹² Carole Myers, “Female beauty in the Brazilian media: It’s not Black and white”. MA dissertation, University of Manchester, 2014.

³⁹³ Dream Plastic advertisement, edition 139, *Plástica e Beleza*.

together. This mixture of peoples gave rise to different types of nose. Sometimes, however, the nasal structure becomes disproportionate to the size of the face. In these cases, rhinoplasty can be a way to achieve facial harmony. But, it all depends on the desires, needs and ethnic characteristics of each patient. The decision of the best format to be modelled can only be done with the help of a cosmetic surgeon, who will know how to evaluate the proportion of the face in relation to your nose and to then decide, the best result, respecting the individuality and wishes of the person. Would you be able to identify what type of nose your nose is from the images above?” The advertisement has a number of hashtags, including #nariznegroide, indicating that it is promoting rhinoplasty for this type of nose, meanwhile the message shows white or light skinned women without this type of nose.



Figure 6. Rhinoplasty advertisement from Instagram³⁹⁴

Narratives of mestiçagem and mestizaje in Brazil and Mexico

As Peter Wade states, in Brazil (and Mexico) mixed origins are the distinctive feature of the population and culture, and underlines their valorisation and mobilisation in narratives of

³⁹⁴ Dr Guilherme Bussade Instagram rhinoplasty post. <https://www.instagram.com/p/CNIGCwOl6V7/?hl=en>

nation-building, whereas other Latin American countries have played down their mixed roots and have attempted to present a more European picture of the population.³⁹⁵ While the respective discourses of convivial *mestizaje* and *mestiçagem* share similarities and commonalities, their respective expressions and enactments have displayed significant differences. In Brazil, the indigenous population, with the exception of Amazonia, was largely decimated and a vast programme of importing an African slave population began, while in Mexico, which did have a substantial colonial-era slave population, this has written out of national consciousness in favour of a concentration on the mixing of the colonial and indigenous populations.³⁹⁶ (A contemporary illustration of this is that the Mexican counterpart of the *nariz negroide* is the *nariz mestiza*).³⁹⁷ Likewise when it came twentieth-century state formation, the Mexican Revolution (1910-1917) saw a much more explicit mobilisation of *mestizaje* as national discourse and doctrine as opposed to Brazil's 1930 Revolution and after when Vargas as president was clearly influenced by Mussolini's fascism, pursuing a programme of European immigration. The appearance of Gilberto Freyre's *Casa-grande & Senzala* in 1933 (a Vargas critic from 1937), saw the beginning of Brazilian "racial democracy" as an essential element of the national myth.³⁹⁸ As Silva and Emiko Saldivar have remarked, "*mestizo* identity was presented as a synonym to a *mexicanidad*, part of the elite who earlier identified as white also increasingly self-identified as *mestizo*. The convergence of previously indigenous and white Mexicans in a *mestizo* identity allowed race to be erased as a social issue".³⁹⁹

However, there are also differences between the two respective national discourses that go beyond the conception of racial make-up or phenotype. Brazil has seen a very distinct focus on hypersexualised mulata bodies, which can refer to a woman of mixed racial descent but also "evokes images of voluptuous bodies, sensuality, and the ability to dance the samba".⁴⁰⁰ This even extends to the advertising of cosmetic surgery where Edmonds has observed that

³⁹⁵ Wade, *Race and Sex*, 3.

³⁹⁶ Monica G. Moreno Figuero and Emiko Saldivar Tanaka, "Comics, Dolls and The Disavowal of Racism: Learning from Mexican Mestizaje". In *Creolizing Europe*. Liverpool: Liverpool University Press, 2015, 175-201.

³⁹⁷ As an example, see the following Mexican cosmetic surgery social media post:
https://www.instagram.com/p/Cs_1YjVuR09/?img_index=1

³⁹⁸ Graziella Moraes Silva and Emiko Saldivar, "Comparing ideologies of racial mixing in Latin America: Brazil and Mexico". *Sociology of Anthropology*, 8(2), 2018, 427-456 (431-2).

³⁹⁹ Silva and Emiko Saldivar, "Comparing ideologies", 433.

⁴⁰⁰ Natasha Pravaz, "Performing Mulata-ness: The Politics of Cultural Authenticity and Sexuality among Carioca Samba Dancers". *Latin American Perspectives*, 39(2), 2012, 113-133.

“Some ads have local references to Brazilian popular culture – nods to the Brazilian ‘national preferences’ for *bundas empinadas* (large, round bottoms) and smaller breasts,” again underlining the hypersexualisation of the *morena* body.⁴⁰¹ In terms of the shared convivial context of darker skinned bodies as constructed in Brazilian and Mexican discourses, Mónica Moreno Figueroa has underlined the tense relationship “between beauty, the darker-skinned mestiza body and the performance of femininity. This analysis has pointed to the accumulation of meaning that informs a notion such as beauty in its empirical experience. When these women see themselves in a mirror, in their photographs, in the stories that others tell about them, they cannot avoid the racial configuration of the visual world, where beauty, skin colour, bodily features and the performance of femininity collide.”⁴⁰²

Conclusion

This chapter has focused on contextualising and conceptualising beauty at a specific moment in time, namely after a new Black Brazilian middle class emerged, a class poised to and intent on entering new spaces of consumption. Its research objective was to discuss the history of beauty in Brazil and offer a critical assessment of its role in perpetuating racial inequalities. I have foreshadowed the analysis of the lived experiences of the Brazilian women seeking rhinoplasty of the *nariz negroide* (see Chapter 5) to illustrate raciologised standards of beauty, without making assumptions regarding how these women consume and construct their own standards of beauty. The purpose of this context is to highlight that the racial bias means there is an unlevel playing field according to a person’s appearance. The beauty industry itself is based on white assumptions. Specifically, unlike other cosmetic surgery procedures, rhinoplasty of the *nariz negroide* is subject to racial hierarchies despite Brazil being a nation that considers itself metaracial due to its high levels of miscegenation.⁴⁰³

In terms of the literature on beauty beyond Brazil’s borders,⁴⁰⁴ this chapter builds on discussions that have moved away from polarised judgments on whether cosmetic surgery is inherently good or bad, recognising instead the coexistence of pain and pleasure as articulated

⁴⁰¹ Edmonds, *Pretty modern*, 68-69.

⁴⁰² Mónica G. Moreno Figueroa, “Displaced looks: The lived experience of beauty and racism.” *Feminist Theory* 14, no. 2 (2013): 137-151 (150).

⁴⁰³ Edmonds and Leem “Making faces racial.”

⁴⁰⁴ Tate, *Black Beauty*; Holliday and Taylor, “Aesthetic Surgery as False Beauty”; Kang, *The managed hand*.

by Craig.⁴⁰⁵ In so doing, I am foregrounding the complex ties between race, class and beauty that form the landscape of the experiences, thoughts and actions, motivations and expectations behind accessing rhinoplasty.

⁴⁰⁵ Craig, "Race, beauty".

Chapter 4. Rhinoplasty of the *nariz negroide*: Eugenics, ethics and aesthetics

Introduction

Rhinoplasty among women with a *nariz negroide* has become increasingly popular since the early 2000s in Brazil. There are social media groups dedicated to rhinoplasty for the *nariz negroide* and the most popular such group is *Rinoplastia Nariz negroide* on Facebook. It has over 23,000 members and was set up by Diana in 2016 who had rhinoplasty surgery and wanted to share her experiences and provide a forum for other people to exchange ideas, experiences and tips on surgery. There are three main topics which appear in this group, firstly, the person who is considering surgery posts a photo of their face to ask if the group members think that s/he should have rhinoplasty. A second topic is to show photos of before and after surgery to ask for feedback on the results or to demonstrate how the nose changed after a few days, a week, a month, six months after surgery. Thirdly, there are frequent posts asking for recommendations for surgeons in certain locations or with specific skills relating to the *nariz negroide*. These women looking for a new nose communicate a sense of urgency and excitement. The most common questions are “Do you think I have a *nariz negroide*?,” “Do you think I should have rhinoplasty surgery?,” “Where can I get rhinoplasty surgery in the town I live?,” “Do you recommend Dr X?,” “How much will I have to pay for surgery?,” “Can I get rhinoplasty surgery for 5,000 Reais?”. According to the group administrator, approximately 90% members of this group are women.

The group members have the *nariz negroide* in common but there are rarely any comments relating to race, Black ancestry or skin colour as the link between this type of nose and Black heritage is not seen as relevant, despite dominant standards of beauty being overwhelmingly white. The group members’ desire for rhinoplasty appears to be linked to the pursuit of beauty in the shape of the ideal nose, and what seems to be their main concern is how to access rhinoplasty; i.e. it is not articulated as a self-consciously whitening exercise. Shirley Anne Tate suggests a “widening of Black anti-racist aesthetics parameters to include those embodied as other”. She refers to the “Black blonde” and states that “room must be allowed with Black community for embodied dissent/difference from these representations or valorization of embodied sameness to them without this meaning that your politics are questionable. We need to stop limiting ourselves to binary oppositions of white wannabes/radical Black based solely on stylizations. We need to see where stylization leads

in the production of Black beauty.”⁴⁰⁶ The intent of this chapter is to follow the lead suggested by such stylizations.

In addition, the research objective of this chapter is to examine discourses associated with the nose and rhinoplasty, as well as their history and cultural meanings in Brazil. The nose is the most prominent feature on the human face, critically involved in appearance both to oneself and to others, and it is involved significantly in the perception of beauty, both publicly and privately.⁴⁰⁷ Despite the nose being a central and prominent facial feature, culturally speaking it is entangled with the discourse of racial colour-blindness in Brazil and raciological notions of facial beauty connected to whiteness.⁴⁰⁸ This paradox is highlighted by Alexander Edmonds who states that not only does the undertaking of rhinoplasty by Black people involve a correctional procedure to erase a *nariz negroide*, it is considered problematic in Brazil to change the racial appearance of a person, yet this is what is required to meet the beauty ideal.⁴⁰⁹ I complicate Edmonds’ further by arguing that the consumption of a raciologised hegemonic nose is both a reflection of longstanding discourses of whitening and a rejection of it through consumers dynamic, hybridised, construction of their version of beauty. In this chapter, I bring the nose into the central frame to explore this paradox. The dynamics of contrasting and conflicting representations of race are circulated through advertising and consumption but these ideas themselves are rooted in the colonial discourses that were explored in Chapters 2 and 3. Here, I pick up on these ideas to illustrate the raciological basis of the hegemonic nose, a cultural construct that has been promoted through rhinoplasty. For example, Brown and Bahman undertook research in the United States to analyse the perfect nasolabial (tip of the nose) angle; this study was based on the preferences of members of the Rhinoplasty Society.⁴¹⁰ The results vary slightly between males and females but the result shown looks like a European nose, in line with standard notions of beauty.⁴¹¹ Both the fixed ideal and the transformative rhinoplasty process are subject to contrasting cultural processes weaved among the racial paradoxes present in Brazil.

⁴⁰⁶ Tate, *Black Beauty*, 148.

⁴⁰⁷ Iain S. Whitaker et al., “The Birth of Plastic Surgery: The Story of Nasal Reconstruction from the Edwin Smith Papyrus to the Twenty-First Century,” *Plastic and Reconstructive Surgery* 120.1 (2007): 327-36.

⁴⁰⁸ Wade, *Race and Sex*, 190-191.

⁴⁰⁹ Edmonds, *Pretty Modern*, 146.

⁴¹⁰ The Rhinoplasty Society is a US organisation for rhinoplasty surgeons <https://rhinoplastysociety.org/>.

⁴¹¹ Matthew Brown and Bahman Guyuron, “Redefining the Ideal Nasolabial Angle: Part 2. Expert Analysis,” *Plastic and reconstructive surgery* 132, no. 2 (2013): 221e-5e.

The hegemonic nose is multi-faceted. A European aesthetic ideal, it is laden with racialised meanings which are evident in Brazil's longstanding raciological discourses, which is why how rhinoplasty is promoted, practised and consumed in Brazil is such a vital issue. I argue that while rhinoplasty adheres to certain coded ideas about the hegemonic nose and validates and reproduces these ideas in practice, it also utilises the discourse of *mestiçagem* and its racial hybridity due to Brazil's diverse miscegenated population. Due to a combination of attributes, the hegemonic nose stands apart culturally, compared to other body parts; it is subject to racial hierarchies that do not reflect the population, it is commodified in its appearance, and has not adapted to the heterogeneity of the Brazilian people, thus excluding much of the population, and is therefore problematic. Connected to this idea of miscegenation, Alexander Edmonds and So Yeon Leem argue that Brazilian cosmetic surgery "tends to unlink the racial trait from racial identity".⁴¹² This is because the racial trait itself is not seen as racialised by those who are undergoing rhinoplasty, rather it is seen in terms of what is considered beautiful or not, hence, in a sense, beauty is an act of self-fashioning without reference to raciological assumptions. However, despite its ill-fit with the Brazilian population, this hegemonic nose is broadly uncontested beyond marginalised groups of Black feminist activists (discussed in Chapter 5), irrespective of its raciologicalised origins, i.e. in its consumption it is not necessarily reproduced as a racialised signifier.⁴¹³

In addition, I examine rhinoplasty from a historical perspective in order to trace its evolution. This survey of rhinoplasty shows how a certain discourse developed over time in relation to health and then beauty. Moving on, I consider how the nose became subject to racialised hierarchies and how it came to signify beauty or a lack thereof. I then discuss the history of racial meanings associated with the nose that took place during the first three decades of the twentieth century in the United States, when the practice of rhinoplasty as we know it today evolved. In addition, I look at how the practice of rhinoplasty adopted racialised notions about the nose as evidenced by training manuals, operating procedures and language relating to surgery. The chapter closes with an examination of the consumption of cosmetic surgery and rhinoplasty in Brazil where I analyse data on the cosmetic surgery sector in Brazil.

⁴¹² Edmonds and Leem, "Making Faces Racial," 1-19.

⁴¹³ Hunter, "Colorism in the Classroom", 54-61.

The historical development of rhinoplasty

Rhinoplasty started as a restorative practice, namely treating injury and disease, and moved into aesthetic practice in the early twentieth century. It is important to trace historically the evolution of rhinoplasty as it shows us how discourse on the topic evolved. Ideas around ethics and morality run through the historical trajectory, discursively linking themes of class, race and gender. Exploring these ideas helps to determine how the restorative practice of rhinoplasty gained ethical validation as an aesthetic practice within the field of medicine.

Firstly, to examine how rhinoplasty moved from restorative to aesthetic practices, I look at how early rhinoplasty surgery was developed to fix the physical injuries and ills of the time, the methods of which evolved over many centuries. There are scant records of the early history of rhinoplasty but the first accounts refer to the treatment of breaks, fractures and injuries of the nose using stitching and linen and date back to 3000 BCE.⁴¹⁴ Two thousand four hundred years later (around 600 BCE), in India, noses, which had been mutilated,⁴¹⁵ were repaired using various procedures including a cheek flap as documented in the *Sushruta Ayurveda* in Sanskrit.⁴¹⁶ Other records of nasal surgery were documented in Greek, Roman, Middle Ages and Renaissance writings in regard to repairing acute injuries. The use of flaps of skin seen first in India appeared again in the fifteenth-century, as arm flap reconstruction of the nose was developed by the Brancas in Sicily.⁴¹⁷ This method paved the way for the early techniques that were developed by Gasparé Tagliacozzi, a professor of surgery at the University of Bologna, who evolved this procedure according to his classic work *De Curtorum Chirurgia per Insitionem*, published in 1597. Tagliacozzi, considered to be the ‘father’ of cosmetic surgery, developed a way to replace the missing nose.⁴¹⁸ This rhinoplasty technique involved using flaps of skin from the arms, the forehead or the cheeks; essentially, this process involved cutting a nose shape from a flap of skin and constructing a nose.⁴¹⁹ A

⁴¹⁴ I. Eisenberg, “A History of Rhinoplasty,” *South African Medical Journal/Suid-Afrikaanse Tydskrif vir Geneeskunde* 62, no. 9 (1982): 286-292.

⁴¹⁵ There was a practice in India to cut off nose tips as a form of punishment. It was apparently quite common that wives and young girls received this punishment for infidelity or amorous transgressions. Albert P. Seltzer, “History of Plastic Surgery,” *The Laryngoscope* 51, no. 3 (1941): 256.

⁴¹⁶ Peter A. Adamson, “Rhinoplasty-Our Past,” *Facial Plastic Surgery* 5, no. 2 (1988): 93.

⁴¹⁷ Whitaker et al., “The Birth of Plastic Surgery: The Story of Nasal Reconstruction from the Edwin Smith Papyrus to the Twenty-First Century,” *Plastic and Reconstructive Surgery* 120 (2007): 327-336.

⁴¹⁸ Sander L. Gilman, *Health and Illness: Images of Difference* (London: Reaktion Books, 1995), 74.

⁴¹⁹ Frank McDowell, “History of Rhinoplasty,” in *The Creation of Aesthetic Plastic Surgery* (Berlin: Springer, 1978).

statue was erected after Tagliacozzi's death with him holding a nose to pay homage to his success in reconstructing deformed specimens, usually as a result of syphilis and sword/knife conflicts.⁴²⁰ Similar methods to those used in India in 600 BCE were adopted in 1794 using a forehead flap nasal reconstruction. Evidence suggests that this procedure was performed by an English surgeon, a Mr Lucas, in Madras.⁴²¹ These techniques were recognised in Europe and the use of cheek and forehead flaps were deployed in nose reconstruction with the term "rhinoplasty" being first used by the German surgeon von Graefe in 1818.⁴²² This historical evolution illustrates how rhinoplasty originated from a medical perspective, rather than an aesthetic one.

Syphilis and the nose

Treating illness intersected with morality, specifically through performing rhinoplasty on the syphilitic nose during the 1900s. It is worth turning our attention briefly to syphilis for two reasons. Firstly, the disease is closely connected to the nose as it could be passed on to one's children, thus causing a congenital deformity of the nose to the extent that it could be sunken or even completely missing.⁴²³ Secondly, the disease spread widely across Europe from the sixteenth-century, although it had been around possibly as far back as 15000 BCE.⁴²⁴ Like other sexually transmitted diseases, syphilis was stigmatised, and its markers, such as a missing nose, were "supposed to mark the immoral, unclean, and polluted."⁴²⁵ During the nineteenth century rhinoplasty became connected with morality when the practice evolved far enough that it could be performed on the syphilitic nose. Gilman shows us that by the late 19th century these methods could be carried out on healthy individuals, arguing that the erasure of traces of the immorality that linked rhinoplasty to the syphilitic nose suggests a shift in the way the traditional medical profession viewed the practice. This shows the shift in rhinoplasty surgery away from purely medical purposes and that the correction of the syphilitic nose had moral value.

⁴²⁰ Eisenberg, "A History of Rhinoplasty," 286-292.

⁴²¹ McDowell, "History of Rhinoplasty," 87.

⁴²² Eisenberg, "A History of Rhinoplasty," 286-292.

⁴²³ Sander L. Gilman, *Making the Body Beautiful: A Cultural History of Aesthetic Surgery* (Princeton, NJ: Princeton University Press, 2000), 49.

⁴²⁴ Ion Sarbu et al., "Brief History of Syphilis," *Journal of Medicine and Life* 7, no. 1 (2014): 4.

⁴²⁵ Sander L. Gilman, *Creating Beauty to Cure the Soul: Race and Psychology in the Shaping of Aesthetic Surgery* (Durham, NC: Duke University Press, 1998), 49.

Ethics and aesthetic rhinoplasty

Aesthetic rhinoplasty was introduced in the late 19th century⁴²⁶ and was by no means without controversy as it was not seen by the traditional medical profession as valid to improve a person's appearance without addressing an illness or injury. The earlier words of the cosmetic surgeon Gaspare Tagliacozzi, who discussed rhinoplasty in relation to the ethics of the practice of medicine, helps us to understand this position:

We bring back, refashion and restore to wholeness the features which nature gave but chance destroyed, not that they may charm the eye but that they may be an advantage to the living soul, not as a mean artifice but as an alleviation of illness, not as becomes charlatans but as becomes good physicians and followers of the great Hippocrates. For although the original beauty of the face is indeed restored, yet this is only accidental and the end for which the physician is working is that the feature should fulfil their offices according to nature's decree.⁴²⁷

Tagliacozzi defends the practice as clearly having the objective of “alleviat[ing] illness,” thus restoring health and not beauty, but there is a key point that is not addressed in his statement, namely the psychological benefits of rhinoplasty. This did not appear until the early twentieth century when psychology emerged as a human science and exerted influence over cosmetic surgery.⁴²⁸ The cultural historian Sander L. Gilman explores the idea of the missing nose in order to pinpoint the appearance of the problem of reconstructive surgery versus aesthetic surgery: “It is clear that anyone without a nose will be unhappy, and the reconstruction of the nose will make him or her happier and therefore healthier”.⁴²⁹ Indeed, some people believe that the same argument would apply to anyone who has a nose they are not happy with. The introduction of psychological health into the benefits of cosmetic surgery was adopted by cosmetic surgeons in the early twentieth century in Europe and the United States, thus validating the practice of aesthetic surgery through its restoration of mental health while paving the way to performing it on people who were unhappy about their appearance.

⁴²⁶ Pierre Sebastien Nguyen and Ricardo Francesco Mazzola, “History of Aesthetic Rhinoplasty” (paper presented at the Annales de chirurgie plastique et esthetique, 2014).

⁴²⁷ Translation from Gaspare Tagliacozzi, “De Curtorum Chirurgia Per Insitionem.-Venice, Gaspare Bindoni, 1597,” in Martha Teach Gnudi, Jerome Pierce Webster, and Arturo Castiglioni (eds.), *The Life and Times of Gaspare Tagliacozzi, Surgeon of Bologna, 1545-1599* (Birmingham, AL: Classics of Surgery Library, 1950).

⁴²⁸ Edmonds and Leem, “Making Faces Racial,” 1-19.

⁴²⁹ Sander L. Gilman, *Health and illness: Images of difference* (London: Reaktion Books, 1995).

The nose as aesthetics of race

The linking of the restoration of psychological health with cosmetic surgery took place during the early twentieth century, when there was a shift in ethics in the profession, and permission was granted to cosmetic surgeons to perform procedures on people who did not like how they looked.⁴³⁰ This ethical shift coincided with the acceleration of modernisation in the United States in many areas, including, for example, advances in technology and medical science, including rhinoplasty. The inception of aesthetic rhinoplasty as it is known today in the United States took place before it reached other modernising countries. For example, aesthetic rhinoplasty became popular among people working in the entertainment industry in the US, many of whom were Black or recent immigrants, such as Jews or Italians. They often had noses that were not in line with the dominant standard of beauty and were symbols of otherness.⁴³¹ This dominant standard of beauty was explored in Chapter 3, helping us to understand why people wanted to change their noses, namely to be seen as more beautiful. This connection between beauty and race needs to be explored here, as well as how the nose encompasses both.

Gilman states that race, the nose, and beauty are very closely linked, while highlighting how dominant scientific discourses in the nineteenth century connected how beautiful a nose was to racial hierarchies. Furthermore, the scale by which beauty was measured demonstrated what scientists believed at that time, namely that beauty itself was exemplified by the nose.⁴³² This scale saw Black and Jewish noses being seen in the nineteenth century as reflecting their respective racial primitivism. Petrus Camper's mid-eighteenth century facial angle theory reflects the scaling of beauty according to racial features. Furthermore, his work distinguished the races of human species from the ape.⁴³³ His measurements of facial angles did not set out to assign a beauty value dependent on a person's racial appearance, according

⁴³⁰ Roy Goldblatt, "As Plain as the Nose on Your Face: The Nose as the Organ of Othering," *Amerikastudien/American Studies* 48 (2003): 563-576.

⁴³¹ Frances C. Macgregor, "Social and Cultural Components in the Motivations of Persons Seeking Plastic Surgery of the Nose," *Journal of Health and Social Behavior* 8, no. 2 (1967): 125-135.

⁴³² Gilman, *Making the Body Beautiful*, 55.

⁴³³ Gilman, *Making the Body Beautiful*, 85.

to Miriam Claude Meijer,⁴³⁴ however, this was the outcome. An extract from Camper's work connects colonial ideas of beauty to race through scientific discourse:

... that the growth of the nasal-bone... gradually communicates a pleasing form to the nose, and in some persons renders the whole countenance graceful. Negroes and Asiatics are destitute of this grace, and the Greeks have omitted it. In Ancient Greek antiques the nose was a vertical continuation of the forehead. The even further extension of the nose in antiques to 100 degrees made the crown of their heads more elevated and the back of their heads smaller.⁴³⁵

Gilman traces a link through Camper's work to show how this pseudo-scientific argument influenced anatomists and philosophers, such as his son-in-law, Theodor Soemmering, who extrapolated Camper's work to create a hierarchy of race.⁴³⁶ Indeed, Camper's work illustrates the trajectory of cultural ideas flowing through science and the authority carried through a positivist lens to then flow back into culture as truths. This starkly racist scientific discourse offers an insight into the way science became fused with race. These ideas sat alongside other pseudo-scientific race theories that went as far as measuring cranial capabilities to "prove" Aryan racial superiority.⁴³⁷

This racist discourse became embedded the end of the nineteenth and start of the twentieth century. There was substantial socioeconomic flux with immigration from Europe and the integration of former slave populations into the white dominated societies of the US and Latin America. As discussed in Chapter 2, in Brazil, the notion of white superiority was promoted through raciological discourses which also drew on the fact the race/class-based reality that Black and other Black groups had less social and economic capital. Scientific "facts" reinforced cultural standards. Raimundo Nina Rodrigues, the founder of Afro-Brazilian studies, embraced scientific race theories from Europe and carried out studies on race and behaviour, specifically related to the Black population, analysing skulls of Black people to determine criminal tendencies, applying Lombrosian theory.⁴³⁸ This racial discourse in science underpinned the narrative of the dominant white group who looked to

⁴³⁴ Miriam Claude Meijer, *Race and Aesthetics in the Anthropology of Petrus Camper (1722-1789)*, vol. 4 (Amsterdam: Rodopi, 1999).

⁴³⁵ Meijer, *Race and Aesthetics*, 99.

⁴³⁶ Gilman, *Making the Body Beautiful*, 87.

⁴³⁷ Thomas E. Skidmore, "Racial Ideas and Social Policy in Brazil, 1870-1940," in Richard Graham (ed.), *The Idea of Race in Latin America, 1870-1940* (Austin, TX: University of Texas Press, 1990), 7-36, 10.

⁴³⁸ Skidmore, "Racial Ideas," 11.

maintain colonial dominance. They did this through establishing standards within a European framework of tastes as part of the drive for modernity that favoured white people, such as body shape ideals, which connected slenderness to beauty and larger frames to ugliness.⁴³⁹ The correlation between race and beauty through scientific ‘evidence’ gained validation, as the two became intertwined, resulting in the legitimisation of racist ideas.

The Black nose and rhinoplasty

This racialised discourse and the ideas of beauty from Europe were embraced within the emerging field of rhinoplasty. Moving on, I look at how this field has taken for granted the racialisation of certain concepts and hierarchies, which are embedded in the language that runs through it. Within the rhinoplasty surgery field, the terms “*nariz caucasiano*” (caucasian nose) and “*nariz negroide*” (negroid nose) are the most commonly used terms in Brazil. The term *nariz negroide* comes from the medical profession and is commonly used on social media forums by both rhinoplasty surgeons advertising their services and women seeking rhinoplasty surgery. The term refers to a nose which is common among people with African ancestry. As Brazil is highly miscegenated, this nose is a common feature. However, on social media groups and among the women I interviewed, this type of nose was also seen as undesirable and needing to be changed. The terms *nariz negroide* and *nariz caucasiano* are found in medical textbooks used in training cosmetic surgeons to perform rhinoplasty. Different types of noses, broadly slotting into racially shaped categories, require different surgical techniques. These terms are then used by surgeons to describe the type of nose a patient has in order to formulate a plan for the surgery.

Of the many textbooks and articles written on rhinoplasty aimed at cosmetic surgeons and rhinoplasty specialists, I will focus on one written for the general cosmetic surgeon, *Mastering Rhinoplasty*,⁴⁴⁰ as a way of taking them through the various levels of rhinoplasty surgery. According to the authors, 95% of rhinoplasty articles and lectures deal with the least common 5% of noses, yet many surgeons do not want to do these difficult noses. The basic rhinoplasty operation is designed to allow the surgeon to do surgery for 95% of primary patients seen by a surgeon in the private practice of aesthetic surgery.⁴⁴¹ The authors state

⁴³⁹ Sabrina Strings, *Fearing the Black Body: The Racial Origins of Fat Phobia* (New York: NYU Press, 2019).

⁴⁴⁰ Daniel, *Mastering Rhinoplasty*, 2.

⁴⁴¹ Daniel, *Mastering Rhinoplasty*, 13.

they set out to offer surgeons the opportunity to “master a fundamental rhinoplasty operation that can be adapted to a wide range of primary nasal deformities,” going on to remark that, “Instead of writing an encyclopedic text of the various nasal procedures, this Atlas will emphasise a fundamental rhinoplasty operation and its application to a wide range of patients with various levels of difficulty progressing from minor (Level 1) to moderate (Level 2), to major (Level 3) deformities”.⁴⁴²

The use of the word “deformities” here is critical as the scale of deformities is racialised. In Daniel’s textbook he uses images of women from different ethnic backgrounds to show the increasing difficulty of rhinoplasty procedures. The following examples of the levels of rhinoplasty illustrate how the language is used pejoratively in relation to surgical procedures in connection with the images. Daniel describes the first level as a “nasal deformity with the triad of a bump on profile, an unrefined tip and a wide nose.” To illustrate this type of nose, they show a white woman with light coloured eyes and blonde hair. They observe that “many women will state that their nose is too masculine and request a more feminine one. All too often, it really is daddy’s nose on the daughter”.⁴⁴³ This gendered tone is then continued to describe the Level 2 patient, stating that such a patient “has a greater degree of complexity as compared to the Level 1 patient...”. They show four “before and after” photographs, two face on and two in profile, this time using a light-skinned Asian woman. They go on to remark that “any improvement in the tip must be achieved despite an unfavourable skin sleeve and weak alar cartilages.” The greatest level of difficulty, Level 3, is illustrated by a darker-skinned Asian woman and states that “these are not subtle finesse cases”. No faces that would be recognisable as having any traces of what were designated as African features appear at all. These racialised descriptions of the nose are frequently supported with measurements and visual representations of noses in cosmetic surgery journals showing faces from different ethnic backgrounds. However, when I asked about racialised terminology in relation to rhinoplasty practice during interviews with rhinoplasty surgeons, they consistently answered that they were merely medical terms to describe the physicality of a patient’s nose. In several interviews, the surgeons cited the example of Brazilian miscegenation as an explanation for any lack of any offense connected to these terms. This apparent racial blindness of surgeons to the terminology does not downplay the racial hierarchies, it merely reinforces them as they go unnoticed.

⁴⁴² Daniel, *Mastering Rhinoplasty*, 1.

⁴⁴³ Daniel, *Mastering Rhinoplasty*, 5.

The blatant racial hierarchisation sets the standard for rhinoplasty surgeons to create a European looking nose, and the practice for rhinoplasty and its implementation affects the entire process of rhinoplasty from consultation to operation and the outcome. Rhinoplasty discourse has evolved to position the *nariz negroide* as othered (always in relation to the European nose), undesirable and problematic, lacking relative to the ideal (Caucasian) nose, thus suggesting that the *nariz negroide* is lacking and needing fixing.

In 1913, Schultz characterized the typical ‘Black nose’ as broad and flattened, frequently lacking in dorsal projection in relation to rhinoplasty practice. The tip was described as flat and round, with flared alae and an obtuse alar dome angle. A number of authors, including Matory and Falces, have commented on the predilection for non-Caucasians to have thick nasal skin with a large amount of subcutaneous tissue.⁴⁴⁴ The way in which it is “fixed” is discussed as follows. Rhinoplasty for the *nariz negroide* usually aims to: 1) narrow the nose from the frontal view; 2) remodel the tip and alae; and 3) correct the profile, which may require adding height to the profile line.⁴⁴⁵ In practice, the rhinoplasty operation on this type of nose is more invasive than on a *nariz caucasiano* as it frequently involves removing cartilage from the rib cage to construct the height of the nose. A *nariz caucasiano* typically already has this structure.

Many surgeons do not like to perform surgery on the *nariz negroide*. Among the surgeons I interviewed, only two of the twelve regularly operated on the *nariz negroide*. For example, one surgeon described the *nariz negroide* as being like an “edredom” (eiderdown), thick and difficult to create structure from, while the *nariz caucasiano* was a “lençol de seda” (silk sheet), easily malleable and fine, usually already has a structure to work around. Edmonds’ observation of a rhinoplasty surgery records a remark from a surgeon he observed, who stated regarding a patient he was about to operate on, “It’s a very negroid nose, it’s her type”. A second doctor observed “her nose is very ugly. There’s not much we can do; not even

⁴⁴⁴ Thomas Romo Iii and Manoj T. Abraham, “The Ethnic Nose,” *Facial Plastic Surgery* 19, no. 3 (2003): 269-278.

⁴⁴⁵ Thomas D. Rees, “Nasal Plastic Surgery in the Negro,” *Plastic and Reconstructive Surgery* 43, no. 1 (1969): 13-18.

Pitanguy⁴⁴⁶ could make that a pretty nose. It's not going to be a well-defined nose. But we can do something, and it bothers her a lot so I think there's an indication."⁴⁴⁷

The difficulty of this operation and achieving a satisfactory outcome (i.e. a satisfied patient) is often cited as the reason for a surgeon's unwillingness to perform it on a woman with a *nariz negroide*. This reluctance reflects the influence of the racialised class structure of society, which led to techniques being developed by white privileged people for the wealthiest people in society, i.e. those with the least *nariz negroide*.

Rhinoplasty: Changing race?

I pointed out in the chapter introduction that a raciologised rhinoplasty in Brazil reflects European beauty aesthetics applied to faces deemed to be non-European, which runs alongside Edmond's suggestion that cosmetic surgery in Brazil is consumed on the basis of longstanding discourses of conviviality. This is the moment where a racialised understanding of a European beauty encounters an audience imbued with a *mestiçagem*-informed understanding of beauty construction, one which is not necessarily reproducing or mimicking the same raciological assumptions. This type of surgery is often met with resistance from surgeons and Jarrín has observed that "plastic surgeons assume Caucasian facial features are ideal, but usually they are careful to point out that they do not seek to whiten patients...". I found in my research that surgeons said that they would decline to operate on patients who wanted to "change race".⁴⁴⁸ They use a discourse that connects to racial consciousness that appears to valorise Blackness. However, the Blackness that the surgeons are choosing to valorise, i.e. the appearance of the nose, has low aesthetic value in Brazil, and, furthermore, may not be an indication of the patient's chosen cultural identity, and even less likely that the woman has even mentioned race in her consultation. I argue that this could be considered to be a false racial consciousness as, ironically, the discourse of *mestiçagem* shapes the way in which the surgeons are unable to see the devalorisation of the *nariz negroide*. While they see Caucasian noses as beautiful despite, as Jarrín puts it, "portraying it as a common characteristic of the 'Brazilian race,' [...] interpret[ing] the *nariz negroide* not as an aspect of

⁴⁴⁶ Ivo Pitanguy was a leading Brazilian cosmetic surgeon. Surajit Bhattacharya, "Dr. Ivo Pitanguy: Strived for a 'Human Right to Beauty,'" *Indian Journal of Plastic Surgery: Official Publication of the Association of Plastic Surgeons of India* 49, no. 3 (2016): 300.

⁴⁴⁷ Edmonds, *Pretty Modern*, 144.

⁴⁴⁸ Jarrín, *Biopolitics of Beauty*, 138.

hybrid beauty but as a distortion that darkened and diminished Bianca's face unnecessarily."⁴⁴⁹ However, the surgeons seem unable to see the suffering, exclusion and inequalities experienced by the women because of the *nariz negroide*. As a result of the potency of *mestiçagem*, women can experience ongoing suffering and denial of beauty because of a decision made by (usually) white male surgeons for whom it may not have been in their interest to operate on these women because of the inadequacy of existing technical skills, and the mismatch between the hegemonic nose and the notion of harmony as part of the beauty ideal. I suggest that their obliviousness to the subaltern status of the women is reinforced by *mestiçagem* and enables the use of the discourse of racial consciousness to be used as an excuse not to operate with no negative consequences for the surgeons, i.e. they did not have to deal with any adverse outcomes from surgery. Meanwhile, the agency of the women is dismissed as unimportant, leaving them doubly excluded, both from the standard of beauty and the agency to achieve their version and construction of beauty.

Having discussed the framework for the interconnections between race and the nose and rhinoplasty as well as problematising *nariz negroides* as problems to be fixed, the implementation of rhinoplasty surgery in the twentieth century was not without its ethical challenges. As seen so far, the notion of the understanding of the hegemonic nose can be very rigid, which means that in, order to be beautiful, there is very little flexibility in what that nose looks like. This commodified notion of a beautiful nose is reinforced through the practice of rhinoplasty. So, if a person with a *nariz negroide* wants rhinoplasty surgery, they are likely to be looking for a nose that is in line with the commodified beautiful (white) nose, and as a result their racial appearance would potentially change. This action of undergoing surgery which results in altering a person's racial appearance is detailed in Chapter 6 as raising ethical issues for some of the rhinoplasty surgeons I interviewed, at least by their own accounts. In practice this leads to a rhinoplasty surgeon calling into question either the decision to have rhinoplasty or the type of nose a patient might want to have. In sum, the objective of having rhinoplasty on a *nariz negroide* is to achieve more beauty but the question is whether this means erasing or altering features ascribed with raciological traits:

It is sometimes thought that the Negro who seeks rhinoplasty is attempting, symbolically at least, to deny his heritage. While this may be occasionally true, the author's experience indicates that most Negroes who desire this operation simply

⁴⁴⁹ Jarrín, *Biopolitics of Beauty*, 146.

wish to obtain a measure of improvement in personal appearance. They want a nose that is smaller, more symmetrical and pleasing in three-dimensional contour—a desire shared by patients in all racial groups who request rhinoplasty.⁴⁵⁰

What does the above quote from a cosmetic surgery journal mean about someone wanting to change their *nariz negroide* is attempting “symbolically at least, to deny his heritage”? On the one hand, this statement identifies that a person who wants to have rhinoplasty is also likely to want a nose in line with what is assumed as reflecting European and not African heritage. In her study on rhinoplasty in Venezuela, Lauren Gulbas’s interviews revealed that of those women who described themselves as white or brown, 16% of them wanted to change their noses. The corresponding figure for Black women was 50%.⁴⁵¹ Gulbas’s research found that her respondents’ motivations were connected to wanting to fit in and to alleviate negative self-esteem connected to teasing. On the other hand, changing one’s nose does not have anything to do with wanting to be white,⁴⁵² or “denying [one’s] heritage”; instead, it has to do with erasing characteristics that are devalued and seeking something which moves away from feeling invisible or unacceptable. Edmonds takes the view that, in the Brazilian context, the idea of changing race is not a consideration because the “mixed patient does not identify with a racial group in the first place” while a desire to have rhinoplasty is borne out of a desire to beautify.⁴⁵³ I agree with Edmonds in regard to the lack of association with the nose as a raced feature but I have noted in my own research that there was a racial consciousness among some women who identified as Black but that there was still a disconnect between them altering this feature and any sense that they were invalidating their Blackness. This aesthetic antiracist discourse could be seen, as Shirley Anne Tate suggests, as a “polemic which is not interested in recognising Black women as subjects with a right to speak and act but seeks to silence women with the charge of ‘Eurocentrism’, ‘psychic damage’ and ‘white wannabe’.”⁴⁵⁴ In the Brazilian context, this seems to be to do with the coexistence of *mestiçagem*, whitening, and a racial consciousness as three separate discourses that interact, overlap, albeit contradicting one another. The implications of this seem to be that the status

⁴⁵⁰ Rees, “Nasal Plastic surgery in the Negro,” *Plastic and Reconstructive Surgery* 43, no. 1, 1969, 13-18.

⁴⁵¹ Lauren Gulbas, “Embodying Racism: Race, Rhinoplasty, and Self-Esteem in Venezuela,” *Qualitative Health Research* 23, no. 3 (2013): 326-335.

⁴⁵² Hunter, *Race, Gender and the Politics of Skin Tone*, 63.

⁴⁵³ Edmonds, *Pretty Modern*, 146.

⁴⁵⁴ This citation relates to Tate’s discussion of Lil’ Kim, an American rapper and reality television personality, Tate, *Black Beauty*, 139.

quo is maintained in the process of rhinoplasty whereby standards of beauty which are subject to racial hierarchies do not change.

In his study on cosmetic surgery in Brazil, Alvaro Jarrín discusses the nose and race briefly. Jarrín refers to one of his respondents whose daughter had a *nariz negroide*; he notes that neither the mother or daughter identified as Black, and were *morena* (brown skinned) but the nose was not beautiful and “the right nose would provide her with better opportunities for the future”.⁴⁵⁵ This example illustrates what Claudia Liebelt refers to as “aesthetic citizenship” whereby beauty projects are used as a way to achieve social mobility.⁴⁵⁶ This idea of undesirability is very significant as it helps to understand why someone may wish to change their appearance. In relation to the Jewish nose, for example, “it was tied to Jewish duplicity and its sharpness”.⁴⁵⁷ With regard to the Black nose, the idea that a criminal can be identified by their appearance was developed by Cesare Lombroso who stated that the nose “is frequently twisted, up-turned or of a flattened negroid character in thieves”.⁴⁵⁸ This idea can be traced to ideas from the eighteenth and nineteenth centuries about the primitive nature of Black and Jewish noses.⁴⁵⁹ This discourse connecting Black racialised appearance to criminality pervades contemporary life. An old joke in Rio de Janeiro is “When two whites pass me running, I think there go two athletes training: when two Negroes pass me running, I know at once – they are fleeing from the police”.⁴⁶⁰ This joke holds true decades later, in an era where police brutality against Black youths is very high and unparalleled compared to the treatment of white youths. Exclusion takes place in less obvious ways such as the existence of all white spaces in Brazil such as shopping malls, where Black people feel uncomfortable and are treated as criminals. The above examples offer all but the briefest of insights as to the level of exclusion that pervades Brazilian society as well as the exclusion Black Brazilians encounter in their everyday lives.

⁴⁵⁵ Jarrín, *The Biopolitics of Beauty*, 146-7.

⁴⁵⁶ Claudia Liebelt, "Aesthetic Citizenship in Istanbul: on manufacturing beauty and negotiating belonging through the body in urban Turkey." 2019 Oct 3;23(7):686-702.

⁴⁵⁷ Goldblatt, “As Plain as the Nose on Your Face.”

⁴⁵⁸ Cesare Lombroso, “Criminal Law, Criminology, and Police Science,” *The Journal of Criminal Law, Criminology, and Police Science* 52, no. 4 (1961): 361-391.

⁴⁵⁹ Gilman, *Making the Body Beautiful*, 84.

⁴⁶⁰ Luiz Aguiar de Costa Pinto, “O negro no Rio de Janeiro: relações de raças numa sociedade em mudança,” *Brasíliana* (1953): 166.

Consumption of cosmetic surgery in Brazil

As discussed in Chapter 2, based on the interview material, the consumption of rhinoplasty among women with a *nariz negroide* in Brazil has become increasingly popular. However, while there is increasing demand for this surgery, this same demand is not being met satisfactorily. This is discussed in detail in Chapters 5 and 6 from the perspectives of both women seeking rhinoplasty and surgeons respectively. I will look at the consumption of cosmetic surgery in Brazil in order to put this in context. In this section, I start by discussing cosmetic surgery in general, as it gives a sense of the context in which rhinoplasty exists. Trends in consumer behaviour show the connection between rhinoplasty and wider cosmetic practices, and it is typical, according to my interviews, that women who have rhinoplasty have other surgical procedures, such as breast implants. Cosmetic surgery is very popular in Brazil; the country is the second largest consumer of this procedure globally and has the highest per capita consumption; cosmetic surgical procedures in Brazil increased by 64.8 per cent from 2011 to 2013. Consumer credit is available for those people who cannot pay in full at once for their surgery and has contributed to the accessibility of cosmetic surgery for less affluent women.⁴⁶¹ In 2008 a total of 88 per cent of people undergoing cosmetic surgery procedures were women and 72 per cent of the overall total were aged between 19-50.⁴⁶² Table 3 shows significant growth between 2011 and 2018 in Brazil and worldwide. The US is also shown as it is the largest consumer of cosmetic surgery.

⁴⁶¹ Adriana Brasileiro, "Brazil's Ban on Doctor-Lender Ties May Nip Plastic Surgery Boom," Bloomberg, <http://www.bloomberg.com/apps/news?pid=newsarchive&sid=aZkXTF.sbA50>.

⁴⁶² Sociedade Brasileira de Cirurgia Plástica, "Cirurgia Plástica No Brasil," <http://www.slideshare.net/senhorfisico/pesquisadafolhasbcp?type=powerpoint>.
<http://www.slideshare.net/senhorfisico/pesquisadafolhasbcp?type=powerpoint>

Table 3. Number of cosmetic surgical procedures performed⁴⁶³

	Worldwide	US	Brazil
2018	10,607,227	1,492,383	1,498,327
2011	6,371,070	1,094,146	905,124

During an interview for a Channel 4 documentary with Dr Pitanguy, a renowned Brazilian cosmetic surgeon, he referred to a cosmetic surgeon as “a psychologist with a knife in the hand”, stating that everyone has a “right to beauty”.⁴⁶⁴ Historically, Professor Ivo Pitanguy was at the forefront of bringing cosmetic surgery, and surgeons as they are seen today into the Brazilian imaginary. Pitanguy was associated with the profession until his death in 2016. His acclaim in Brazil reached beyond his rich or famous clientele. He was a pioneer in cosmetic surgery, extending its availability by offering free treatment one day a week to those who could not afford cosmetic surgery. It is hard to find a text written about cosmetic surgery in Brazil that does not refer to him and this extends to conversations with rhinoplasty surgeons; all of those I interviewed explained either their connection or lack of connection to him. Pitanguy’s motto was “the poor have the right to beauty”. This idea stems from his benevolent treatment of burn victims after a huge fire in Rio in 1961, in which as many as 500 people died;⁴⁶⁵ many of the remaining attendees suffered serious burns and Pitanguy led a team who treated them both at the scene⁴⁶⁶ and later using reconstructive surgery.⁴⁶⁷ His reputation grew on the back of this event, extending the idea of suffering physically to emotional pain linked to appearance concerns.

⁴⁶³ This table relates to surgical procedures which include: Breast Augmentation, Liposuction, Eyelid Surgery, Abdominoplasty, Rhinoplasty, Breast Lift, Fat Grafting (face), Breast Reduction, Facelift, Buttock Augmentation (implants and fat transfer), Gynecomastia, Ear Surgery, Neck Lift, Brow Lift, Upper Arm Lift, Labiaplasty (excluding vaginal rejuvenation), Facial Bone Contouring, Thigh Lift, Lower Body Lift, 8 Buttock Lift. International Society of Aesthetic Plastic Surgery, “Isaps International Survey on Aesthetic/Cosmetic Procedures Performed in 2018,” <https://www.isaps.org/wp-content/uploads/2020/10/ISAPS-Global-Survey-Results-2018-1.pdf>.

⁴⁶⁴ Suemay Oram (dir.), *Making Brazil Beautiful, Unreported World* (Channel 4, broadcast 31 May 2013).

⁴⁶⁵ <https://www.thepmfajournal.com/features/features/post/plastic-surgery-founding-father-ivo-pitanguy-on-life-learning-and-legends-remembering-a-giant>

⁴⁶⁶ Paulo Knauss, “A cidade como sentimento: história e memória de um acontecimento na sociedade contemporânea-o incêndio do Gran Circus Norte-Americano em Niterói, 1961,” *Revista Brasileira de História* 27(53): (2007): 25-54.

⁴⁶⁷ I. Pitanguy and R. Sinder, “Treatment of patients burned in the catastrophe of the Great North American Circus,” *Revista brasileira de cirurgia* 48 (1964).

Pitanguy spread his ethos through setting up in 1960 a Residency Training Programme in Cosmetic surgery and the Ivo Pitanguy Clinic at the 38th Infirmery of the Santa Casa de Misericordia General Hospital in Botafogo, Rio de Janeiro.⁴⁶⁸ Trainee surgeons performed surgery on poor people who either received free or heavily subsidised treatment. As Pitanguy's reputation as the healer of poverty and ugliness grew during the late twentieth century, the popularity of cosmetic surgery increased, and the cosmetic surgeon came to be seen as a figure with the ability to transform individuals' lives and fortunes. His name remained synonymous with cosmetic surgery in Brazil and he was mentioned in almost all the interviews and informal conversations I had in Brazil about cosmetic surgery (ten of the twelve surgeons I interviewed had completed at least some of their training either under his supervision or at his training facility). He was considered a national hero and was even one of the bearers of the Olympic torch in the 2016 Brazilian Olympics before his death only a day later in August 2016.⁴⁶⁹

As Jarrín has observed, "Pitanguy understood clearly the need among Brazilians of low income to make a claim to citizenship through beauty."⁴⁷⁰ He was able to set up the first publicly funded cosmetic surgery service for patients in a public teaching hospital, Santa Casa de Misericordia in the Botafogo district of Rio de Janeiro. This service has been extended across the country to many hospitals, thereby allowing trainee cosmetic surgeons to gain experience by conducting surgery on low-income earners. It has allowed the training of new surgeons to take place and contributed to innovation in Brazilian cosmetic surgery practices while satisfying the desires of those women wishing to undertake cosmetic surgery.⁴⁷¹

The anthropologist Alexander Edmonds was first drawn to examine cosmetic surgery in Brazil because of Ivo Pitanguy's phrase, "the poor have the right to beauty". Edmonds suggests that physical beauty carries with it a form of power, a promise of social mobility that, if made accessible for everyone ready to subject themselves to the demands of the

⁴⁶⁸ Horacio F. Mayer, "Post-graduate training in plastic surgery at the department of Professor Ivo Pitanguy: A report," *International Surgery* 88.1 (2003).

⁴⁶⁹ Alexandra Condé-Green, "Ivo Pitanguy, M.D., 1923 to 2016: A Plastic Surgery Legend, Leaving a Legacy for Generations to Come", *Plastic and Reconstructive Surgery* 139.3 (2017), <https://doi.org/10.1097/prs.0000000000003115>, https://journals.lww.com/plasreconsurg/Fulltext/2017/03000/Ivo_Pitanguy,_M_D_,_1923_to_2016___A_Plasti.c.57.aspx.

⁴⁷⁰ Jarrín, "Cosmetic Citizenship".

⁴⁷¹ Jarrín, "Cosmetic Citizenship."

market, may be seen as challenging established power hierarchies linked to class. There is an implication here that beauty can, to some extent, subvert existing class structures through the capital afforded by aesthetic changes.⁴⁷² Indeed, Pitanguy's aim to make cosmetic surgery widely available has come to pass, not only through his provision of low cost surgery but also given the increase of Brazil's economic fortunes in the early 2000s, as discussed in Chapter 2. This availability enables the promise of inclusion through beauty enhancement for more people who possibly felt excluded as they did not have the 'right' physical attributes. However, what underlies their desire to have cosmetic surgery? Edmonds argues that the increase in cosmetic surgery procedures in Brazil is linked to consumption and a desire for a certain commodified beauty as an ideal. However, not all body parts are equal in terms of the impact they have. For example, commodified female facial beauty is widely recognized in Brazilian society as white whereas Black facial features are, in the main, valued as less beautiful, which is widely evident in the media. Over fifty per cent of Brazil's population is Black but across mainstream media beauty is typically represented using visual images of white women with Caucasian features, rendering Black women virtually invisible.⁴⁷³ Raciological discourses permeate media and advertising, a context in which beauty is often represented as white.

Class structures still exist that are impenetrable or provide conditional entry criteria intertwined with race and gender. Race, class and gender are of particular significance in Brazil due to the country's complex racial hierarchies which reflects deep racial divisions alongside profound economic divides between rich and poor and between men and women. Racial inequalities prevail at a socioeconomic level within the country, but they are commonly disputed as being associated with racism but with class given Brazil's supposedly racially blind society, as discussed in Chapter 2. This reinforces the problem of identifying racial inequalities as they are buried within a discourse that implies racism does not exist.

Furthermore, the idea of beauty has a very strong influence in Brazil and the country has a reputation for its beautiful women both internationally and domestically. Ivo Pitanguy's idea that "everyone has the right to beauty" is reinforced by the notion of "the medicalisation of ugliness" in Brazil. Pitanguy equated the idea of beauty with the right to be normal. I heard the term "*a medicalização de feiura*" (the medicalisation of ugliness) used by a cosmetic surgeon who was explaining the culture of beauty in Brazil, which is also discussed by

⁴⁷² Edmonds, "The Poor Have the Right to be Beautiful" 363-81.

⁴⁷³ Sovik, "We are family," 315-325.

Jarrín.⁴⁷⁴ After hearing this term, I was aware that people I spoke to about cosmetic surgery treated beauty in a specific way, namely that it was their right, their responsibility, and they felt a sense of shame if they did not possess it or at the very least they should pursue it relentlessly. Cosmetic surgery has become an increasingly popular way of achieving this desired beauty.

Henderson-King and Henderson-King developed the “Acceptance of Cosmetic Surgery Scale”.⁴⁷⁵ They conducted a study among 1288 adults⁴⁷⁶ in the United States to understand attitudes towards cosmetic surgery by analysing numerous criteria. Significant for this thesis, their research found that two critical influences are the way the media represents beauty and, in terms of a given participant’s negative perception of her attractiveness, the more dissatisfied an individual is with her appearance, the more positive her attitude is towards cosmetic surgery.⁴⁷⁷ Their findings concurred with qualitative research and theory that indicated their wish to meet social expectations of beauty.⁴⁷⁸ A further study, conducted in 2010 applied the Acceptance of Cosmetic Surgery Scale to Brazilian adults, studying 311 participants.⁴⁷⁹ The results of this research revealed that participants who had lower general self/body appreciation were more likely to have a high acceptance of cosmetic surgery.⁴⁸⁰ An example of the acceptance of cosmetic surgery is illustrated in my research; I interviewed ten women in their twenties and thirties, all of whom regularly underwent botox injections in their foreheads. They said that they undertook this as a medical procedure, specifically as a preventative measure to avoid the onset of wrinkles, the suggestion being that wrinkles were a medical condition that needed treatment. This practice typifies the medicalisation of beauty or ugliness and it appears ubiquitous in Brazil, reflecting that this idea of the right to beauty appears to flow through the Brazilian consciousness while influencing approaches to beauty practices in an attempt to eradicate what is not acceptable while achieving what is desired and normalised. For example, in relation to regular botox injections, these have become

⁴⁷⁴ Jarrín, “The Rise of the Cosmetic Nation,” 213-228.

⁴⁷⁵ Donna Henderson-King and Eaaron Henderson-King, “Acceptance of Cosmetic Surgery: Scale Development and Validation,” *Body Image* 2, no. 2 (2005): 137-149.

⁴⁷⁶ The study interviewed men and women; the findings here are based on the data from women only.

⁴⁷⁷ Henderson-King and Henderson-King, “Acceptance of Cosmetic Surgery,” 147.

⁴⁷⁸ Henderson-King and Henderson-King, “Acceptance of Cosmetic Surgery”; Sandra Lee Bartky, *Femininity and Domination: Studies in the Phenomenology of Oppression* (London: Routledge, 1990).

⁴⁷⁹ Viren Swami et al., “The Acceptance of Cosmetic Surgery Scale: Initial Examination of Its Factor Structure and Correlates among Brazilian Adults,” *Body Image* 8, no. 2 (2011): 179-185.

⁴⁸⁰ Swami et al., “Acceptance of Cosmetic Surgery Scale,” 181.

commonplace among young women. Thereby, the practice is more acceptable and normalised, and the dominant narrative includes having botox and other medical interventions as everyday practices.

However, in everyday life, hierarchies of power operate unequally according to racial hierarchies. The further a person is from the ideal of beauty, the more effort they have to put in if they want to achieve it; this effort requires economic capital, which is often less available to those who have less of it. As such, inequality is reinforced and reproduced by beauty practices. In keeping with this view of the medicalisation of ugliness, the consumption of invasive cosmetic surgery, such as rhinoplasty, is seen by many Brazilians as a means of empowerment to achieve beauty in the pursuit of their perceived right to beauty. However, the availability, quality, and, success rate of rhinoplasty surgery varies according not just to the economic means of the person consuming the surgery, but to the racialised appearance of that person.

Beauty, when it is seen as a person's right but is available unevenly, is a complex issue. Whilst it is linked to racist ideals, it is indirect, veiled in desire and aspiration, and therefore less straightforward as a means of oppression in the way that direct racism or sexism might be. One of my fieldwork respondents who ran a Facebook group "*Rinoplastia: Nariz negroide*" posted advice to her 23,000 members saying "*Não tenha medo de fugir suas raízes*" (don't be scared to escape your roots). In contrast, a cosmetic surgeon I interviewed said to me, "*as pessoas querem mudar raça pela rinoplastia*" (people want to change race through rhinoplasty), and he went on to explain that he will not do this; he will only make a face harmonious based on proportions indicated in the golden ratio. These two contrasting viewpoints show how the notion of race comes into play in the consumption of rhinoplasty and how ideas are polarised as to what is acceptable.

The way all of the above connects to my research is as follows. Firstly, I found that the wider and flatter a person's nose is (the type of nose known as the *nariz negroide*), the less easy it will be for a woman to get the nose she wants through surgery, and therefore access to social mobility or other benefits of beauty capital through consumption are determined and limited by the racialised marker of a *nariz negroide*. There is a vicious circle where ideal beauty is not possessed, is highly desired, believed to be attainable through the democratic process of consumption, but is actually out of reach and ultimately not attainable to those furthest away from the ideal. Secondly, in Brazil, cosmetic surgery is not stigmatised. Celebrities talk

openly about the surgeries they have undergone.⁴⁸¹ Celebrity worship has been a major influence on the rise in popularity of cosmetic surgery, with a focus on certain body parts indicating their commodification as beautiful as opposed to wanting to look like a certain celebrity.⁴⁸² For example, a person requests Nicole Kidman's nose but does not ask to be made to look like Nicole Kidman. It is common for a woman to ask for a particular celebrity's nose or chin when describing the result she is looking for.⁴⁸³ This shows that despite high levels of celebrity worship, the hegemonic nose as a commodified ideal beauty is more dominant. Celebrity-focused media representations constitute a critical means by which the media relies on communicating with a female audience: "The more that celebrity bodies become the site of identification, desire and imitation, the more ordinary people will turn to surgery, and the more aggressive we will become in our relationships to our own mirror images."⁴⁸⁴ However, this is problematic because the further away the appearance of a woman's natural physical nose is from the standard of beauty, the less able she will be to achieve the nose she wants due to the construction of raciologised hierarchies, particularly given how rhinoplasty has developed. With fewer surgeons to choose from alongside potential rejection by surgeons, women with a *nariz negroide* who wish to achieve beauty, which is a strong part of Brazilian culture, can often be faced with disappointment compared to their fellow citizens with Caucasian features. These issues are examined fully in the subsequent chapters.

Rhinoplasty consumption is increasing globally. In 2018, the total number of surgical procedures reached 727,000 operations worldwide, an increase of thirty per cent over five years, of which 48,000 were in the United States, 85,000 in Brazil, while the leading consumer of nose surgery was South Korea with 72,500 (in 2015, no figures available for 2018) procedures.⁴⁸⁵

⁴⁸¹ Edmonds, *Pretty Modern*, 71.

⁴⁸² Anthony Elliott, *Making the Cut: How Cosmetic Surgery is Transforming Our Lives* (London: Reaktion Books, 2008).

⁴⁸³ Anthony Elliott, "I Want to Look Like That!": Cosmetic Surgery and Celebrity Culture," *Cultural Sociology* 5, no.4 (2011): 463-477.

⁴⁸⁴ Virginia L. Blum, *Flesh Wounds: The Culture of Cosmetic Surgery* (Berkeley, CA: University of California Press, 2003).

⁴⁸⁵ ISAPS, *Isaps International Survey on Aesthetic/Cosmetic Procedures Performed in 2018* <https://www.isaps.org/wp-content/uploads/2020/10/ISAPS-Global-Survey-Results-2018-1.pdf>.

Table 4. Number of rhinoplasty procedures conducted, 2010-2018

	Brazil	United States	South Korea	Mexico	Overall worldwide
2018 ⁴⁸⁶	85,858	48,222	72,562 (2015 data) ⁴⁸⁷	41,814	726,907
2010 ⁴⁸⁸	66,970	39,104	35,350	14,284	560,854

Table 5. Number of rhinoplasty procedures per 100,000 population, 2018⁴⁸⁹

Rank	Country	Number of procedures	Population	Procedures per 100,000
1	South Korea	72,562	51,096,408	142
2	Italy	26,912	60,673,694	44
3	Colombia	20,356	47,073,000	43
4	Brazil	85,858	207,833,825	41
5	Mexico	41,814	124,777,728	34
6	Thailand	15,349	69,209,817	22
7	Germany	14,071	82,658,409	17
8	USA	48,222	325,084,758	15

⁴⁸⁶ ISAPS, <https://www.isaps.org/wp-content/uploads/2020/10/ISAPS-Global-Survey-Results-2018-1.pdf>

⁴⁸⁷ ISAPS, <https://www.isaps.org/wp-content/uploads/2020/10/ISAPS-Global-Survey-Results-2018-1.pdf>.

⁴⁸⁸ ISAPS, "Isaps International Survey on Aesthetic/Cosmetic Procedures Performed in 2010 (Revised – January 15, 2013)," <http://www.isaps.org/Media/Default/global-statistics/ISAPS-Results-Procedures-2010.pdf>; ISAPS, "Isaps International Survey on Aesthetic/Cosmetic Procedures Performed in 2010 (Revised January 15, 2013)".

⁴⁸⁹ <https://www.isaps.org/wp-content/uploads/2020/10/ISAPS-Global-Survey-Results-2018-1.pdf>

Cosmetic rhinoplasty in Brazil

In Brazil, the number of rhinoplasty procedures has increased from 67,000 to 86,000 per year during this eight-year period. While there is no data to confirm this, based on qualitative research findings which suggest an increase in demand, it is likely that the women who are undergoing this procedure are from less affluent backgrounds than previously the case. Once the privilege of wealthy Brazilians until the late 1980s, an increasing number of lower-middle class women are seeking cosmetic surgery procedures;⁴⁹⁰ the industry was valued at \$4 billion in 2008, having grown from \$1.5 billion in 2003.⁴⁹¹ Brazil has seen an overall increase in wealth and an emerging middle class. The country has five socioeconomic classifications, A-E: the top groups A, B and C all grew in the seven-year period between 2001-2008. Class C is the fastest growing group and it increased from 38.07 per cent of the population in 2001 to 49.22 per cent in 2008 to become the dominant class, amounting to 90 million Brazilians. The number of people in classes D and E decreased.⁴⁹² This increase in wealth has given more economic freedom to women. Data from ISAPS (International Society of Aesthetic Cosmetic surgery) indicate that the emerging middle classes are consuming cosmetic surgery; this conclusion is reflected by the number of advertisements in beauty magazines that target middle class women, some of which offer consumer credit (see Figure 7).

In keeping with these trends, while the cosmetic surgery market was previously mainly made up of wealthier customers, more cosmetic surgeons were being trained who were frequently carrying out low cost procedures at public hospitals.⁴⁹³ To meet the needs of the emerging middle-class, consumer credit became available for those people who could not pay in full for their surgery and has contributed to less affluent women's access to cosmetic surgery.⁴⁹⁴ Qualitative data from my research indicates the strong demand for rhinoplasty; there is a Facebook group of over 23,000 women looking for rhinoplasty for the *nariz negroide*. It is however, important to note that there is significant unmet demand from women who want rhinoplasty but are not able to access it. This is explored in Chapters 5 and 6.

⁴⁹⁰ Oram, *Making Brazil Beautiful*.

⁴⁹¹ Brasileiro, "Brazil's Ban on Doctor-Lender Ties May Nip Plastic Surgery Boom". <http://www.bloomberg.com/apps/news?pid=newsarchive&sid=aZkXTF.sbA50>

⁴⁹² Centro de Políticas Sociais Instituto Brasileiro de Economia Fundação Getúlio Vargas, "Consumidores, Produtores E a Nova Classe Média: Miséria, Desigualdade E Determinantes Das Classes," <http://www.cps.fgv.br/cps/fc/>. Accessed 24 September 2014.

⁴⁹³ Edmonds, "The Poor Have the Right to be Beautiful," 363-381.

⁴⁹⁴ Edmonds, "The Poor Have the Right to be Beautiful," 363-381.



Figure 7. Advertisement for buying cosmetic surgery in instalments⁴⁹⁵

Conclusion

The research objective of this chapter was to examine discourses associated with the nose and rhinoplasty, as well as their history and cultural meanings in Brazil. By taking the nose as a focus and examining it as a single physical trait compared to the more general studies of cosmetic surgery previously conducted in Brazil, this chapter has started to address issues previously posited but not answered in the literature. Returning to the two overarching questions posed at the start of this chapter, namely, what noses are women looking for and what drives a desire for rhinoplasty, this chapter has sketched the foundations of the racialised hegemonic nose and the way in which rhinoplasty discourse has reinforced this racialised notion. It has helped to illustrate the way racial hierarchies permeate ideas of a hegemonic nose and the practice of rhinoplasty in Brazil particularly in light of the convivial discourse of *mestiçagem*. Furthermore, by opening the research up to contextualising the nose globally, this contributes to establishing what is unique to Brazil or similar between geographical settings. This chapter underpins the qualitative data analysis developed in the two subsequent fieldwork chapters. Chapters 5 and 6 examine the appropriation of the hegemonic nose and rhinoplasty by looking at women who undergo surgery, women who would like to have rhinoplasty, those women who would never consider it, and cosmetic

⁴⁹⁵ *Plástica e Beleza*, edition 136, 2014, 35.

surgeons. The fixed idea of the nose, therefore, is a construction that is negotiated through a process from the idea of having rhinoplasty to the eventual operation and its outcome. Interactions between rhinoplasty surgeons and those women looking to have surgery, such as their social media discussions or consultation sessions are all affected, not just by the raciologised nose, but also by the ideas, beliefs, values and attitudes that circulate through Brazilian society.

Chapter 5. The Brazilian beauty paradox: Contested beauty for women with *nariz negroides*

Introduction

The research objective of this chapter is to explore the lived experiences of women involved in the consumption of rhinoplasty with an emphasis on the way narratives of race and class influence their experiences. As a result, I discuss the consumption of rhinoplasty in the quest for beauty by Brazilian women from the country's emerging middle class. As can be seen from their interviews and social media statements, these women have attempted to rearticulate this consumption through their own subjectivities; coming from more racially diverse backgrounds than the existing white bourgeoisie who had previously been the main consumers of rhinoplasty, they have brought with them different tastes and needs. It would perhaps be expected, within a neoliberal market economy, that this new group of consumers would be welcomed by clinics and that existing markets would be disrupted and would grow in response to these new consumers. This consumption, however, does not mean that these women have uniform experiences. For example, there are clear differences between women's experiences of consuming rhinoplasty in the light of the deep entrenchment of race and class hierarchies which highlight the precariousness of their middle class status and limitations of "consumer citizenship." The sense of Brazilian beauty and women's beauty practices collide at the site of consumption of rhinoplasty, hence they negotiate the racialized contexts of their lives while often invoking the convivial, supposedly non-racial language of *mestiçagem*.

In this chapter I use data gathered through social media posts and interviews with women about rhinoplasty and their personal stories as well as insights into their beliefs as to the shaping of desire for a certain type of nose (typically seen on women from a Caucasian background), the hegemonic nose and the way the women in this study experience aesthetic hierarchies. The women conveyed heterogeneous, nuanced perspectives whereby beauty ideas and tropes are interpreted in a variety of ways in order to achieve their beauty goals. The beauty ideal and beauty practices in Brazil was interpreted by Gilberto Freyre as based on the *morena* (the mixed race woman), who came to be a symbol of Brazilian national identity.⁴⁹⁶

⁴⁹⁶ Gilberto Freyre, "Uma paixão nacional." *Revista Playboy* (113) 1984.

It could be that women are re-signifying and reshaping beauty. A strong sense of Brazilian beauty in contrast to the country's racilogies and structural racial hierarchies mean that women are trying to access beauty capital but it is not straightforward, either as a process or as a set of outcomes. I examine how these women's subjectivities are directed and shaped by their cultural habitats, one in which consumption and beauty are part within the Brazilian neoliberal context where the body forms part of the capital required to achieve social mobility.⁴⁹⁷ Central to this discussion are themes of race and class and their intersection that draw on a postfeminist beauty discourse that does not judge beauty as either good or bad but examines the practice of beauty as a phenomenon through which to assess political influences, as exemplified by Caldwell, Edmonds, Jarrín, Hordge-Freeman, Tate, Craig, Liebelt, Moreno Figueroa and Kang.⁴⁹⁸

The role of social media in the consumption of rhinoplasty of the *nariz negroide*

I found through interviewing a range of women and observing social media, that their experiences varied according to their perceived phenotype and women with a *nariz negroide* had different motivators, experiences and outcomes to women with a *nariz caucasiano* in relation to their rhinoplasties. Women with a *nariz negroide* often encountered problems that related to their phenotype, for example, they had greater difficulty finding a surgeon who would operate on a *nariz negroide*, they would then not necessarily be able to have the nose they wanted and could be less satisfied with the outcome, resulting in (sometimes, multiple) corrective surgeries, compared to women with a *nariz caucasiano*.

Although there is a commonly held recognition of how beauty is signified in Brazil, it was mainly young women who subscribed to Brazilian beauty ideals that sought rhinoplasty as a form of capital as a way to achieve social mobility. A beautiful nose serves as a form of symbolic capital that could be wished to be purchased in a similar way as other products or

⁴⁹⁷ Mirian Goldenberg, "Afinal, O Que Quer a Mulher Brasileira?," *Psicologia Clínica* 23 (2011).

⁴⁹⁸ Caldwell, "Look at Her Hair"; Edmonds, *Pretty Modern*; Jarrín, *Biopolitics of Beauty*; Hordge-Freeman, *The Color of Love*; Tate, *Black Beauty*, 53; Craig, *Race, Beauty*; Claudia Liebelt, "Grooming Istanbul: Intimate Encounters and Concerns in Turkish Beauty Salons." *Journal of Middle East Women's Studies*, 2016, 12(2): 181-202; Monica G. M. Figueroa, "Displaced looks: The lived experience of beauty and racism." *Feminist Theory*, 2013 14(2): 137-151; Kang, *The Managed Hand*. I take a particular lead from Caldwell's work, where she privileges the lived experiences of beauty in her discussion on hair and underscores Black women's attempts to contest dominant Brazilian beauty standards and given "the racialised significance of Black women's bodies" "Look at Her Hair", 23.

services that serve as status symbols such as a car or luxury items from a shopping mall.⁴⁹⁹ Several respondents spoke of having rhinoplasty as an example of their increased disposable income and improved social status, for example, Lana had been promoted at work and, over three years, this had enabled her to afford a holiday to Turkey, a car and cosmetic surgery.

Social media has become the main marketing channel for cosmetic surgery since around 2016. It has also become the location where discussion takes place between women seeking advice from others who have already had surgery and sharing their experiences. In relation to rhinoplasty, in 2016 there were three Brazilian Facebook groups on the topic, *Rinoplastia: Antes e Depois*, *Rinoplastia no RJ* and *Rinoplastia Nariz negroide* and cosmetic surgeons had websites and Facebook pages where they posted information. These groups were all closed groups, i.e. only members (approved to join by the administrator) could see the content or take part in conversations. I became a member of all three.

Since this time, Facebook and Instagram have become the main social media platforms used and gradually many cosmetic surgeons have created their own groups and offer advice to people by posting images and questions. Among the social media groups dedicated to rhinoplasty in Brazil, the Facebook group *Rinoplastia Nariz negroide* is a space where women with a shared interest in having rhinoplasty can meet. In May 2017, there were over 6,000 members of *Rinoplastia Nariz negroide*. (This number increased to over 18,000 members by April 2018 and 22,300 in January 2019). I developed a good relationship with the person who runs this group and she offered to help me further with my research. I met with Diana during both fieldwork visits to Brazil. The first time, she had only set up her Facebook group four months prior and had 6,000 members. When I met with Diana for the second time in 2018, I asked her why she thought her Facebook group had become so successful. She said that she had never imagined it would grow to such a size (almost 18,500 members). Diana had expected it to have a couple of hundred members and that would be it but once it got to 2,000, she saw the potential for it to grow and to make a business from it. In addition, she managed the group page and added content to keep it current and she obtained a commission from surgeons if a person then opted for surgery as a result of using her group. To help her members further, Diana also offered a patient support option, whereby if someone went to São Paulo for a procedure, they could pay her to stay at her apartment and/or for her to accompany them to the clinic. She said that there was a lack of information

⁴⁹⁹ Edmonds, *Pretty Modern*, 112-113.

available on the internet for people to make an informed decision about surgery. The group flourished with daily posts and comments that reflected a desire to consume rhinoplasty for this type of nose in line with dominant beauty standards. While Edmonds argues that there is a “backlash against correction of ethnic traits” and cites rhinoplasty as an example,⁵⁰⁰ my research suggests that there is significant demand for rhinoplasty surgery among women with what has been labelled as a *nariz negroide*.

These social media posts reflected this desire for rhinoplasty and I found that the main questions people asked on the group page are usually accompanied with a photo of the person’s face, showing their nose from the front and in profile. The most common questions were “Do you think I have a *nariz negroide*?”, “Do you think I should have rhinoplasty surgery?”, “Where can I get rhinoplasty surgery in the town I live?”, “Do you recommend Dr X?”, “How much will I have to pay for surgery?”, “Can I get rhinoplasty surgery for 5,000 Reais?”. Other questions which were less common but of interest were “I would love to have surgery with Dr X but I know he charges 20,000 Reais, have a look at my nose and let me know who do you think could operate on it with a similar outcome to Dr X but for 5,000 Reais?”. This question illustrates how women with lower budgets are using social media to try and get their needs met in a market that traditionally did not cater to their needs thus alienating them in a hostile market. Social media offers them empowerment and access to information and ultimately a service that they would not otherwise have.

This group’s focus on the *nariz negroide* brought women with this type of nose together to discuss their desires, concerns and to share their experiences, unique to the phenomenon of their type of nose. Although the group members have the *nariz negroide* in common, there are rarely any comments relating to race, Black ancestry or skin colour, as the link between this type of nose and their racialised heritage is seen as irrelevant, due to the impact of the convivial discourse of *mestiçagem*.⁵⁰¹ As discussed in Chapter 3, the categorisation of noses in rhinoplasty practice is racialised and I employ this terminology for the types of nose of the women I spoke to or analysed questionnaires or social media posts based on, based either on their self-identification of their nose or that of their surgeon. As the Brazilian population is highly miscegenated, the category of the *nariz negroide* does not strictly relate to a characteristic of Black women, nevertheless it is seen as a racial marker of Black ancestry. Thus, it is seen as having a low aesthetic value but is hard to connect to racism because it is

⁵⁰⁰ Edmonds, *Pretty Modern*, 148.

⁵⁰¹ Edmonds and Leem, “Making Faces Racial,” 1-19.

obscured within a miscegenated society shaped by the discourse of *mestiçagem*.⁵⁰² As Oracy Nogueira argued, Brazil was characterised by *preconceito de marca* (racial prejudice based on physical appearance) rather than *preconceito de origem* (racial prejudice based on descent).⁵⁰³ However, this physical appearance was connected to origin and the experiences connected to African origin, i.e. slavery and disadvantage in the post-slavery era. Patricia de Santana Pinho's article on the maid's body in Brazil connects the legacy of slavery with the image of the Black female body.⁵⁰⁴ According to Nogueira, the intensity of prejudice varies in direct proportion to the negroid traits. The way that this is embedded into the psyche of women is highlighted in a study on the operation of racial hierarchies in the domestic sphere, where Elizabeth Hordge Freeman illustrates the disappointment in families when a child is born with undesirable characteristics, such as frizzy hair, dark skin or a wide nose.⁵⁰⁵ Indeed, a person experiences racial prejudice with regard to a trait that is marked as inferior or undesirable not only from the media but also from early experiences in their families. Analysis of this group's images and conversations show how they have appropriated messages about beauty that circulate across Brazilian media while depicting rhinoplasty as a means of achieving their beauty goals in line with Brazilian ideal standards of beauty.

Social media and rhinoplasty of the *nariz negroide*: The quest for a beautiful nose on Facebook

Social media spaces such as the Facebook group, *Rinoplastia Nariz negroide* offer the opportunity for people with similar interests and concerns to discuss them freely. Thus, insight gained from observing posts and comments in this domain are invaluable and are untethered by the position of the researcher in the same way that interviews are. As such, this section focuses solely on key themes that appeared in the group, these were self-esteem, finding surgeons, the consultation/operating process and post-operative satisfaction levels. These themes reflect how even within a period of socioeconomic flux where a new middle

⁵⁰² Guimarães, *Racismo E Anti-Racismo No Brasil*.

⁵⁰³ Oracy Nogueira, *Tanto preto quanto branco: estudos de relações raciais* (São Paulo: TA Queiroz, 1985).

⁵⁰⁴ Patricia de Santana Pinho, "The dirty body that cleans: Representations of domestic workers in Brazilian common sense." *Meridians* 13, no. 1 (2015): 103-128.

⁵⁰⁵ Hordge-Freeman, *The Color of Love*, 41.

class is emerging to form a market of ready consumers, Brazil's cultural hegemony remains rigid and reinforces and reproduces dominant beauty standards and racial hierarchies.

We can see, in some instances, the impact on women of these standards and their desire to escape the pain and suffering they feel. Low self-esteem is a common issue experienced by women seeking rhinoplasty of the *nariz negroide*. Concealed within dreams and desires, the relative starting position for seeking rhinoplasty is one of lack and low self-worth and leads to an acceptance of cosmetic surgery.⁵⁰⁶ This lack is a common factor in motivations for any type of cosmetic surgery, particularly linked to media representations of beauty.⁵⁰⁷

While Brazil's overall standard of beauty includes elements of the country's mixed heritage, *racial mixing does not apply to the nose*. According to my research involving surgeons, rhinoplasty training textbooks, media representation of beauty and the women themselves, Black women appeared to be further away from the ideal standard of a beautiful nose than white women in Brazil. Furthermore, the women seeking rhinoplasty seemed to be, more motivated by their personal suffering, and, found it harder to gain access to rhinoplasty.

There are degrees of awareness of this low self-esteem. In many cases, women internalise the negative representations of a beautiful nose that appear in the media and state these as truths, for example by referring to the *nariz negroide* as being a problem that needs fixing as evidenced by Gina's post on the Facebook group: "I would very much like your help. My nose is horrible, huge. Self-esteem is right at the bottom. My dream is to have a nose job. My nose is negroid. There must be a way. Which surgeon do you recommend?"⁵⁰⁸ Self-esteem seems to be the state where the external injustices of society are internalised within a person, and illustrate aesthetic hierarchies relating to beauty of the nose. The individual then faces the cause of their low self-esteem, seeing their nose as a problem that they may or may not try to fix. They seek to correct, the problem, their nose, something which they believe they have some agency or control over. However, the process of trying to fix the nose is also subject to racial hierarchies meaning that the process of rhinoplasty is also influenced by racial politics of beauty and therefore perpetuates inequalities insofar as they are not able to attain the beauty capital and associated social mobility that accompanies it. They were often left less satisfied with their outcomes begging the question as to why when they had gone through the

⁵⁰⁶ Swami et al., "Acceptance of Cosmetic Surgery Scale."

⁵⁰⁷ Henderson-King and Henderson-King, "Acceptance of Cosmetic Surgery".

⁵⁰⁸ "Gostaria muito da ajuda de vocês. Meu nariz é horrível, enorme. Auto estima lá em baixo. Meu sonho é fazer rino. Meu nariz é negroide. Sera que tem jeito. Vcs indicam qual cirurgião.?"

process of rhinoplasty to try to get what they want. Ironically, despite the imperative to change one's nose, aesthetic hierarchies apply to the process of rhinoplasty where it determines the way a woman gets treated in her experience of beauty practices. Thus, there is a bifurcated system within the rhinoplasty process that disadvantages women according to their racialised appearance despite her attempts to construct her identity by exercising her consumption.

The first step in the rhinoplasty process is to find a surgeon who will be able to help, to find a solution to the problem of the *nariz negroide*. The Facebook group, Rinoplastia Nariz Negroide provides a source of validation in the shared desire to have rhinoplasty and support to realise this objective. It also serves to signpost women based on others' personal experience. Katie posted that her dream was to have surgery on her *nariz negroide*. She included four photographs to show her nose at various angles. It is very common to see such posts that use visual images as an illustration of the person's concerns. This post received 25 comments, mostly recommending surgeons who she could approach, validating her belief that she needed to change her nose. One person commented, "A smaller nose will suit your face and make it more harmonious".⁵⁰⁹ This response was also accompanied by a photoshopped image of one of the photographs posted, showing how her nose could look post-surgery. This last post on the Facebook group conveys not just the desperation felt by this member because of her nose, but the sense of shared experience that the group provides, letting the commentator know that she was not alone in her dream and quest for rhinoplasty. She went on to thank the group for their support. The group seemed to provide her with hope and inspiration, possibly when she was not engaged by any other medium.

A post from Mari in February 2019, reads, "My nose is so wide that it's hard to wear glasses. Any tips for good doctors in Rio de Janeiro. Who has got a similar nose to mine and had good results, can you share a photo?"⁵¹⁰ This post attracted 60 comments, including several recommendations for surgeons, photos of their nose before and after encouraging the author to have surgery. Amila reassured Mari to say that hers was the same before she had surgery and posted a photograph. In response to a recommendation for a particular doctor, Mari commented hopefully, saying "so he will be the one to save me?"⁵¹¹ More than twenty

⁵⁰⁹ "Um nariz menor vai combinar com seu rosto e fica mais harmonioso".

⁵¹⁰ "Gente, meu nariz é tao largo que fica ruim ate pra usar óculos. Indicações de bons medicos no Rj? Quem tinha o nariz igual o meu e teve bons resultados podem postar foto por favor?"

⁵¹¹ "Aii, sera que ele me salva?"

participants, contributed to the 60 comments, with many recommendations for the same surgeon, and Mari interacted in this conversation expressing her desire to engage with them. However, there was also a comment from a woman, Bruna, saying that he had many law suits against him and that she should do her research properly away from Facebook, recommending another surgeon who did more “natural” noses. Mari replied that she was completely up to speed on the subject but thanked the person for her comment. Another person wanted to get more information from Bruna about the surgeon she was talking about. Mari did not engage with this part of the conversation, overlooking the comment that implied the doctor she had been recommended did not do “natural” noses. This trope of the natural nose appeared on other occasions; if a woman wanted a natural nose, she should go to a certain surgeon versus another surgeon if she wanted a Barbie nose. The tropes of “Barbie” or indeed a natural nose do not seem to be fixed as good or bad and are open to interpretation, which appears to have to do with facial harmony. The notion of the natural versus artificial nose was one that divided discussions on social media, falling into the categories whereby women who wanted a “beautiful nose” were less attached to the idea of it looking natural, based on the view held by surgeons and women that it would be unlikely to look natural if it adhered to a raciologised hegemonic beauty yet was on the face of a woman who had predominantly African features. Thus, there appears to be a distinct mismatch between a raciologised understanding of beauty and the possibility of acquiring natural beauty which is ironic as natural beauty appears to be integral to hegemonic beauty insofar as the nose (according to surgeons) needs to be in harmony with the rest of the face.

According to many posts on the group, the consultation process appears to be traumatic for some women with a *nariz negroide* because they go to the appointment with a clear idea of what they want to achieve but find that the surgeon is unwilling to perform the operation or to commit to the desired outcome. Zara posted that she had been to see a surgeon who had said that she was told that her nose was complex and it would be difficult to get the nose she wanted. He recommended other surgeons to her, but she said she felt discouraged and wondered if she should listen to him or give up so as not to make her nose any worse. This experience was echoed by Kala who posted that she had had a consultation with a doctor and he told her that her nose was going to be problem because the skin was too thick to operate on. Based on social media posts, it appears that eventually women are able to access surgery but, according to Dani who I interviewed, in some cases they have to visit several surgeons.

There are many posts on social media following rhinoplasty surgery expressing degrees of satisfaction or dissatisfaction with the results. Some posts are made days after, and others many months or years after. For example, Teresa posted 12 days after her surgery that she was delighted with the results so far and said “I asked for a rich person’s nose.”⁵¹² Another person, Priscilla, who, despite suffering problems after her operation with considerable swelling for three months, posted six months afterwards that she was extremely satisfied with her nose. Clara posted that she had had her “third and final rhinoplasty” eight days prior and she was now finally very happy with the result.

Unfortunately, surgery does not always go as expected or hoped for and it is not uncommon on the group to read posts from women who have had multiple operations, often over long periods of time. This, according to doctors I interviewed, is very common among women with a *nariz negroide*. This situation is widely attributed by surgeons to unrealistic expectations, for example, Dr Martin told me that most people want a Caucasian nose, but he won’t be able to give them one and, if they do try, it will end up being a problem. The root of these ‘unrealistic expectations’ connects to racial hierarchies and the rigid definition of a beautiful nose that is far away from the original nose of the woman with a *nariz negroide*. However, this root cause does not appear to be the surgeon’s priority who is concerned with being able to achieve a good outcome from the surgery (discussed in Chapter 6). Meanwhile for the woman seeking rhinoplasty, the manifestation of this mismatch can result in problems and disappointment in rhinoplasty surgery. A post from Cristi from May, 2017 updates on her “lack of progress”. She says, “It’s been 6 months since (3rd rhinoplasty) and after it my nose swelled up. My doctor (Dr Fredi) suggested that I do a retouch using an ear/rib graft. So, next month I’m going to the 4th procedure...”⁵¹³ Cristi said that she was satisfied with her surgeon and trusted him implicitly, despite having multiple procedures. Rhinoplasty is expensive and, in most cases, each procedure will have to be paid for by the patient (unless the doctor takes responsibility for a medical error). Due to the cost involved, it is not always possible for women to have further operations, even if they are unhappy with the results. For example, Aline expresses the negative experiences she went through:

Hello girls!! I’ve come to share my despair with you and ask for your opinions, as I no longer know what to think and do. On 31/10/18, it will have been a year since I

⁵¹² “Pedi nariz de ricaaa...”

⁵¹³ “Tô com 6 meses (da 3a rino) e após meu nariz inchar. Meu médico (Dr Fredi) sugeriu fazer retoque utilizando enxerto da orelha/costela. Assim, mês que vem vou para o 4o procedimento...”

had rhinoplasty surgery that didn't work. The doctor did a month of retouching and look what happened... the doctor managed to make it worse!! I just don't have the courage to try to fix it anymore. But I don't have any money either because I'm still paying for what I had done.⁵¹⁴

Aline's post attracted 142 comments, some people saying that they had been through similar experiences and that she should let her body settle down and then look for a decent surgeon, some making recommendations. Many others suggested that she take legal action against the surgeon. For example, Lucas commented,

My dear, find yourself a good lawyer. Your surgeon is obliged to do a retouch as a good professional, since the medical error is more than obvious. Even if it takes a little longer, justice will come. And if he's smart, he won't want a lawsuit on his behalf, tarnishing his reputation. Hugs, and if you need, count on me!⁵¹⁵

Taking legal action would be costly and would also have to lay out a case against the surgeon that there was some degree of medical negligence as opposed to the person simply disliking the result. When surgeons see that some patients are more likely to have problems than others, they are likely to avoid operating on them in the first place. For example, several doctors said that if they felt a person had unrealistic expectations, they would not take them on as a patient. In the interview with Dr Soarez he shares his view around expectations, he makes a point of saying that the patient has rights but he adds that

There are some patients who come in with an unrealistic expectation of having a Barbie nose, that very delicate, Caucasian little nose, that they're never going to get, right? So, I have to talk to the patient and she needs to decide if she wants to do the procedure knowing the limitations, that she'll get a good improvement, it's going to look natural, but it's not going to be what she expects. So, there are two types of patients. The patient with unrealistic expectations which ends up being more complicated because she can't get to what she wants. In a Caucasian nose it is easier

⁵¹⁴ “Olá meninas!! Venho compartilhar meu desespero com vcs e pedir opiniões, pois já não sei mais oq pensar e fazer..No dia 31/10/18, faz um ano q fiz rinoplastia q não deu certo. Fez um mês de retoque e olha o q deu.. o médico conseguiu piorar!! 😞 Não tenho mais coragem de tentar conserta com ele. Mas tbm não tenho grana, pois ainda estou pagando a msm.”

⁵¹⁵ “Minha cara, se instrua com uma boa advogada. Ele é obrigado anoje indenizar para retocar isso com um bom profissional, visto que está mais do que notório o erro médico. Mesmo que demore um pouco mais, a justiça irá vir. E se ele for esperto, não irá querer um processo em seu nome, manchando seu reputacao. Abraços, e se precisar, conte comigo!”

for you to meet those very high expectations, in the *nariz negroide* is already a little more complicated, right?

There is a dilemma between rights and expectations which is expressed by contrasting comments between Dr Soarez and Dr Mota who both felt that there were many women who had “*expectativas irrealistas*” (“unrealistic expectations”). Dr Soarez told me that he gets two types of patients with this type of nose attending his clinic, the first having realistic expectations and who wants to keep traces of their racial identity and others who want a “Barbie” nose. He said that he had to manage expectations as “if she maintains the position that she really wants a very delicate nose, very Caucasian, I don’t operate.”⁵¹⁶ Soarez further remarked that the patient would end up having second or even third procedures due to her dissatisfaction. This seems unfair and unsatisfactory given that women are attempting to rearticulate beauty standards that, arguably, they should be allowed to access. However, it reflects the complexity of the process of rhinoplasty of the *nariz negroide* noting an additional risk.

Many women post images of their noses before and after surgery and receive comments on the results. Some are showing their satisfaction with their surgery, for example, and others are often not happy with the results and are looking for advice. Victoria posted several times in the group, firstly that she had had surgery six months prior and was not happy that the change to her nostrils had not been enough, she had wanted them to be smaller. She then posted four months later, a day after having secondary surgery with a photograph of her nose bandaged. This post generated a lot of interest. Jessica asked her how much she paid for the second operation to which Victoria replied that she had paid half of the original cost, 2200 Reais (£400). Jenifer asked what type of anaesthetic she had for the operation, she had had a general anaesthetic. Linia asked her “Were you scared of having a second operation? My nose had fibrosis at the tip and I wanted it to be smaller but I’m scared to death of doing it and regretting it, not to mention that I don’t have anyone’s support to do it. Do you think yours is better now?”⁵¹⁷ Victoria replied that it was too soon to tell but that she was optimistic, she added that she had been very scared but she found courage and did it. Another person, Sonia commented that Victoria was very beautiful and that her nose was beautiful despite the photo being of her bandaged face where her nose was not at all visible.

⁵¹⁶ “se ela mantem a posição que ela reelmente quer o nariz muito delicado e muito caucasiano, eu não opero.”

⁵¹⁷ “Você teve medo de fazer a secundária? Meu nariz deu fibrose na ponta e eu queria ele mais fechadinho... Mas estou morrendo de medo de fazer e me arrepender , sem contar que n tenho apoio de ngm para a secundária... Vc acha que agora ficou bom?”

Fixing the *nariz negroide*: Tropes of success and failure

On social media there are extensive discussions regarding the different outcomes women desire from surgery that revolve around the discourse of “fixing the *nariz negroide*”. In conversations, women often use particular tropes referring to celebrities or well-known brands to discuss possible outcomes of surgery while juxtaposing the problematic *nariz negroide* against a desired or feared result. Ludmilla, the popular Brazilian singer, is one such example, as are the doll, Barbie, and the late US singer, Michael Jackson. These tropes are explored in the two following sections illustrating the polarisation of beauty they represent along racialised axes of beauty, i.e. the scale of beauty from white to Black as part of the system of beauty in Brazil.

Barbie vs Michael Jackson: Racialised axes of beauty of the nose

Barbie dolls, created by the US company, Mattel in 1959 originally represented a very narrow standard of white beauty. In recent years, the company has developed multiple dolls to reflect different ethnicities, including Black Barbies, however, as a reference for this research Barbie’s nose is referred to as small, straight with a slightly turned up tip. Michael Jackson, a Black pop singer from the United States, reportedly had multiple rhinoplasty procedures and towards the end of his life (he died in 2009), was depicted in the media as having undergone extreme facial transformation and changed his racial appearance from Black to white through his nose, skin, hair and face shape. Both these types of noses are most commonly seen as artificial, which in the case of women with a *nariz negroide* appears to mean that they are far away from looking like the *nariz negroide* and embrace the Eurocentric standard of beauty. However, the idea of artificial is referred to as both good and bad, according to the subjectivity of the individual, and different tropes are used to illustrate the type of nose women want. For example, discussions that refer to Barbie can be either positive or negative depending on whether a person likes or dislikes the idea of an artificial looking nose, whereas reference to a Michael Jackson nose is consistently used pejoratively sometimes as a figure of fun and, consequently, to illustrate that this is a look that should be avoided.

A Barbie nose is a figure of desire for many women with a *nariz negroide*, according to many posts on Facebook. To illustrate Maria’s sense of disappointment when a surgeon told her that she was unlikely to get the nose she wanted, she posted, “I’m sad, I’ve got a *nariz*

negroide and the surgeon told me that my chance of satisfaction is about 60 percent, my dream of a Barbie nose, out the window 😞”.⁵¹⁸ In response to this post, Lia advised Maria and commented that Maria should not give up on her dream and that she should approach another doctor “Dr Baci has a group on Facebook, and you will see what he is able to do with a *nariz negroide*, I don’t doubt you’ll get a Barbie nose.”⁵¹⁹ Ana validated this comment by saying that she also was going to have rhinoplasty with this surgeon, adding “my dream is Barbie’s nose and he does this to perfection.”⁵²⁰ Dr Avio, as discussed earlier, is known for creating a “Barbie” nose which is highly sought after by many women with a *nariz negroide*.

Racial hierarchies also come into play in relation to comments connecting Barbie and the ideal nose, for example, Ema posted, “I have several friends who had chimpanzee nose, so big and thick.. and today they are GODS... THIER NOSES ARE LIKE BARBIE AND BEAUTIFUL. BUT OF COURSE THEY HAD TO PAY A LOT OF MONEY FOR IT, AND went to SPECIALISED DOCTORS. And SO LOOK FOR GOOD PROFESSIONALS.”⁵²¹ Going beyond the idea of fixing the *nariz negroide*, Ema uses an animalistic term to devalue Blackness and dehumanise the *nariz negroide* and contrasts the latter with a deification of a Eurocentric Barbie nose that she said her friends had achieved. This comment brings to mind Caldwell’s study on Black women’s hair in Brazil discusses the use of animalistic terms in portraying Black women. The song “Veja os cabelos dela” (“Look at her hair”) from 1996 used derogatory lyrics to Black women including animalistic terms, “this smelly Negra (Black woman)... stinking animal that smells worse than a skunk” by Tiririca and distributed by Sony was banned because of the way it “verbally assaults the images and identities of Black Brazilian women”⁵²² However, according to Caldwell, many people found the song humorous and harmless. The Facebook comment in this context reflects the popular tolerance of discrimination and offense against Black women in Brazil and perpetuates racial alterity. It serves as an illustration as to why consuming rhinoplasty in

⁵¹⁸ “To triste, meu nariz de negroide o cirurgião me disse q meu grau de satisfação possa ser 60 por cento, nada de sonhar c nariz de Barbie, desanimei” 😞

⁵¹⁹ “Procure Dr Baci tem um grupo no face, e verás o que ele é capaz de fazer com um nariz negroide, duvido tu não ficar com nariz de Barbie.”

⁵²⁰ “tb vou fazer com o Baci, meu sonho e o nariz de barbie e ele faz com perfeicao.”

⁵²¹ Tenho varias amigas que tinha nariz de chimpanze de tao grande e grosso .. e hoje São DEUSAS .. NARIZES FICARAO DE BARBIE E LINDO. POREM CLARO PAGARAO MAIS CARO POR ISSO ,E FORAO EM MEDICOS ESPECIALIZADOS. E SO PROCURAR BONS PROFISSIONAIS.

⁵²² Kia Lilly Caldwell, “‘Look at Her Hair’: The Body Politics of Black Womanhood in Brazil,” *Transforming Anthropology* 11 (2) (2003): 18-29.

a way that changes a woman's racialised appearance can be considered highly problematic because of the offensive racist language which reflects the devalorisation of Blackness deeply rooted in Brazil.⁵²³ It complicates women's act of pursuing beauty goals that are seen as "Brazilian" rather than as specifically "Black" or "white".

Meanwhile, not every woman with a *nariz negroide* desires a Barbie nose, several stated clearly on the Facebook group that they rejected getting a Barbie nose because they do not want a result that does not suit them or that is not natural. Lara posts, "I feel so ashamed, but I really want to post. My nose is *negroide*, it has always bothered me. But I'm afraid it will end up twisted or deformed. I don't want a Barbie nose, nothing artificial, just something that suits me and is smaller because I can't even find a photo that I'd be prepared to share with you guys. WHICH SPECIALIST WOULD YOU REFER ME TO?"⁵²⁴ While she appears desperate to change her nose, she associates the Barbie nose as one that would not suit her. Other posts articulate this in more racialised terms, such as Ria who had recently undergone surgery, she posted "I asked for a natural result, which did not take away my origins, I didn't want the Barbie effect."⁵²⁵ A post from Solina stated that she was helping her sister find a surgeon in Rio de Janeiro but that she did not want to have a Barbie nose because her nose was negroid. When the racialised appearance of the nose comes into the conversation in relation to Barbie, there appears to be a sense that a Barbie nose is not suitable for women with a *nariz negroide* because they do not feel it will suit their face.

Bringing race into discussions on social media, nothing more clearly articulates and highlights the challenges women with a *nariz negroide* are faced with by this dominant standard of white beauty than references made to Michael Jackson. When I asked Diana, who runs the Facebook group *Rinoplastia Nariz negroide*, she told me that the way Michael Jackson had overtly whitened his appearance was not what women were looking for in Brazil through rhinoplasty, they were looking for a beautiful nose, not to change their race. This was substantiated by posts within the group. For example, a post from Sara from April 2018 stated, "Guys, I haven't operated yet. I've had a complex about my nose since I was a kid, and I can't stand photos (especially when I'm smiling), because I think it looks really big..."

⁵²³ Pinho, "White but not quite," 39-56.

⁵²⁴ "Eu morro de vergonha massss irei postar. Meu nariz é negroide, beeeem duro e me incomoda desde sempre. Mas tenho medo de ficar com ele torto ou deformado. Não quero nariz de Barbie, nada artificial, só algo que harmonize e diminua pois nem uma foto de rosto eu consigo postar desde que me entendo por gente. QUAL ESPECIALISTA VOCÊS ME INDICARIAM?"

⁵²⁵ "Pedi um resultado natural, que não tirasse as minhas origens, passando longe do efeito barbie."

I've always wanted to operate, but I'm afraid to get the 'Michael Jackson' effect."⁵²⁶ Thus, the trope of Michael Jackson is used to illustrate the perception of uncertainty of and risk attached to undergoing rhinoplasty. By juxtaposing the longstanding desire for rhinoplasty with the fear of the outcome highlights the gap Sara perceives between what is wanted and what might (not) be possible. Posts like Sara's often express the coexistence of deeply seated feelings of desire, desperation and fear. Paulina who posted in October 2019, articulated this directly, saying "My dream is to have rhinoplasty ... I'm desperate to have it done, but at the same I'm afraid to look like Michael Jackson."⁵²⁷ Another person added that she had seen some work by a couple of surgeons that she liked but that some of them were a "bit too Michael Jackson-like". Another said that she was thinking about having her nose done with a particular surgeon but was worried about getting "one like Michael Jackson. I think the noses he does are beautiful but I don't know if it would match my face".

This discussion on social media around Michael Jackson and Barbie illustrates the paradox that women with a *nariz negroide* face as it brings together their desire for the ideal nose but how it actually will look on a person with a *nariz negroide*. In particular, it highlights how if they cannot have surgery they will be left with strong feelings of low self-esteem and a denial of access to beauty, and yet if they do they might still end up dissatisfied. Ludmilla, the Brazilian popstar is an example of this paradox.

Ludmilla: Changing appearance for all to see

At the age of eighteen, the Brazilian popstar, Ludmilla had her first rhinoplasty, in 2013. In an interview eight years later in 2021, Ludmilla said "It's painful to talk about it, but I had my first nose job at eighteen in order to be accepted."⁵²⁸ She went on to talk about the racial abuse she had experienced through social media. This notion that she was not accepted by society is alluded to in a statement by a beauty website when she had another rhinoplasty operation in 2016 writing of Ludmilla, suggesting there had been something wrong with it

⁵²⁶ "Gente, ainda não operei. Tenho complexo com meu nariz desde criança, e não consigo gostar das fotos (principalmente sorrindo), porque acho que fica bem grande... sempre tive vontade de operar, porém tenho medo de ficar com aquele efeito 'Michael Jackson'."

⁵²⁷ "Meu sonho a rinoplastia, morro de vontade de fazer, mas ao mesmo tenho receio de ficar estilo Michael Jackson."

⁵²⁸ "É doloroso falar isso, mas fiz a primeira plástica no nariz, aos 18, para ser aceita." <https://noticiasdatv.uol.com.br/noticia/celebridades/ludmilla-revela-que-fez-rinoplastia-aos-18-para-ser-aceita-conseguiram-me-ferir-49170?cpid=txt>

“she had rhinoplasty surgery to *correct* her nose.”⁵²⁹ This website uses the message that Ludmilla has successfully altered her appearance through rhinoplasty to then advertise different types of cosmetic surgery procedures beneath the article, which is then followed by comments from readers including that they were interested in having rhinoplasty, with responses from the website giving them contact details for a consultation.⁵³⁰

The sense that invasive surgery was required to achieve acceptance is not new⁵³¹ but looking at contemporary consumption offers a new perspective by connecting rhinoplasty of the *nariz negroide* to racism and racial hierarchies that pervade dominant ideas of beauty. This is exemplified in this chapter but in relation to Ludmila, one perspective came from a woman I interviewed in Brazil in February 2017, Beatrice, who herself had had rhinoplasty, she said, “Ludmila has had a couple of rhinoplasty operations. She changed, it wasn’t cosmetic surgery that made her look natural, right, she really looked like someone completely different.”⁵³² She added, “Her surgery was amazing, she looked like a Barbie.”⁵³³ The idea that she had become doll like as being a good outcome is one that appears to reflect the desires of many women with a *nariz negroide*. However, this desire is problematic for a number of reasons. It conflates with a change in racial appearance and is difficult to achieve due to the person’s original appearance being so far away from the Eurocentric notion of a beautiful nose. Furthermore, the existent techniques and professional experience of surgeons mean there is a scarcity of surgeons willing to operate. This potentially leads to huge dissatisfaction among this group of women when it is the standard itself that is the problem, yet without pursuing the standard, the individual’s problem of feeling accepted or beautiful does not go away. This reflects similar experiences expressed by women in the Facebook group, *Rinoplastia Nariz negroide*.

⁵²⁹ “fez *Rinoplastia*, cirurgia plástica para correção do nariz.” <https://www.procorpoestetica.com.br/blog/veja-ludmilla-antes-e-depois-das-cirurgias-no-nariz-e-nas-bochechas>

⁵³⁰ <https://www.procorpoestetica.com.br/blog/veja-ludmilla-antes-e-depois-das-cirurgias-no-nariz-e-nas-bochechas>.

⁵³¹ Henderson-King and Henderson-King, “Acceptance of Cosmetic Surgery.”

⁵³² “Ludmilla se tornou outra pessoa, fez várias intervenções cirúrgicas, mas mudou, não é uma plástica que ficou natural né, ela virou outra pessoa.”

⁵³³ “A intervenção dela foi incrível, ficou parecendo uma Barbie.”



Figure 8. Image used on website showing before and after photos of Ludmila, Brazilian popstar⁵³⁴

The white bias of beauty in Brazil: Market rules

In this section, I explore motivations of different women (with *nariz negroide* and *nariz caucasiano*) in their personal rhinoplasty stories towards their goal of increasing their beauty capital. Looking at motivations for women to have rhinoplasty is quite complex as while they are personal to the individual, with their own experiences and self-esteem, they can also reveal much about society. However, at times in the interviews I conducted it was quite challenging to get beneath the surface in conversations as some women said they simply wanted to be prettier, or they did it for themselves with no further elaboration or context. This challenge revolves around the overarching postfeminist and neoliberal discourses that are often reflected in the narratives of the interviewees who expressed autonomous choice. My aim was to unpick the cultural hegemony that circulated within which they as “entrepreneurial actors” acted without reducing them to being “cultural dopes”, thus showing the limitations that existed depending on one’s position within the social hierarchies. As Rosalind Gill’s article “Culture and Subjectivity in Neoliberal and Postfeminist Times” argues, it is necessary to address difficult questions about the relationship between culture and subjectivity: “how it is, for example, that socially constructed ideals of beauty or sexiness

⁵³⁴ <https://www.procorpoestetica.com.br/blog/veja-ludmilla-antes-e-depois-das-cirurgias-no-nariz-e-nas-bochechas>

are internalized and made our own, that is, really, truly, deeply our own, felt not as external impositions but as authentically ours.”⁵³⁵ Thus, I felt that I had to probe with sensitivity, to see what lay beneath “to be prettier” or “doing it for themselves”, if they felt pressure to have rhinoplasty and if they did, where it came from. The underlying motivations reveal a person’s habitus and the hierarchies of class and race that an individual is subject to and in some cases her quest for capital that would give access or afford her social mobility.

Therefore, white women’s *sui generis* position meant that they fitted in in many ways as they were closer to the beauty standard than non-white women. Lia is an example of a white middle class woman with a job, financial resources, and a face that fits in. I interviewed her at her cosmetic surgeon’s clinic in Barra de Tijuca, a modern middle class suburb to the west of Rio de Janeiro on the edge of the ocean in February 2017. She had undergone several surgical procedures and had been able to afford cosmetic surgery through access to her mother’s private health insurance (her mother was a non-commissioned officer in the air force). This insurance partly funded her rhinoplasty (20,000 Reais, approx. £4,000) and her father had the means to and was happy to pay for the rest. She had had rhinoplasty 6 months earlier. Lia was 27 and worked as a civil police officer in Rio de Janeiro after studying law at university and was studying for a promotion to become a prosecutor. She said, “As well as my job in the police, I work as a model, for extra cash, because being a police officer in Brazil is not very well paid. So, I do my job and get on with my studies and when there’s time, I earn extra income as a model. I’m getting on with life. Getting through my exams though is what I really want, it’s my main priority.”⁵³⁶

⁵³⁵ Rosalind Gill, “Culture and Subjectivity in Neoliberal and Postfeminist Times,” *Subjectivity* 25, no. 1 (2008).

⁵³⁶ “Em paralelo, eu trabalho como modelo, né, para ter uma rendinha extra, até porque ser policial no Brasil não é muito bem remunerado, né? E aí, fico nessa, estudo um pouquinho, trabalho um pouquinho, quando dá tempo, faço uma renda extra. Vou seguindo a vida aí. Até pelo menos passar em um bom concurso, né, que é o que eu quero mesmo, que é a prioridade.”

When I asked Lia why it was so important for her to have her nose done, she told me,

It was necessary because it directly affected my happiness, right? I think that if I hadn't done it, I'd keep thinking about it...so I said to myself: "I'm going to do it", I got an excellent result, today, more than ever, I know it was necessary for me. Obviously, I could live without the nose, right? But, it was worth every penny, I would do it again, I stopped doing other things, I couldn't go on holiday, I wanted to travel to Thailand, but I don't regret it because I'll get another opportunity. My salary is low, I'm in debt, but I'm still happy [laughs].⁵³⁷

Other white women I spoke to talked about their motivations for having rhinoplasty, and, unprompted, they would say that they wanted to be prettier without revealing much else. I tried to delve deeper and asked whether they had had any (negative) experiences that had made them want to have their noses done. I spoke to Eva, aged 29 and married with an eighteen-month old child, who worked as a member of a popular Brazilian dance troupe, E O Tchan. She had disliked her nose since she was a teenager as it did not look straight but not to the extent that she wanted to have surgery. She only took the decision to have surgery when her manager advised her to get rhinoplasty. She took this advice to mean that she needed to do it for her job. She said, "People working in television, my God, they are such perfectionists."⁵³⁸ She added that, working in show business, she was used to being told how to look. Soon after she received this advice, she went to her regular cosmetic surgeon, who had performed several procedures on her including her regular botox and fillers that she had every 6 months. Eva was happy with her nose and felt it was the right decision for her. For Eva, rhinoplasty was an undertaking much like any other beauty practice that she felt she needed to do for her career. She had access to financial means, a surgeon who she already knew and felt comfortable with, and she fitted into Brazilian beauty norms.

Sara, a twenty-seven-year-old white physiotherapist from Copacabana in Rio de Janeiro, had been teased when she was a child because she "had a big nose" but she said that as she grew

⁵³⁷ "Ah, para mim foi necessário porque influenciou diretamente assim na minha felicidade, né? Acho que se eu não tivesse feito, eu ia ficar batendo naquilo... Eu sou perseverante, se eu quero fazer, se eu cismo com aquilo, falei: "Eu vou fazer", entendeu? E, assim, como eu tive um resultado muito bom, excelente, hoje, mais do que nunca, eu sei que foi necessário para mim. Óbvio que eu conseguiria viver sem aquele nariz, sem o nariz, né? Até porque eu não sabia que ia ficar tão bom, né? Mas, assim, óbvio hoje eu... Valeu cada centavo, faria de novo, deixei de fazer outras coisas, deixei de fazer uma viagem, que eu queria viajar para a Tailândia, sempre quis viajar. Poderia ter viajado, deixei de viajar, mas não me arrependo porque eu posso fazer em uma outra oportunidade, entendeu? Meu salário é pouco, eu estou endividada, mas estou feliz ainda assim. [risos]"

⁵³⁸ "A gente trabalhando na televisão, meu Deus, eles são muito perfeccionistas."

older, her nose had not bothered her. However, because she had been having breathing problems due to a deviated septum and needed surgery to fix it, she decided to have rhinoplasty at the same time. She said that her parents would have paid for it (10,000 Reais = £2,000) but she wanted to wait until she got a job and saved and could afford it herself. Sara was able to get this part-funded through her family's private health insurance so she paid approximately 25% of the overall cost. She researched surgeons very thoroughly as she wanted her nose to look natural, and she was concerned about the dangers of rhinoplasty surgery, therefore she had rhinoplasty surgery with a well-regarded ear, nose and throat (ENT) surgeon in Rio who had a reputation for "doing natural noses". Eventually, Sara felt that she was taking minimal risks, in terms of her finances as well as being confident that she would get the desired outcome and be able to fulfil her goals: "I feel, I don't know, straight away, I woke up feeling prettier, like that, without needing much, makeup. I feel so much prettier and breathing better too [laughs]."⁵³⁹

I met Gabriele in a café in the Centro area of Rio de Janeiro, in a café close to the company where she worked as an Investment analyst for a pension fund. Gabriele was thirty years old when I interviewed her on 21 February 2017. She was white and came from a traditional middle class background. She had an MBA degree and had lived in the United States four years earlier for nine months, she also spoke English and the interview was carried out in English. Gabriele also wanted to have a natural nose but she showed her surgeon a photo of a celebrity whose nose she liked. She had rhinoplasty three months earlier with Dr Felipe Tallor. Gabriele told me that she had felt her nose was too big but she was worried about having a nose that did not look natural, she said that for her it was important that it looked like it belonged on her face, and did not look like a doll's nose. She came across Dr Tallor who was well known for doing manual drawings of a person's face with measurements on them, after which he would work out the ideal proportions for the nose, which he would use this as his surgical guide. The surgeon said he would not create that nose, explaining his practice of giving her the nose that would suit her. Gabrielle was at the consultation with her mother and she said "have your surgery with him, he's very responsible". She told me that she was happy to have followed his advice as she was very happy with her nose.

The above discussion with white women illustrates a number of points. They each felt pressures from Brazilian society's dominant beauty standards to have rhinoplasty either to

⁵³⁹ "Me sinto, sei lá, eu já acordo me sentindo mais bonita, assim, sem precisar de muita coisa, assim, de maquiagem, muita coisa. Eu me sinto bem mais bonita e respirando melhor também [risos]."

Figure 9. Map of São Paulo's districts⁵⁴⁰

I arrived at Diana's building where she had invited me to have lunch on a Saturday in March 2018. Diana was then a 25-year old psychology graduate. She had recently been promoted from an operator to a training supervisor in a call centre about two miles from where she lived. She also ran a Facebook group, *Rinoplastia Nariz negroide*. Her mother is an auxiliary nurse and her father is a bricklayer. Diana lived with her parents on the western periphery of São Paulo. They have a two-bedroomed flat in a block which is in a secured gated community. The flat she lives in is around 10 years old and the outside area around the blocks is well kept and there is a swimming pool and multi-sports courts serving the multiple blocks in the community. Beyond the gates, the area changes quickly and a couple of hundred metres is a favela and during the interview, which lasted 2.5 hours, I heard what sounded like fireworks being let off five or six times, a possible indicator that drug gangs were operating in the area. The situation she lives in appears to be a metaphor for her life, she has ascended to middle class status but is never far away from danger or precarity.

Diana and her mother were both present during the interview and lunch. Paula, Diana's mother, is 56 years old. I asked her what she thought of her daughter having surgery. She replied that at first, she was worried that it might be dangerous. Paula has not had any surgery and would not have any; she said that she felt happy in her own skin but that over time, she has got used to Diana's surgery but that she hopes her daughter will not have any more procedures. The mother expressed pride in her daughter's success in running the Facebook group and helping other women realise their dreams and overcome their problems with self-esteem and self-confidence. She also recognised Diana's ability to earn money and have choices that she did not have through her daughter's increased economic capital and social mobility. Diana and Paula referred to the economic freedom to consume cosmetic surgery, cars and holidays. Diana described herself and her family as *classe C* because they own their small flat and have jobs. Her mother described how she and her husband had been brought up in the countryside and had moved to the city to find employment. Although they have low paid jobs in the city, they have improved their social position over the years.

⁵⁴⁰ The periphery of São Paulo is comprised of 42 districts – 1,086 km² of the city's total of 1,528 km². The total population of these districts is 7 million people of which 2 million live in what is termed "*periferia*", according to socioeconomic indicators such as low income, low education, poor healthcare and poor quality housing. <https://www.storyproductions.com/periphery-São-paulo>

Since having her rhinoplasty eighteen months prior to the interview, which was the first procedure she had, she had also had a retouch on her nose and soon after she posted on social media that she had had a third surgery as she had a dent in her nose that she was not happy with. She had found it difficult to find a surgeon who would operate on her *nariz negroide* in the first place and it had been hard to gather information via the internet as to how to go about getting this surgery done. Diana ran a Facebook group for five years to support women with a *nariz negroide*, *Rinoplastia Nariz negroide*, in order to help them get the nose they wanted as in practice there was much to overcome for women with a *nariz negroide* as in practice it is difficult to find surgeons willing to operate on them, to get the nose they want, and to pay for it.



Figure 10. Header image from private Facebook group 'Rinoplastia Nariz negroide'. "If I've got myself a cute little new nose, it's because I deserve it"

Diana frequently referred to wanting to help people through her group to offer support and guidance. The Facebook group page header has an image of a Barbie doll with brown skin, blonde hair and sunglasses (see Figure 10) while text underneath, translated from Portuguese, states, "If I have got myself a new cute little nose, it's because I deserve it". This message is one that focuses on the potential satisfaction derived from having rhinoplasty, connected to messages of empowerment.⁵⁴¹ She felt strongly that there was a scarcity of information about

⁵⁴¹ Sarah Banet-Weiser, *Empowered: Popular Feminism and Popular Misogyny* (Durham, NC and London: Duke University Press, 2018).

rhinoplasty for people with a *nariz negroide* and her group provided this information point. Typically, women on the Facebook group would ask questions such as “I’ve got a budget of 10,000 Reais [£2,000], where can I find a good surgeon? The ones I’ve been researching cost between 14,000 and 32,000 Reais.” Other members then answer with who they recommend (see Figure 11).

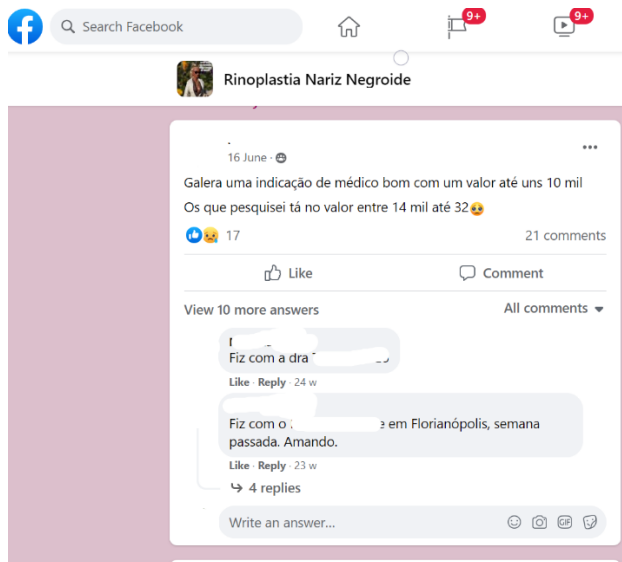


Figure 11. Post from private Facebook group Rinoplastia Nariz Negroide

What Diana had expected to be a hub for sharing information became difficult for her to manage as there were ethical issues in terms of people posting unlawful advertisements for surgeons and potentially litigious comments about particular surgeons.⁵⁴² After closing her group, Diana told me that she felt that it was becoming increasingly difficult as the members had unrealistic expectations of surgery; they would want a nose to look European rather than accept what a surgeon could actually do with their nose. She felt a lot of pressure personally as her name had become synonymous with the *nariz negroide*, so she closed her Facebook group in 2021 to focus on her main career in training.

⁵⁴² In Brazil plastic surgeons are not legally permitted to show examples of their work, “before and after” photos. According to the SBCP (Sociedade Brasileira de Cirurgia Plástica) the governing body for Brazilian Cosmetic surgery, surgeons are subject to the Medical Code of Ethics in Brazil which has specific guidance on advertising, https://portal.cfm.org.br/publicidademedica/arquivos/cfm1974_11.pdf. In an industry where the product for sale is the “after” image, this legislation was rather limiting. Nevertheless, according to some cosmetic surgeons I interviewed, the thought that some rhinoplasty surgeons offered financial incentives (usually discounts or free minor procedures such as Botox) to their former patients to promote their services via Facebook and Instagram.

Diana's goal to help women with a *nariz negroide* was driven by a desire to help women who wanted to feel empowered through beauty and saw their newfound middle class status as a route for this. However, the demise of the group signifies a moment in time (a period of five years) when there was a sense of hope, for Diana and for the women she tried to help, namely that this was possible. There is a sense that the start and end of Diana's Facebook group are both rooted in the wider issues of race in Brazil whereby Black women experience multidimensional prejudice. These issues underpin beauty standards and make it so challenging for Black women to be beautiful, or normal, or accepted in the way that the standards are out of reach for them, and the provision of rhinoplasty surgery is not geared up to service their needs. Thus, aesthetic raciologised hierarchies permeate not just the hegemonic nose but also beauty practices and consumption creating a race-based system favouring white women or women with Caucasian features versus Black women or women with African features. The effect of this aesthetic stratification is that, despite enhanced economic capital, beauty capital and its social benefits, such as feeling accepted and normal, can remain elusive. Based on this, one can conclude that structural racism appears difficult to avoid and even what appears to be a solution to acquire beauty capital seems to be influenced by prejudice at every level, thus restricting consumer citizenship and identity construction.

The need to feel normal: Changing face/race?

I met Gabi in a bustling Starbucks on the busy Avenida Paulista, one of the main streets in the commercial centre of São Paulo. Gabi had responded to a call I had posted in the Facebook group *Rinoplastia Nariz negroide*, wanting to talk to anyone who was looking to have rhinoplasty. She took part in a group discussion involving five others, discussing rhinoplasty, race, social media and Brazilian politics. She had moved two years earlier to São Paulo from a rural area in the Minas Gerais region. Her father is white and her mother mixed race. She described her family background as a way to talk about why she wanted to have a nose job:

My father's family is bigger than my mother's. I am an only child. On my mother's side, I have only two cousins, a Black girl and boy. My uncle married a Black woman, so they have even more pigmented skin colour than mine but I have several cousins of the same age group on my dad's side who are white and blonde. From a very young age, I was aware of this difference. Not that anyone made a distinction. But they

looked like Barbies, got it? And I don't know... I believe that things are changing today, in the past, it wasn't like that, do you see what I'm saying? I didn't want to look like my mother. I wanted to look like my aunts on my father's side.⁵⁴³

As Gabi wanted to have rhinoplasty to look more like the white members of her family, the process of this meant changing herself. She had always felt that she looks different to the rest of her family with slightly darker skin and a *nariz negroide*. She indicated that her low self-esteem was nothing to do with race yet she used race as part of her explanation of it. She does not like her nose and does not think it is pretty and wants to change it. She would not want to be told she could not change her nose. This feeling of difference and not fitting in even with her family would have been exacerbated by the invisibility of Black beauty, validating her low self-esteem and desire to whiten.

This lack of self-esteem was also evident in Carol, a literature graduate in her early thirties who had been out of work for over six months. She was a Black woman with a *nariz negroide* and was waiting to have her first rhinoplasty consultation with a surgeon in São Paulo when she talked about her experiences and motivations. Her low self-esteem had not helped with being out of work and said "It's a social and cultural thing, you feel more beautiful if you're seen as more beautiful, you have more social value, you're better treated, you have better opportunities."⁵⁴⁴ Both Carol and Gabi had acquired social capital through their degree level education and were looking to engage in rhinoplasty to address the lack of validation they felt, however the consequence of this was erasing (some of) their Blackness. In discussing her motivations to have rhinoplasty, Carol moved seamlessly from the idea of wanting to be beautiful to everyday racism that she had experienced.

Unlike Gabi who referred to race but felt that her issues were to do with fitting in with her family, Carol had a strong racial awareness and connected her racial appearance and social position, and she illustrated this social position through her experiences of everyday racism. She had recently gone back to university to study business to improve her chances of getting

⁵⁴³ "A família do meu pai é uma família maior do que a família da mãe. Na família da minha mãe eu sou filha única, tenho só dois uma menina e um menino negros. Porque meu tio casou com uma mulher negra, então, eles têm a cor da pele até mais pigmentado do que a minha. Mas, a família do meu pai em que eu tenho várias primas da mesma faixa etária, são todas brancas e loiras. E desde muito pequena, eu senti essa diferença. Não que elas faziam distinção ou que a família do meu pai fazia distinção. Não. Não havia. Mas, elas eram as Barbies, entendeu? E eu não sei. Acredito que hoje as coisas estão mudando está tendo uma revolução em relação a isso. Não queria parecer com a minha mãe. Eu queria parecer com as minhas tias por parte de pai."

⁵⁴⁴ "É uma coisa social e cultural, você se sente mais bonito se você é visto como mais bonito, você tem mais valor social, você é mais bem tratado, você tem melhores oportunidades."

a job. “It's a paid course. I went and cleared out what I had in the bank. I'm the only Black student in the room, because it's a very expensive college, a very expensive graduate school. There are 40 students, and only one Black woman, me.”⁵⁴⁵

She went on to explain an experience of everyday racism that occurred in her class, where she was in the minority as a Black person. On the first day of class, the students were placed in pairs and she was with a white student named Patricia. She recounted the conversation, “I said: “Patricia? Is that Pat?”⁵⁴⁶ She looked like this (Carol made a stern face): “Call me Patricia.”⁵⁴⁷ She was making the point that she tried to become familiar with Patricia by shortening her name, something that might be usual among student colleagues, but she appeared to reject this for a more formal relationship. “I thought that this was fair enough if a person doesn't like it, fine. Me too, there are things I don't like. I took it well.”⁵⁴⁸ Carol then found herself in a group of eight students, including Patricia, for their first assignment and she said that because she was unemployed and had plenty of time, she volunteered to be project manager. Despite Patricia not wanting Carol to be too familiar with her, she was very familiar, herself. She said, “Patricia was there with me and the rest of the group, and, in the middle of the conversation she called me twice: “Nega, you're rocking. Nega, I don't know what”. Which isn't normally offensive, but if I look at you and say, “Call me Patricia, call me by my full name.” And then I feel intimate enough to call you “Nega?”⁵⁴⁹ Calling a person “nega” could be used as a term of endearment but it has a racialised connotation as it comes from “*negra*” (Black) so it would be considered inappropriate, and in this case, offensive, to use this by someone who a person is on formal terms with, such as in the case from Patricia to Carolina. In other words, it illustrates the balance of power that Patricia assumes in her favour as a white person. Carolina uses this experience to illustrate why she wants to have rhinoplasty, therefore connecting everyday racism, social position and perceived racial appearance. This exemplifies how deeply embedded racism is structurally in Brazil and its

⁵⁴⁵ “A faculdade é paga. Eu fui e limpei o que eu tinha no banco. O que acontece, eu sou a única aluna negra na sala, porque é uma faculdade caríssima, uma pós-graduação bem cara. Somos 40 alunos, só tem eu de mulher negra.”

⁵⁴⁶ “Patrícia? Pode ser Pat?”

⁵⁴⁷ “Me chama de Patrícia”.

⁵⁴⁸ “Tudo bem, a pessoa não gosta, normal. Eu também, tem coisas que eu não gosto.”

⁵⁴⁹ “Estávamos eu, ela e o restante do grupo e no meio da conversa ele me chamou duas vezes de: “Nega, você está arrasando. Nega, não sei o que”. O que normalmente não é uma ofensa, mas se eu olho para você e falo: “Me chama de Patrícia, me chama pelo meu nome inteiro”. E depois eu me sinto íntima o suficiente para te chamar de nega?”

consequences in triggering negative self-esteem in women in relation to their physical appearance.

Racism in the context of Brazil: Exploring rhinoplasty inequality through Black voices

In addition to speaking to women who were interested in rhinoplasty, I wanted to get alternative Black female perspectives to include a wider range of voices and acquire a wider view on rhinoplasty of the *nariz negroide* and its context. I interviewed four women in São Paulo who I contacted via social media. I identified each of them for having an engagement with either Black beauty or Black feminist activism. Their interviews provided insight into the politics of beauty and the way power dynamics interact with the cultural, economic and social dimensions of Black women's lives with reference to their lived experiences. In addition, the women illustrated the way in which the media representation of beauty has affected Black women by citing examples from television over decades, the rigidity of aesthetic hierarchies, all independent of class stratification that appear in daily lives and the function of everyday racism in Brazilian culture. They drew on their personal experiences and shared stories from their family and domestic situations. I argue that the hostile cultural environment with its oppressive standards of beauty in which the racialised hegemonic nose is situated, makes it very difficult for women to resist the standards of beauty, but also that, unlike hair,⁵⁵⁰ there has been little recognition of the nose as a characteristic around which to build positive significance, and the *nariz negroide* highlights the ongoing struggles Black women face in relation to racial discrimination vis-à-vis their bodies.

“If I had the money, I’d find more useful things to do”: The economics of racism

Luma's story revealed the experiences of everyday racism in her life relative to her appearance. This racism is bound up and deeply entrenched in Brazil's racial hierarchies, in such a way that it touches the very people at the bottom of society, namely Black women. I met Luma in March 2018 at the same shopping mall as where I met Carina. Luma is a 27 year old Black YouTube blogger who releases episodes of “Luma Show” twice a week. I had approached her because she was vocal about Black women's issues and her YouTube channel description states “Hey! Loves from my ‘Brazil’, a big welcome to my channel. Here the

⁵⁵⁰ Caldwell, *Negras in Brazil*.

creation and production is done by me. I'm a Black woman, fat, peripheral [meaning from the poor suburbs] who has never seen herself represented in the media. But with you guys I can find self-esteem, beauty, and the empowerment of being who I am... So here is the Luma Show!"⁵⁵¹ Luma had not had rhinoplasty and was not considering it, and she had never actually discussed it on her show but I was interested to talk to her because of her comments about beauty and empowerment as a Black Brazilian woman. I wanted to know what she thought about rhinoplasty of the *nariz negroide*. She found the idea of this research very important and she wanted to help because, she said, "in relation to rhinoplasty, Black women generally don't see themselves as beautiful, so many of us try to change to try to look beautiful because we usually don't think we're pretty."⁵⁵² Luma's comment spurred me to show her a post that I had seen on Facebook.



Figure 12 Post from Facebook by "Love Black": "Your colour is beautiful, your nose is beautiful, your face is beautiful, your hair is beautiful, and never question this!"⁵⁵³

When I showed Luma this image, she looked at me with a sense of sadness and pain in her eyes. I wondered what she was going to say. She shared with me some personal experiences

⁵⁵¹ "Oie! Amores do meu 'Brasis', sejam muito bem-vindxs ao meu canal. Aqui a criação e produção é feita por mim, com o olhar de uma mulher negra, gorda, periférica e que nunca se viu representada nos veículos midiáticos. Mas que descobre com vcs a autoestima, beleza, e o empoderamento de ser quem eu sou... Assim Luma Show!"

⁵⁵² "Só que aí quando você diz, relacionado à beleza, à rinoplastia, que é essa falta de identificação e de beleza que geralmente a mulher negra não vê nela, a gente, muitas tentam mudar para tentar parecer ou pelo menos para ter um aspecto bonito porque a gente geralmente não se acha bonita."

⁵⁵³ LoveBlackoficial, <https://www.facebook.com/loveBlackoficial>

within the context of the Brazilian social experience. She told me that she thought that the media was responsible for making Black people invisible or for showing them as criminals or figures of mockery. Luma remarked,

So nowadays when people watch TV, they realize how racist the jokes were at that time [i.e. the 1960s] and we also see Black women being represented on television like my mother was, who was a maid. So, my mum thought that this could also be my lot in life, my grandmother thought that this was the place her daughters would have too. Not to be seen. When we don't see ourselves represented, we don't think we are pretty. So, I never saw myself represented anywhere to be able to find beauty in myself.⁵⁵⁴

Luma added that her mother had stood her in front of the mirror one day and tore her clothes, telling her that she was ugly and fat and that nobody would ever love her. Luma said that she felt that her mother was conflating the lack of representation of Black beauty in Brazil with Luma's appearance as a precursor to a preordained failure in life. Luma's response to this image revealed subtle connections between symbolic power, racism and how those who experience racism are often beaten down by it and either hide away and/or reproduce it themselves.

Luma would not be considered part of the new middle class. Living in the periphery with unsteady employment, Luma said going for beauty treatments or having cosmetic surgery would not be on her list. Rather, if she had more money, she would spend it on basic living expenses. She said that despite there being women who have ascended socially in Brazil, the majority are still unable to afford luxuries such as beauty treatments. She said they experience low self-esteem and do hard labour jobs, such as cleaning.

Luma studied broadcasting at university and wanted to work as a presenter. She was told by her white professor that she would never get a job in TV because of she was Black. This has been borne out and she has not worked in broadcasting since leaving university. She has had short term contracts working in social media and used any money she earned to set up and run her YouTube show. Watching Luma's YouTube performances, the comments made by

⁵⁵⁴ “Então hoje em dia as pessoas quando vão assistir, por exemplo, Os Trapalhões, que era um programa de TV aqui que era humorístico, percebem o quanto as piadas eram racistas naquela época e a gente também quando vê essas mulheres, quando a gente vê as mulheres negras sendo representadas na televisão era o que a minha mãe foi, que foi empregada doméstica. Então ela achar que esse também poderia ser o meu lugar, a minha avó achar que esse era o lugar que as filhas dela teriam também. De não se ver. Quando a gente não se vê representada, a gente não acha que isso é bonito. Então eu nunca me vi representada em algum lugar para poder achar uma beleza em mim.”

her professor are hard to take as she is a talented, enthusiastic and engaging presenter. She benefitted from the affirmative action policies that enabled her to go to university. However, despite her talent and her education, structural racism prevails and her opportunities are limited. The comments and experiences of Carina and Luma underscore the racism Black women experience in Brazil and the overarching prejudice they face both structurally and on an everyday basis. Their experiences emphasise the central role racialised appearance plays in their lives, which they have no agency over. Returning to aesthetic hierarchies, they bring into focus the stigmatisation of Blackness and highlight for us how beauty capital or a lack thereof determines social outcomes within Brazilian society. The racist experiences of Carina and Luma reinforce that it is hard, therefore, for Black women to escape the politics of beauty in the situation where there is a tension between the structural devalorisation of Blackness and its associated prejudices, and a restricted degree of agency whereby they sacrifice (an element of) their Black identity. Bringing the discussion back to rhinoplasty, this limited agency would be the case if for example, a woman should choose to modify her nose.

Shades of aesthetic hierarchies: The social implications of racism

Luma's position as a Black woman and the connection between her experiences of racism can be understood more clearly within the context of aesthetic hierarchies. Angelina discussed her perspective on colourism with me. As a YouTube blogger and Instagram influencer on Black beauty, she had over 15,000 subscribers to her YouTube channel when I interviewed her in March 2018. She also wrote column about beauty for a French magazine. When I met her, she was about to leave Brazil to go to live in France to judge a beauty contest there and do some modelling for an agency there. Angelina is 27, light skinned with a white mother and Black father. She was brought up in the periphery of São Paulo from a class D background. According to Angelina, she has actively chosen to embrace her Blackness by wearing her hair naturally, as other than this she has few physical traces of her African heritage. She says that her mother does not understand that when she is so light skinned and has blue eyes that she would wear her hair naturally as she can look (almost) white without it. Angelina, however, has a strong racial consciousness and stated a direct link between a lack of integration of ex-slaves into Brazilian society with current social inequalities. She notes the lack of validation of Blackness in Brazil and refers to the shopping centre we are sitting in and points to a billboard with a huge image of a blonde, white woman in an advertisement. In turn, Angelina remarks how invisible Blackness is in the media and the impact this has on women's self-

esteem and confidence. She sympathises with the notion of feeling that people want to change how they look to feel more normal and the attitude of the surgeon that ideally, it is not good to change one's racial appearance, however, Angelina says "Black Brazilians never feel beautiful. They always had this thing of denying themselves and trying to whiten, lighten and get as close to whiteness as possible."⁵⁵⁵ Angelina goes on to qualify this by saying that representation of Blackness in the media is a little better than a few years ago but that typically Black women that are visible have fine features she says, "they are Black but don't really look it".⁵⁵⁶ In addition, "The smaller the nose is, the less *negroide*, it is, the thinner the lips are, for Black women, the better. As much as we see the fashion for lip filling and so on, the further we move away from our Blackness, the better it is and the better accepted we are going to be".⁵⁵⁷ Angelina conflates the tendency towards erasing these features with colourism and aesthetic hierarchies, that the further a person is from Blackness whether in their colour or their features, the less likely they are to suffer racism:

The darker the skin tone, the more you suffer racism more aggressively. And the more you have *negroide* traits, the more aggressively you suffer racism. That is, this prejudice in relation to tone and characteristics, to the phenotypes you have. I do believe that there are Black women who want to undergo rhinoplasty precisely to get as far away as possible. In this case, they don't have a lighter skin tone, but they can get a nose job to make their nose a little more European, look better, because having a thinner nose, finer features, it's more beautiful, it's more elegant.⁵⁵⁸

May's insights add to Angelina's bringing as a contrast the perspective of a dark skinned woman from a more affluent background. She is an Instagram influencer and make-up artist. At the time I interviewed her in March 2018, May, aged 28, had two contracts with beauty companies that sell make up for Black women, specifically. We chatted over lunch at the

⁵⁵⁵ "O negro brasileiro nunca se sente bonito. Sempre teve esse lance de se autonegar e de tentar embranquecer, clarear e chegar o mais perto da branquitude possível."

⁵⁵⁶ "Elas são negras, mas elas não parecem."

⁵⁵⁷ "Quanto menor o nariz for, menos negroide, menos características negroides ele tiver, quanto mais fino o lábio for, isso para as mulheres negras, ou quanto não tão grosso ele for. Por mais que vejamos a moda de preenchimento labial e etc., mas o quanto mais nos afastarmos da nossa negritude, melhor é e mais bem aceitos nós vamos ser."

⁵⁵⁸ "Quanto mais escuro o tom da pele, mais você sofre o racismo de forma mais agressiva. E quanto mais você tem os traços negroides, também de forma mais agressiva você sofre o racismo. Ou seja, esse preconceito em relação ao tom e às características, aos fenótipos que você tem. Acredito sim que têm mulheres negras que querem fazer a rinoplastia justamente para se afastar ao máximo que der. No caso, eu não tenho o tom de pele mais claro, mas eu posso fazer uma plástica no nariz para diminuir o meu nariz e ficar um pouco mais europeia, ficar mais bonita, por que ter o nariz mais fino, os traços mais finos, é mais bonito, é mais elegante."

Shopping Cidade de São Paulo. She told me how she was trying to make a living from social influencing and needed a couple more beauty contracts and to increase the number of followers she had. I explained my research to her and asked her what she felt about rhinoplasty of the *nariz negroide*. She said, “I don’t have a problem with mine, it’s ok for me, there’s no problem at all, but I don’t judge who has it either.”⁵⁵⁹ May told me that she had never considered having surgery because her nose was small and had never had any issues with it. She felt that if women felt that this was something they wanted to do then they should do it. May was acutely aware of racism through her experiences growing up in an upper middle class area of São Paulo. May said, “I believe that racism here in Brazil is as exposed as it is veiled. There’s a lot of racism, people are racist but the majority don’t admit it or pretend not to be, but they are.”⁵⁶⁰ She reflected on her childhood: “I was remembering that just when we moved into my apartment, one of my neighbours went to complain to my mom that the park was dirty. And my mum was listening and thinking, ‘but what do I have to do with it?’ The girl thought my mother was the cleaner. She was complaining to my mum that the park was dirty. And she said, ‘so let’s complain to the team together, because it’s not my job to clean it’.”⁵⁶¹

I argue that the contrast of the lived experiences of race and class alludes to the way a person’s racial appearance appears to override their class position insofar as Angelina’s insights as a woman with light skin and Black heritage suggests that a lighter skinned Black woman whose phenotype suggests a *morena* without visible traces of Blackness can avoid prejudice, irrespective of her particular economic situation. In contrast, May, who was dark skinned found it difficult to escape racism even though she was from a far more affluent background because of her racialised appearance and the associated relative high value attributed to Angelina’s whiteness and low value to May’s, reflecting the dominance of race within the class/race debate. This is significant because it shows the way that prejudices operate in line with aesthetic hierarchies.

⁵⁵⁹ “Eu não tenho problema com o meu, para mim está ok, não tem problema nenhum, mas também não julgo quem tenha.”

⁵⁶⁰ “Então, na parte do racismo, eu creio que o racismo aqui no Brasil é tão exposto como é velado, também. Assim, o racismo é muito, as pessoas tem, mas a maioria não assume ou finge que não tem, mas tem.”

⁵⁶¹ “Eu estava lembrando que logo quando nos mudamos para o meu apartamento, uma das vizinhas minhas foi reclamar com a minha mãe que o parque estava sujo. E a minha mãe estava ouvindo e pensando, ‘mas o que eu tenho a ver?’. A moça achava que a minha mãe era da limpeza. Ela estava reclamando com a minha mãe que o parque estava sujo. E ela falou “então, vamos juntas reclamar para equipe, porque eu não tenho nada a ver com isso.”

“Beauty in Brazil doesn’t include me as a Black woman”: Symbols of exclusion

On the receiving end of symbols of beauty in the media, I interviewed Carina, a Black feminist activist from São Paulo’s periphery, at a shopping centre in the affluent city centre in March 2018. Shopping Cidade São Paulo is located on one of the city’s main commercial and shopping thoroughfares, Avenida Paulista, which serves the area’s workers and local residents, it represents a space that the new middle class were not traditionally welcome in. The shopping centre is described on Google as a “stylish mall with higher-end brand boutiques, plus a cinema, food court and restaurants.”⁵⁶²

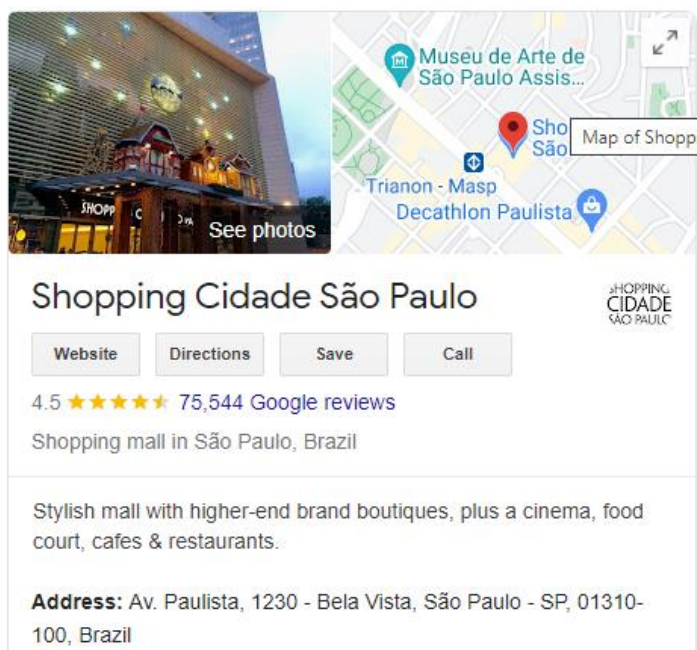


Figure 13. Shopping Cidade São Paulo

The first two floors of the mall are populated mainly by fashion, shoe, jewellery and beauty stores. In the middle of the day, the upper level restaurants and food hall were full of local office workers and shoppers. As you climb the escalators between the floors, you are faced with advertisements for fashion and beauty products to be found in the shopping centre. These advertisements are shown on large TV screens with images that reflect the standards of

⁵⁶² Shopping Cidade São Paulo, Google map, https://www.google.com/search?q=shopping+cidade+s%C3%A3o+paulo&rlz=1C1GCEA_enGB888GB888&oq=shopping+&aqs=chrome..69i57j35i39j0i131i433i457i512j0i402i2j0i433i512j69i6112.6174j0j4&sourceid=chrome&ie=UTF-8

beauty in Brazil, namely, light-skinned women with small noses. I carried out several interviews with Black women at the food hall as this shopping centre was close to where I was staying and was also a safe public place, close to a metro station, and one I considered to be convenient for my interviewees.



Figure 14. Food hall at Shopping Cidade São Paulo

Carina, a 39 year old Black feminist, had no personal interest in cosmetic surgery but she saw rhinoplasty of the *nariz negroide* as an issue that affected Black women so she was interested in talking about it with me. I was looking forward to her insights as she worked on a community project with Black women and was an activist for Black feminism. Her first insight was about the very shopping centre that we met in. She mentioned to me that she had felt uncomfortable when she entered the shopping centre as she took the three escalators up to the top floor. She said that the advertisements she saw on her arrival were an indication that she was not welcome in that space as the images presented, of white models promoting global brands, were not applicable to her, either due to her natural physical appearance as a Black woman or the fact that she had constrained financial means and could never afford to try and look like them.

Carina described how she saw beauty functioning in Brazil for Black women:

Here in Brazil we have this situation that many Blacks with light skin who straighten their hair or who modify their nose, they become white people because there is colourism, which is Blackness in many ways because people are diverse, right? But

the closer you are to being white, the more you are socially accepted. What I can reflect from this is very ... there is no place for acceptance, appreciation of Black beauty ... there are some exceptions like Tais Araújo, but she does not show the reality of Brazil. But when a Black woman, like this actress, a Black woman who does not meet this profile, she is not yet valued, this beauty is not recognised. Either she goes to the place of the exotic, the mulatto, or the sexualised beauty, or you're out like that (interview excerpt with Carina, conducted March 2018).⁵⁶³

This extract from Carina's interview illustrates how there is a Black feminism in Brazil that is not buying this whitened notion of beauty. It underscores how a whitened notion of beauty exists in the wider Brazilian consciousness as the dominant standard and is appropriated, reproduced and represented by the media, even when attempting to represent Blackness, thereby illustrating the pervasive racism that exists in Brazil and how advertising plays on insecurities through disseminating unachievable standards of beauty in order to stimulate consumption of beauty products and services. As can be seen from Carina's story relating to the shopping centre, the alienating effect can exacerbate bias and discrimination such as racism in her case.⁵⁶⁴ The symbolic power of beauty⁵⁶⁵ translates into beliefs, attitudes and actions that perpetuate Brazil's racial hegemony. The way that rhinoplasty of the *nariz negroide* adheres to and reproduces standards of white beauty, erasing and invalidating Blackness exemplifies this.

Conclusion

The research objective of this chapter has been to explore the lived experiences of women involved in the consumption of rhinoplasty with an emphasis on the way narratives of race and class influence their experiences. As a result, it has focussed on rhinoplasty of the *nariz negroide* and the perspectives of women at a specific moment in time, namely after a new

⁵⁶³ "Aqui no Brasil a gente tem essa dinâmica de que muitos negros de pele clara quando eles alisam o cabelo ou quando eles modificam o nariz eles passam por pessoas brancas porque existe o colorismo, que é a negritude de várias formas porque o povo é diverso, né? Mas quanto mais próximo do branco você tá mais você é aceito socialmente. Porque aí o que eu consigo refletir é muito ...não existe um lugar de aceitação, de valorização da beleza negra ... tem algumas exceções como a Tais Araújo, mas que não é a realidade do Brasil. Mas quando é uma mulher negra como essa atriz, um a mulher negra que não atende a esse perfil, ela ainda não é valorizada, essa beleza não é reconhecida. Ou ela vai para o lugar do exótico, da mulata, ou a beleza sexualizada, ou você tá fora assim" (interview excerpt with Carina, conducted March 2018).

⁵⁶⁴ Bonnie Berry, *The Power of Looks: Social Stratification of Physical Appearance* (Abingdon: Routledge, 2016).

⁵⁶⁵ Pierre Bourdieu, *Language and symbolic power* (Cambridge: Polity Press, 1991), 163-4.

non-white Brazilian middle class emerged, a class intent on entering new spaces of consumption. In turn, this new audience has disrupted the rhinoplasty market because of their racially different profile. In attempting to integrate into the middle class, *nariz negroide* they were expecting their newfound economic power to open the doors of beauty clinics. Many had hopes of getting the nose they felt would make them beautiful and that they deserved as part of the national belief in the “right to beauty” and as part of their identity construction through consumer citizenship. However, these hopes are often unmet as, unlike other cosmetic surgery procedures, rhinoplasty of the *nariz negroide* reflect aesthetic hierarchies and the effect which privileges and prejudices women according to their racial appearance. Although Brazil is a nation that considers itself “meta-racial” due to its high levels of miscegenation, this new wave of potential consumers was expecting social mobility, however, old patterns of racial inequality and structural racism end up repeating.

The experiences of women with a *nariz negroide* illustrate the obstacle posed by unattainable (white) beauty standards, embodied by the hegemonic nose within the wider context of the politics of beauty, thereby limiting the agency that they might have expected with their emergent middle class status. However, such beauty politics determine that the ideal nose remains fixed and while experiences of the women in this study suggest that racial assimilation may not be the goal per se, it is the only way to achieve the middle class beauty they are seeking and as such, their self-esteem, career prospects or other motivations seem to be connected to this rigid standard of beauty embodied by the hegemonic nose.

As Diana informs us from her experience of running her Facebook group, the expectations of women wanting rhinoplasty of the *nariz negroide* appear unrealistic as they are seeking something that is not achievable within the scope of the skills of the surgeons whose training has prepared them for the extant white consumer market. The consumerist messages that circulate in society about beauty are just that, in other words they are about beauty and appear to be void of racialised content. Beauty appears to be available to all and as such there are potentially multiple interpretations of it, according to one’s subjectivity. Meanwhile, there is a discontinuity between Black identity and their surgical alteration of the *nariz negroide*. Thus, the conversation around rhinoplasty inevitably touches on race despite the women’s desires appearing to be void of racial motivation.

The voices of those women cited in this chapter who were not interested in rhinoplasty reveal much about how this consumption connects to old patterns of racial exclusion. They discuss the way in which aesthetic stratification is experienced every day, and how aesthetic

hierarchies are unassailably linked to exclusionary standards of beauty that are divisive and unequalising in both form and function. Making these connections reveals the vacuity of the promise of beauty through rhinoplasty for women with *nariz negroide* as another version of the contradictions in Brazilian society, namely between the raciological constructions they have to negotiate despite frequent appeals to the convivial discourse of *mestiçagem*.⁵⁶⁶ This, in turn, may go some way to explain levels of dissatisfaction women with this type of nose often experience through rhinoplasty. The argument I propose here that that these women are self-fashioning a “*morena* nose”, one that reflects the intersectional nature of their everyday lives and located somewhere on the spectrum of convivial to multiculturalist identifications. As such they are building a ‘brown’ or *morena* aesthetic, but what they are not doing is unthinkingly reproducing the raciologised assumptions of the Brazilian beauty industry and its inherited aesthetics.

The complexity and subtlety that underpins the lived experiences of young Brazilian women from the emerging non-white middle class that foregrounds the next chapter, which explores the role cosmetic surgeons play at the point of access to surgery, as surgeons themselves assume the role of gatekeeper in this contested area of rhinoplasty. By contrast to the women in this study, these surgeons are mostly male, white and middle/upper class, thus their roots lie mainly in the traditional middle class.

⁵⁶⁶ Guimarães, “Racismo E Anti-Racismo No Brasil.”

Chapter 6. The cosmetic surgeons: Gatekeepers of expectations, hopes and dreams

Introduction

The research objective of this chapter is to examine the role of rhinoplasty surgeons in Brazil and their roles as gatekeepers for women seeking rhinoplasty of the *nariz negroide*. This chapter examines the role of the rhinoplasty surgeon in Brazil in relation to the *nariz negroide*, placing this figure within the context of raciological constructions of the hegemonic nose alongside appeals to Brazil's supposedly convivial, colourblind character. As illustrated in Chapter 5, the experiences of women with a *nariz negroide* differs from those with a *nariz caucasiano*, specifically along racialised lines. Here, I examine the connections between power and practice at the hands of the surgeons in their role as gatekeepers and explore the racialised anomalies and paradoxes which bifurcate women's experiences through the racial framing of the practice of rhinoplasty of the *nariz negroide*. Prior to the emergence of this new market, the segment of consumers with a *nariz negroide* would have been silently marginalised by an industry ill-prepared to deal with it. Only white people could afford rhinoplasty reflecting a Brazilian system of social hierarchies rife with *de facto* racial and economic exclusion. However, this racially inflected marketplace was disrupted in the early 2000s as women with one key differentiating characteristic, a nose that was categorised racially as the *nariz negroide*.

The disruption of the market takes place at this crucial point of interaction between surgeon and patient. The rhinoplasty surgeon who consults with the person seeking to change their nose while the surgeon decides whether the person can have rhinoplasty, they also plan and design the new nose, carry out the operation, and provide the aftercare. The rhinoplasty surgeon is responsible for realising or quashing the hopes and dreams of the women seeking rhinoplasty; this same responsibility comes with the power and status that is part and parcel of the Brazilian imaginary that identifies the rhinoplasty surgeon as a healer. In Brazil there is a high regard for aesthetic cosmetic surgery in Brazilian culture where the issue of beauty is seen as a right and where the perception of ugliness is considered as something to be fixed. Top cosmetic surgeons experience high levels of admiration and recognition, especially in the realm of social media, in the contemporary context. For example, a surgeon was described in

the following way on a Facebook post, “Dr Gino is an angel in human form”.⁵⁶⁷ Women seeking surgery often research surgeons using websites, social media platforms such as Instagram and Facebook to decide which surgeon aligns with the type of surgery and end result they are looking for, a “Barbie” nose or a more “natural” look. Standing as the gatekeeper at a threshold that is often so desperately wished to be crossed, the role of the rhinoplasty surgeon is critical as an enabler – or disabler – of something which may be seen to be life changing for the woman wanting rhinoplasty. However, this chapter also argues that the newly minted audience of non-white women seeking rhinoplasty of the *nariz negroide* have systematically disrupted the cosmetic surgery marketplace as well as challenging its surgical practices as well as the aesthetic and racial assumptions of the Brazilian beauty industry.

Contextually, a surgeon is influenced by the politics of beauty and their beliefs, values and attitudes impact on the approach to their work, this affects how they handle their patients as a result. Consequently, the result of a rhinoplasty surgical procedure or a person’s ability to access surgery is influenced by the surgeon. I consider the role of the surgeon and how this affects the process of the practice of rhinoplasty in relation to people who seek to and possibly, eventually, undergo surgery (namely, the patient). I evaluate what is intrinsic to that power, racially and how it is transmitted through the surgeon’s role as an arbiter of the patient’s desire as well as the influence it exerts on the outcome of a patient’s consultation or indeed surgical procedure and how it is being challenged by this new audience. Rhinoplasty surgeons’ decision making includes contradictions that reflect the complexity of racial politics in Brazil. These two elements of the political context and rhinoplasty practice are discussed in this chapter following an introduction to the surgeons interviewed and to the market they operate in and the role they have with in it.

Research background

I interviewed twelve cosmetic surgeons who perform aesthetic rhinoplasty in person at either their clinics or consulting rooms during February 2017 and March/April 2018 in Rio de Janeiro and São Paulo, Brazil. On making a speculative telephone call to the Society of

⁵⁶⁷“Dr Carlos é maravilhoso um anjo em forma human” Facebook post in *Rinoplastia Nariz Negroide* May 2017

Brazilian Cosmetic Surgeons⁵⁶⁸ I was fortunate enough to get through to the President of the organisation, Dr Prado Neto, who kindly put me in touch with a number of leading rhinoplasty surgeons in Brazil. This led me to Drs Vincente Melo in Rio de Janeiro and Mark Muller and Kei Osaka in São Paulo, and with whom I arranged interviews in advance via email and telephone. After this, I approached other rhinoplasty surgeons via email who I found online and received a positive response as they seemed interested that I had already interviewed three of the leading rhinoplasty surgeons in Brazil. I was able to interview general and specialist plastic surgeons across a range of price points.

The Brazilian Rhinoplasty Market

The rhinoplasty market in Brazil has traditionally been operated by white male (upper) middle class men. When I was first introduced via email to three surgeons, they were suggested to me because they were the leading rhinoplasty surgeons in Brazil and fell into the upper market segment. I have segmented the market into four categories, namely “upper”, “upper middle”, “lower middle” and “low”. These segments are determined by the pricing within each category. Here follows a brief description of each segment and how they are represented in this study.

In the upper segment, the pricing of rhinoplasty surgery ranged from 25,000-40,000 Reais (approximately £5,000-8,000 in 2018), Dr Muller from São Paulo, Dr Melo from Rio de Janeiro and Dr Osaka from São Paulo were within this segment. They were all long established cosmetic surgeons (aged between 45 and 65) with their own clinics in affluent areas of their city. They attracted wealthy clients, with Melo hinting that he operated on many celebrities.

In the upper middle segment, the price was between 12,000-25,000 Reais (£2,400-5,000 in 2018). Drs Tallor, Ribeiro, Schmitt and Avio from Rio de Janeiro were within this segment. They were aged between 33 and 45. In each case, they had small clinics in middle class areas of the city, Avio and Schmitt both had clinics in the modern area of upmarket Barra de Tijuca, an aspirational middle class area. Their clients were mostly young professionals. Dr Avio was well known for operating on the *nariz negroide*.

⁵⁶⁸ <http://www2.cirurgiaplástica.org.br/>

In the lower middle segment, rhinoplasty surgery cost up to 12,000 Reais, typically between 8,000 to 12,000 (equal to around £1,600-£2,400). Dr Soarez and Dr Mota from São Paulo and Dr Prado and Dr Rezende from Rio de Janeiro were within this segment. All three were relatively new surgeons, having finished training 2-3 years earlier and were typically targeting clients from Brazil's emerging middle class (*classe C*). These surgeons were more familiar with encountering the *nariz negroide* in their patients. Based on the social media analysis, most women appeared to be looking to find surgeons in this price range but they were often looking to better established surgeons, particularly to Dr Tallor and Dr Avio in Rio but they often enquired as to the price and were then not able to pursue. This segment is perhaps the most interesting as it appears to be the one that is most open to the women in this study, it is also the most dynamic and I have observed more surgeons entering this segment since I conducted my main research and as such requires further investigation.

The low segment is the free/philanthropic surgery where patients either have rhinoplasty within the SUS (free) or Santa Casa (paid for anaesthetist, for around 2000 Reais (£400) but the surgeon is a trainee and free). Dr Osaka taught at a SUS hospital in São Paulo and Dr Sá ran the training wing of the Santa Casa Hospital in Rio de Janeiro, Dr Ribeiro also worked part-time at Santa Casa on a voluntary basis. Based on the social media analysis, a number of women wanted to have rhinoplasty in SUS hospitals, where it was only possible to have treatment for a functional nasal problem with cosmetic surgery being conducted simultaneously, in other words, a woman would have to have a medical problem in order to access free treatment. Therefore, while it seemed an option to have free rhinoplasty, the realisation of this seemed relatively unlikely. There was the option to have surgery done at Santa Casa with trainees and this involved small costs but little say in what type of nose she would have.

Discussing Race with Surgeons

Conducting the interviews over two separate visits, a year apart, I was able to reflect on the findings from the first round of interviews and hone the second round, accordingly. In particular, I had been rather tentative about discussing race in advance of the first visit even though I was keen to discuss why there seemed to be a desire for a nose that was most commonly seen among European women. I had gleaned this from a review of magazines and social media. I had identified the Facebook group, *Rinoplastia Nariz Negroide* and had seen

that many women were looking for surgeons who would operate on them. I was fascinated by the term *nariz negroide* and wanted to ask surgeons about it and how it related to discourse on race in Brazil. A concern before and during my fieldwork was discussing race with Brazilians, particularly given that as a foreigner I was anxious about tackling this topic, aware that there was a strong feeling about it. Given the sensitivities around articulating a clear racial identity in Brazil, Robin E. Sheriff expresses the position I expected to encounter: “Although skin colour inequality exists in Brazil, the racial democracy orientation may constitute a moral high ground common to all Brazilians that both recognises and repudiates discrimination [as it] summons the collectively held notion of the moral force of a shared heritage, a common family a unified nation. Racism is repugnant. It is immoral. It is, above all, un-Brazilian.”⁵⁶⁹ Therefore I felt that any suggestion on my part of race being problematic in Brazil might be badly received. I formulated my interview questions tentatively. I conducted semi-structured interviews to understand the following: whether or not the surgeons operated on the *nariz negroide*, what their experiences of dealing with patients with a *nariz negroide*, why they thought they did/did not operate on the *nariz negroide*, what they understood to be a beautiful nose, whether their patients brought in images of celebrities that they wanted to resemble through rhinoplasty, how they viewed the role of social media, and how they decided whether or not to agree to operate on a person, what they thought about the term “*nariz negroide*” in terms of its racial connotations.

Despite my initial concerns about discussing race, I found surgeons very open to discussing the *nariz negroide* with me as it was a technical term that was used within their field and this topic led easily into issues of race (discussed later in this chapter). The following key themes emerged over the two years: Surgeons often felt that women with *nariz negroides* had unrealistic expectations about what was possible, technically. They felt that women with *nariz negroides* who were looking to change their noses did not value a nose that would be realistically achievable for them and often wanted either a nose of a celebrity or a nose that looked racially different to their own. These topics revealed a number of contradictions rooted in the politics of beauty that are discussed in this chapter.

These contradictions are divided in this chapter into two main sections. Firstly, the contradictions of racial politics of rhinoplasty of the *nariz negroide*, which discusses three points, the racialised categorisation of the nose and the essentialisation of race while denying

⁵⁶⁹ Robin E. Sheriff, *Dreaming Equality: Color, Race, and Racism in Urban Brazil* (New Brunswick, New Jersey and London: Rutgers University Press, 2001), 221.

racism, the paradoxical mix of miscegenation and racial identification, and the conundrum of correlating class and race. Secondly, the racialised trapdoors in the practice of rhinoplasty, signifying the practical conundrums facing women having rhinoplasty of the *nariz negroide* including surgeons favouring natural and harmonious noses when the hegemonic nose is more akin to a “Barbie” nose, the inadequate techniques for operating on a *nariz negroides*, the surgeons’ anxieties versus the “right to beauty” and the trope of the amputated (Michael Jackson) nose and finally the way surgeons manage patient expectations and ultimately shape access to or outcomes of rhinoplasty surgery of the *nariz negroide*.

I conducted nine interviews in Portuguese and three in English. Translations are included where applicable in the footnotes. I supplemented interviews with social media analysis, including Facebook groups (run by individual surgeons as well as those run by groups of people seeking rhinoplasty), and websites either run by surgeons or forums dedicated to medical/beauty issues such as Doctoralia <https://www.doctoralia.com.br/>. In 2017 when I began tracking social media, Facebook and websites were the main platforms used by cosmetic surgeons. Instagram has since emerged as the leading forum for engaging with audiences, however Facebook remained strong throughout the two years of my study. Social media added an extra dimension to my study as I was able to look at the engagement between rhinoplasty surgeons and the women seeking rhinoplasty, as well as the dialogue I had with each of these.

From my research, I discovered that many women from Brazil’s emerging middle class with a *nariz negroide* negotiate substantial obstacles when constructing their chosen beauty practices as highlighted in Chapters 3 and 4. Should they decide to pursue surgery, they can also have difficulties accessing rhinoplasty as a result of having this type of nose. Furthermore, it is evident from my interviews with women (see Chapter 5) who have had rhinoplasty that those with a *nariz negroide* often have a less satisfactory experiences than those with other noses. These problems can occur at different stages of the rhinoplasty process. For example, women can encounter obstacles at consultation, during surgery and are often left dissatisfied with their post-surgery nose. The types of obstacles they face appear to happen for a number of reasons: some surgeons have a fear of failing to meet the expectations of women with a *nariz negroide*, some have ideas about what is right and proper in terms of the type of nose a woman whose unaltered nose was “negroid”, others are concerned with race and a person’s obligation to not change her racial appearance, techniques are considered

inadequate or difficult to perform surgery on this type of nose and, finally, there are structural barriers restricting access to surgery in terms of location and price.

Interviewing the surgeons

Before discussing the main themes that came out of my research through interviews and social media analysis, I provide some background for the surgeons I interviewed, their roles, the different types of clinics they worked in and their training. Firstly, I distinguish between different types of rhinoplasty surgeon because they have varying strengths as either general or specialist practitioners. Surgeons who perform aesthetic rhinoplasty fall into three main categories, namely, the surgeon who is a rhinoplasty surgeon, the general cosmetic surgeon, and the ENT (otorinolologista) surgeon. From the perspective of the rhinoplasty patient, she is unlikely to select a surgeon based on this classification; rather, she will choose a practitioner based on research on social media platforms related to price and the likely outcomes of surgery, i.e. the type of nose the surgeon can or will create. However, it is really the level and type of training the surgeon has had in connection with both the functionality and appearance of the nose that varies. A surgeon's response to prospective patients can depend on this training, for example an ENT specialist may be more rigid in relation to the physical attributes of the nose favouring functionality whereas the plastic surgeon may be more creative and artistic, focusing more on the aesthetic side. It is important to note that to perform rhinoplasty both function and form are key to a surgeon's skill set, however there can be a nuance as to which side is a priority may determine the patient's outcome. It is this potential outcome that the patient is interested in because they often have strong ideas as to how they want their nose to look.

The rhinoplasty surgeon trains in general cosmetic surgery and then specialises in rhinoplasty at public hospitals. In terms of how they work, this is typically a part of a given clinic which offers a range of cosmetic surgery procedures. In most cases, the rhinoplasty surgeon only performs surgery on the nose but there are those who perform other facial procedures too. For example, Dr Vincente Melo, one of Brazil's leading and most expensive surgeons, carries out 80% of his work on the nose and the rest on other facial surgeries (other associate surgeons in his clinic perform other types of surgery such as breast augmentations and abdominoplasties). He has been a cosmetic surgeon for over 35 years and targets classes A and B and charges up to 40,000 BRL (£8,000) for rhinoplasty. Situated in one of Rio de Janeiro's privileged areas

in Botafogo, Clinic Melo is a large white imposing building. Staged for the clinic's affluent clientele, the reception area is adorned with large bouquets of fresh flowers, a (large) 1.5m sized book of photographic images with page after page of British and US actresses is available to flick through as the smell of fresh coffee and lilies fill the air. There is no hint of the hospital equipment that is hidden behind the grand entrance and comfortable consulting rooms. The ambience suggests to the waiting patients the standard of beauty they can expect while the furniture recalls a contemporary luxury city hotel, thus setting the scene for the discreet, exclusive service they will receive. Unlike many other surgeons I interviewed, Dr Melo has a fully functional clinic with hospital facilities on site, whereas many other surgeons hire out facilities in private hospitals.



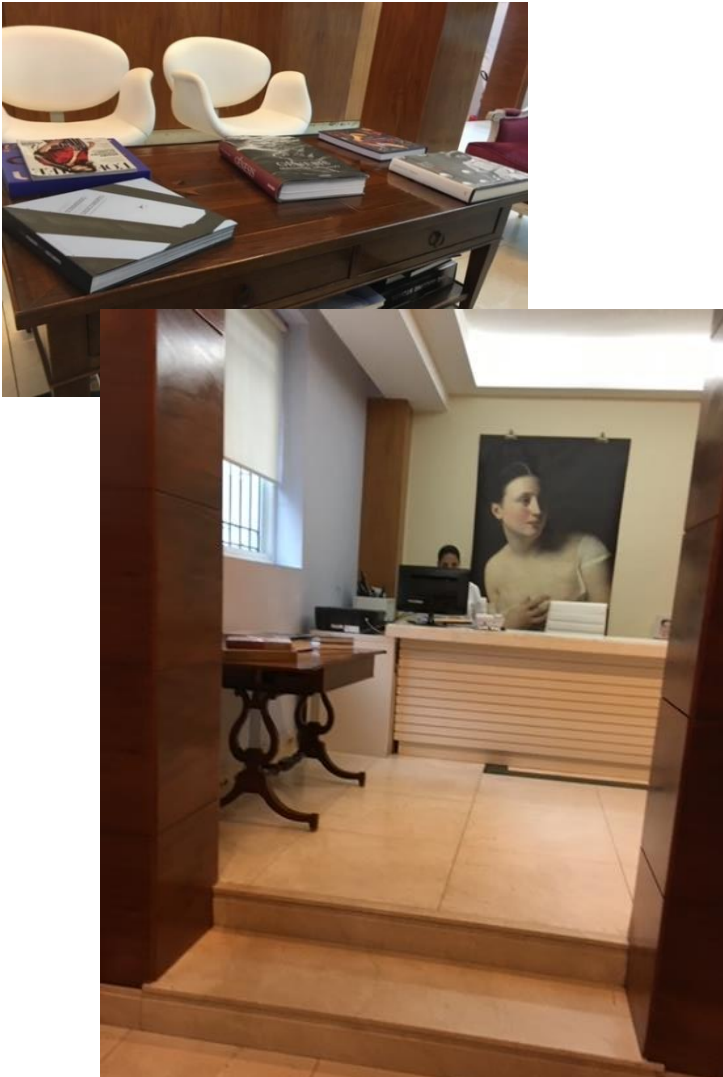


Figure 15. Dr Melo's clinic reception area and building frontage

It is quite common that, once a person has had rhinoplasty, she will have subsequent facial procedures. This can be for a variety of reasons, including pressure from the surgeon to undergo further work, a general level of dissatisfaction with one's appearance that has not gone away post-rhinoplasty, or the reverse, where she is so pleased with the result that she starts to find fault with other features. The relationship between the surgeon and patient is important so a satisfied patient is likely to prefer to stay with that surgeon or, at least, with the same clinical practice. This is not only possible with a rhinoplasty surgeon who performs other procedures or a practice, which offers a number of surgeons who perform a range of procedures, multiple procedures can also be offered by a general cosmetic surgeon, including rhinoplasty. A general cosmetic surgeon is likely to perform no more than 25 rhinoplasty

procedures per year.⁵⁷⁰ Based on my interviews with two general cosmetic surgeons, they told me that they typically performed a maximum of one rhinoplasty procedure a month. For example, I interviewed Dr Antonio Rezende at his consulting office in Botafogo, Rio de Janeiro on 21 February, 2017. His consulting room was humbler than that of Dr Melo, with a single room that he used for consulting only, more akin to a doctor's consulting room in the public health service. A young surgeon, aged around 35 years old, Dr Rezende performs surgery on people from classes B and C. He mainly performs breast enhancements but offers a full range of cosmetic surgery procedures. Dr Rezende told me that he is most likely to perform rhinoplasty on patients he already operated on for another procedure. His charge for rhinoplasty was between 10-15,000 BRL (approx. £2,000-£3,000). I generally found that younger surgeons (aged 30-40) who were working independently, i.e. not for an established clinic were likely to perform surgery on class C women as this was the largest group of new (young) consumers entering the market at the lowest price point within private practice. They were therefore most likely to have patients with the *nariz negroide*.

Finally, the third category of surgeon is the *otorinologista* (ear, nose and throat [ENT] specialist), whose main training will have been from a nose functionality perspective, then they will have undergone further training specifically in cosmetic surgery. Dr Felipe Tallor is in his mid-thirties, from a family of ENT specialists and performs rhinoplasty in Rio de Janeiro. In contrast to Dr Melo his surgery is bustling and functional, there are no flowers or mistaking the surroundings for a hotel. Entering the surgery via a concrete ramp at the side of a small shopping centre in Botafogo, the waiting room was small and its twenty or so seats were virtually fully occupied. I met Dr Tallor on 23 February 2017 at his clinic in Centro, Rio de Janeiro. I had been very keen to interview him as his name had been mentioned frequently on the Facebook groups *Rinoplastia Nariz Negroide* and *Rinoplastia Rio de Janeiro*, as the surgeon to select if a person wanted to have a natural looking nose, particularly in contrast with another rhinoplasty surgeon in Rio, Dr Gino Avio who was recommended for “Barbie” noses. Dr Tallor consults at three clinics in Rio de Janeiro, one in the central area, in Botafogo, and the other in Barra de Tijuca. Tallor is an *otorinologista* (ENT specialist) who has completed additional training in facial cosmetic surgery. Cosmetic surgeons, in his opinion, tend to be more generalised, doing all sorts of procedures, whereas *otorinologistas* are more specialised, knowing the functionality of the ear, nose and throat and the surrounding facial reconstructive work. He did an internship with Dr Pitanguy but not his

⁵⁷⁰ Daniel, *Mastering Rhinoplasty*, 1.

training. While he described himself as an enemy of Dr Pitanguy because he was an ENT specialist and not a cosmetic surgeon, he appeared to consider himself as superior as he focused on the function of the nose, specifically in improving a person's breathing, as well as its aesthetic. He made a point of distancing himself from aesthetic rhinoplasty surgeons and underlining his outlier stance in his approach to cosmetic surgery, taking a more serious, medicalised focus than his counterparts, stressing that he only did nose surgery. He said he was the most artistic member of his family (he would have been an artist had he not gone into medicine – both his parents are ENT specialists). Whilst he was keen to emphasise the difference between himself as an ENT specialist and (other) cosmetic surgeons, his work was the same as other rhinoplasty surgeons as he only dealt with patients who elected to have rhinoplasty for aesthetic reasons. He described his patients as mostly people aged between 16-35 who have just got enough money together to have rhinoplasty surgery. All his patients come for aesthetic reasons but he said that you have to look at functionality as part of aesthetic surgical work; the nose has a function and he says that cosmetic surgeons do not have the knowledge to treat some of its functional problems. While he was concerned with the functionality of the nose, the majority of patients only seek to have the appearance of their nose changed and if their breathing improves, then it is a bonus but not the main reason. However, this surgeon sees this as fundamental to rhinoplasty. This has commercial benefits to more affluent patients because they are quite likely to have health insurance which will cover the costs of the ENT element of treatment, which the surgeon is able to fit the majority of the work into this category, therefore offering a competitive advantage over non-ENT surgeons to attract more patients.



Figure 16. Shopping mall where Dr Tallor's clinic is situated

Sharing this clinic with his family members (parents and siblings are also ENT doctors), most of these patients were there for ENT problems. Dr Tallor's rhinoplasty practice is well established and his mid-market proposition targets classes B and C and he charges between 10,000 and 18,000 BRL (£2,000-£3,600).

Prices for rhinoplasty in the private sector range from 10,000 to 40,000 BRL and only a small number of patients would spend more than the average 10,000–15,000 BRL. Three of the surgeons I interviewed charged more than 15,000 BRL in 2017 and a fourth had increased prices by 2018 to fall outside of this affordable range. I conducted research via the Facebook groups which showed that there are about ten favoured *nariz negroide* rhinoplasty specialists across Brazil based on the repetition of the names of the surgeons appearing on the group. Furthermore, there are surgeons and trainee surgeons who provide surgery for very low or no cost via the Santa Casa de Misrecordia training hospital funded by a combination of government and philanthropy⁵⁷¹ and SUS⁵⁷² hospitals. I attempted to make the interviews I did as representative of the types of practice across the whole Brazilian rhinoplasty market as possible in terms of price, socioeconomic class of patient, type of practice (private or state run) and gender of surgeon. For example, I also noticed (from a search on the SBCP website)⁵⁷³ that less than one in ten surgeons was female and the majority of surgeons were white or light skinned. I was able to interview one female surgeon, Dr Linda Schmitt in Rio de Janeiro.

Of the twelve surgeons I interviewed, all were working in private practice. Three had worked in the SUS prior to setting up their private clinics. Two, namely Dr Ribeiro and Dr Charles Andrade, worked in the philanthropic clinic (offering heavily subsidised surgery) Santa Casa de Misrecordia in Rio de Janeiro and also worked in private practice. The majority of the surgeons interviewed (7 out of 12) had operated on the *nariz negroide* during their training in public hospitals or training centres such as Pitanguy's training centre at Santa Casa Hospital in Rio, where subsidised surgery was carried out by trainees, but the majority had limited experience of operating on the *nariz negroide* in private practice. Dr Mota and Dr Soarez were the exceptions, both were young surgeons in their mid-thirties and told me they saw a large number (at least 40%) of *nariz negroide* patients.

⁵⁷¹ Edmonds, *Pretty Modern*.

⁵⁷² Marcia C. Castro et al. (2019). "Brazil's unified health system: The first 30 years and prospects for the future", *The Lancet* 394(10195): 345-356.

⁵⁷³ Encontre um cirurgiao (Find a surgeon), <http://www2.cirurgiaplástica.org.br/encontre-um-cirurgiao/>

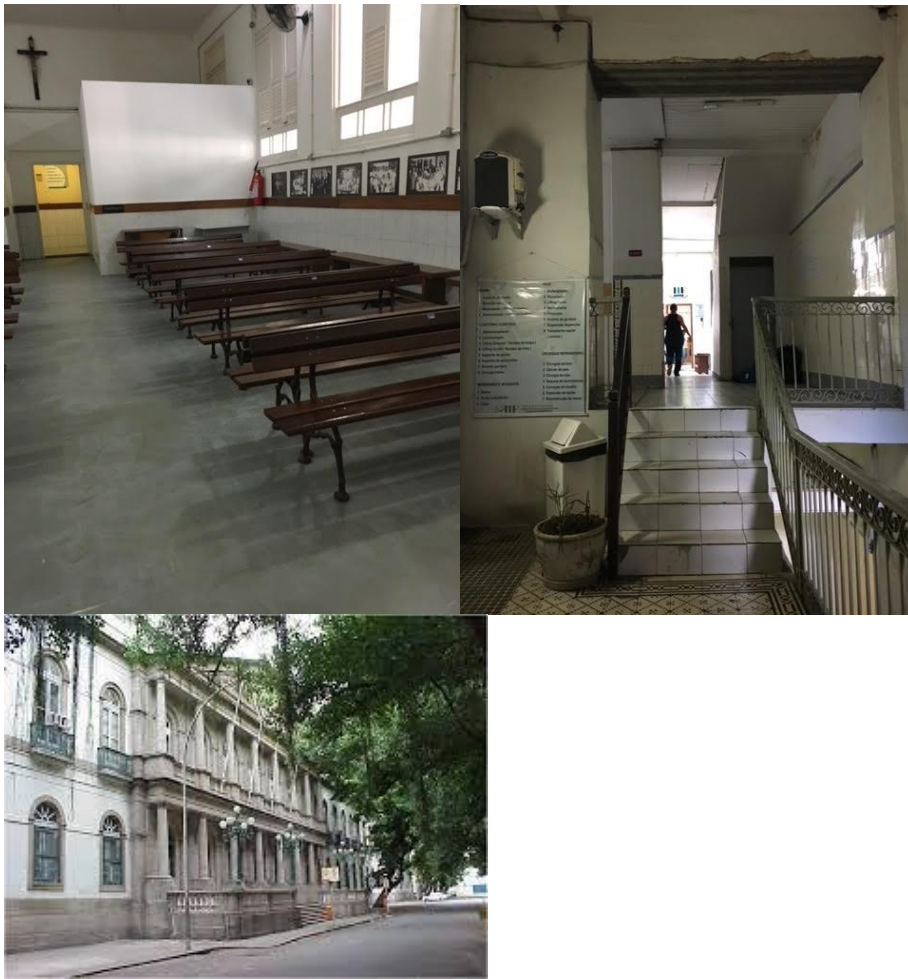


Figure 17. Santa Casa Hospital, Botafogo, Rio de Janeiro

Research approach to the surgeons

Accessing rhinoplasty is not a straightforward process for women with a *nariz negroide* as a result of longstanding racialised hierarchies that manifest themselves structurally and permeate their interactions and exchanges with the rhinoplasty surgeons. The following discourse analysis examines the surgeon's role as gatekeeper controlling access to rhinoplasty for women with a *nariz negroide* through the former's decision making. As a gatekeeper, the surgeon makes decisions about what they think can and should be done in response to consumer demands within the constraints of the politics of beauty. The surgeon's decision making can involve many different considerations, including their views on a patient's maintaining facial harmony, how complicated the surgery is, the patient's psychological suitability for surgery, the likelihood of an outcome that will please the patient, the likelihood

of any negative outcome, changing a person's racial appearance, and whether a patient can afford the surgery. Their decision making draws underline factors relating to Brazil's contradictory mix of a racialised understanding of beauty categories at the same time that the surgeons often mobilise *mestiçagem* and appeal to the country's supposed racial harmony. In practice, the decisions about a person's nose bring together conflicting discourses on race in relation to having a *nariz negroide* due to the racialised parameters of beauty. In other words, a Caucasian nose would be considered the norm and not raise questions around race. Thus the influx of potential consumers to the rhinoplasty market with the *nariz negroide* challenges these parameters. There is a series of contradictions that women with a *nariz negroide* encounter through rhinoplasty surgeons in the rhinoplasty process. These contradictions illustrate how the hurdles that women face, as discussed in Chapter 4, are part of a complex connected set of forces that are involved in the racial politics of beauty in Brazil, obstacles that the women are intent on overcoming. It would appear they should be able to access rhinoplasty but at the point of access, these contradictions come into play and complicate the process in the pursuit of rhinoplasty.

Brazilian cosmetic surgery and the right to beauty: Pitanguy as doyenne and father figure

The sphere of influence of Professor Pitanguy is best exemplified by one of his former students. When the Ivo Pitanguy Institute closed down in 2015, Dr Linda Schmitt set up her own practice in Barra de Tijuca, a modern neighbourhood of Rio with shopping malls and high-rise office buildings. "Dra Hazel" (as her clinic is known) is a small office and consulting room in one of the mirrored high-rise buildings on the main thoroughfare, Avenida das Americas, where she performs a full range of cosmetic procedures, mainly on women from social classes A and B. Dr Schmitt is in her mid 30s and speaks fluent English. When I introduced my research, she told me she has had rhinoplasty herself so can be interviewed as a patient as well as a surgeon. She had her nose done 15 years ago when she was a medical student. She is from Parana originally. She explained that she chose cosmetic surgery to focus on the variety and the creativity involved. Indeed, she got to know Professor Pitanguy during her studies and then applied to Pitanguy's training school at Santa Casa and was accepted.

I told Dr Schmitt I wanted to interview her for two main reasons. Firstly, she was one of very few female cosmetic surgeons and secondly, she had worked directly with Dr Pitanguy at

Santa Casa de Misericórdia in Rio de Janeiro. She thinks there are increasing numbers of women in the medical field and in her training, it was around fifty per cent with fewer working in surgery. She mentions Professor Pitanguy several times during the interview and has a photograph of her with him in their surgical gowns on the shelf behind her desk in her consulting room. I ask her about Pitanguy's idea about being a psychologist with a knife in his hand and the notion of a right to beauty. She says that Pitanguy always put forward this idea from working with reconstructive surgery and how a deformity being healed is life changing. Although she no longer works with Santa Casa since the clinic is closed, she still does some teaching at the training centre.

The idea of having the right to beauty through surgery tapped into the strong Brazilian sense of the importance of beauty. It extended the scope of beauty to a right, one that included all Brazilians, irrespective of race or class, in other words including poor Black individuals. It came to mean for the wider Brazilian population that ugliness through deformity or simply bad genetic luck could be treated medically and was a worthy cause.⁵⁷⁴ He linked the notion of the right to beauty with fixing the suffering and disorder that could be seen in the favelas of Rio de Janeiro, thus expanding the entitlement of beauty to the poor.⁵⁷⁵ This notion of a right to beauty has come to be taken quite literally as Alexander Edmonds has pointed out.⁵⁷⁶ However, despite beauty being considered to be a right, surgeons often complicate women's surgery by citing of the difficulty of operating on the *nariz negroide*, hence underlining the limitations to this supposed "right to beauty" given certain racialised assumptions about the dividing line between the women's expectations and surgeons' assessment of the likely aesthetic result.

Contradictions of racial politics of rhinoplasty of the *nariz negroide*

The practice of rhinoplasty on the *nariz negroide* is shaped by the worldview of the surgeons. In this section, I illustrate how Brazil's specific brand of systemic racism underpins the way rhinoplasty of the *nariz negroide* is simultaneously – and paradoxically – racially framed and dismissed as not being racist. The frequent appeal to *mestiçagem* in matters affecting beauty politics including the racialised terminology used in rhinoplasty, where the discourse on

⁵⁷⁴ Jarrín, *Biopolitics of Beauty*, 62.

⁵⁷⁵ Ivo Pitanguy, *Especial: Ivo Helcius Jardim de Campos Pitanguy* (Médicos, 1998).

⁵⁷⁶ Edmonds, "The poor have a right to beauty".

miscegenation and debates on whether prejudice exists in relation to class or race in Brazil are evident.⁵⁷⁷ Edward Telles develops terminology for social processes as horizontal and vertical relations. The term “horizontal race relations” refers to inclusive social relations that are often “cordial” and “harmonious” whereas the term “vertical relations” refers to relations that account for the exclusion, economically and socially. Telles suggests that previous scholars had focused on either vertical or horizontal relations and not both and believed that class and not race was the issue in Brazilian society and by being whiter, one could achieve higher social status. This categorisation enables a fuller understanding of the ambivalence in relation to race in Brazilian society.⁵⁷⁸ Thus, in relation to rhinoplasty, surgeons are conditioned to believe in whitened standards of beauty, they appear to overtly segregate different types of noses using racialised terminology while denying the basis for these racialised decisions, often citing miscegenation and class as justifications.

Racialised categorisations of the nose: The essentialisation of race and denial of racism

The terms *nariz caucasiano* and *nariz negroide* are the most commonly used terms in Brazil, which are found in medical textbooks used in training cosmetic surgeons to perform rhinoplasty. These terms have become familiar to people who want to have, or who have had rhinoplasty surgery, as well as within the medical profession. Dr Ribeiro explains “The term ‘negroide’ is a technical term. It is a term that exists in the literature of cosmetic surgery. Like the Caucasian nose and the negroide, so it’s not racist.” He goes on to say, that as far as he is aware, “we cannot use that word, for example on Instagram. But among surgeons, this term has always been known and among patients, my patients here in Brazil, they are already aware of the term, they arrive and say: “Doctor, my nose is negroide, isn’t it? Do you operate on Black nose?” So, there’s not the slightest embarrassment, not the least bit of racism in it. Also, because the Black nose, as I told you earlier, in Brazil may be present in a person of white colour, not only Afrodescendant...so you can see... there’s really no racism in that word. It’s a technical term that patients understand.” The implication here seems to be that if the women who are seeking rhinoplasty also know and use the term then it is not racist. There appears to be little connection made between the term and racism. Indeed, in an interview with Dr Osaka, I introduced the notion of race and the term *nariz negroide*. Dr Kei Osaka, in

⁵⁷⁷ Guimarães, “Racismo E Anti-Racismo No Brasil.”

⁵⁷⁸ Telles, *Race in Another America*, 12-13.

his late forties runs a clinic with his father and brother. Entering an exclusive cosmetic surgery clinic in a privileged area of São Paulo, I encountered a beautifully presented reception area adorned with fresh orchids and Japanese antiques among a few carefully chosen modern pieces of furniture welcoming its affluent visitors. There was a manicured Japanese garden behind the main reception area, creating an oasis of calm with a koi carp pond as a centrepiece. The flowers, antiques, fish, furniture and indeed the location were all symbols of distinction. These reflected the style of the clinic's customers, members of the traditional middle class, who went there to consult with one of São Paulo's top rhinoplasty surgeons who charged around 40,000 Reais for a procedure.⁵⁷⁹ Like Dr Ribeiro, Dr Osaka believed that it was just a term, a category; it could have been called "category A or B", it had nothing to do with race, anyone could have a *nariz negroide*. He said, that in his opinion, it was not pejorative. He added, "So, I usually speak openly like this, to a patient: 'Your nose is of a negroid type' and patients are not at all offended. Brazil is a very unracist country." Dr Schmitt believed that it the term *nariz negroide* is mainly used by doctors and patients know the term because it appears frequently on the internet. In her opinion, the term refers to a wide nose, thick skin and low dorsum. She explains that it is not racist but serves as a way of categorising: "it's a quick way of saying something". Schmitt says that the patients who use this term are well read and understand the term's context; it should not be considered racist as she adds when they use it they are not thinking in that way.

Although the surgeons interviewed appear not to believe that the terminology really relates to race, they assign racial markers to the person (whose nose it is) and values are attributed according to these racial terms. For example, this often emerges in discussions of how beautiful a person is, how good an outcome surgery might result in, or how easy or difficult the surgical process might be. Dr Mark Muller remarked that "African-Americans, they need augmentation rhinoplasty, but you need to augment their noses. Yeah. So that they look better to augment the profile so that they look less wide than the front will. Right. That's what they all want." Dr Prado said "a woman came to see me recently, her nose was very negroide", he added that she needed to have rhinoplasty to improve her appearance. The values assigned in these descriptions allude to a lack in the *nariz negroide* and the normalisation and aesthetic appeal of the *nariz caucasiano*, underlining that these racial markers reflect the racial halo effect, attributing a value to a person according to racial hierarchies.

⁵⁷⁹ 40,000 Reais = £8,000 (May 2020)

The paradox of raciology and conviviality

I interviewed Dr Gino Avio a cosmetic surgeon, working on the face, who has a clinic in Barra de Tijuca, on the western outskirts of Rio de Janeiro. Dr Avio is around fifty years old, originally from Ecuador, and works as a general cosmetic surgeon but has built up a reputation – through social media such as Facebook and Instagram – as a surgeon who can give a patient the perfect nose. The interview took place at his clinic on 2 April 2018. It lasted approximately twenty minutes, which was very short compared to interviews with other surgeons (which usually lasted 40-60 minutes). He appears to be very popular among women who want a Caucasian nose. Dr Avio told me “Brazil is a very heterogeneous country where you have the most diverse miscegenation. I operate in São Paulo, I operate on very Eastern patients.⁵⁸⁰ I operate here in Rio and operate on very Black patients. And I operate on mixed race patients and also operate Italian descendants from the south, southern German.”

In discussing rhinoplasty of the *nariz negroide* with surgeons, miscegenation is frequently raised, this is significant because of the way it is brought into the conversation, which is to obscure any racial distinction between people in Brazil thus alluding to Freyre’s ideal of racial harmony. For example, I asked Dr Ribeiro what percentage of his surgeries were on the *nariz negroide*. He replied “Here in Brazil I would say sixty, seventy percent. Because here in Brazil, the negroide nose is not necessarily of an Afrodescendant person. There are white people, mixed-race people, Asians, who have a lot in Brazil. There are a lot of Chinese these days in Brazil, right? And African descendent people... Afrodescendant patients as well. You know that here in Brazil, Carole, we have a lot of mixing, especially in Rio de Janeiro, of Portuguese with Blacks, eventually with Indians as well. So, we have African descendent noses, mixed race noses, and even Caucasian noses, but with African descendent characteristics... the percentage is high of ethnic noses here.” He uses the term “ethnic noses” as a distinction from Caucasian noses, which is interesting because it contradicts what the predominance of miscegenation in Brazil by referring to ethnicity as othered in juxtaposition to a normalised whiteness. This is an unintentional blunder that I saw several times whereby a person is trying to explain how Brazil is racially harmonious but in so doing they actually draw on a racialised discourse, a kind of “racist anti-racism” that reproduces and reinforces Brazil’s appeal to *mestiçagem*.

⁵⁸⁰ An apparent reference to Sao Paulo’s substantial population of Japanese extraction.

Dr Rogério Mota was introduced to me by the administrator of the Facebook group “Rinoplastia: *Nariz negroide*”. I met with him in March 2018, at his small private clinic in his consulting office in an office block in Itaim Bibi, a commercial area of São Paulo. Dr Mota is in his mid-thirties and a general cosmetic surgeon who trained at the SUS Hospital in São Paulo. He operates mainly on women from B and C classes and charges between 10-12000 BRL (£2,000-£2,400). Although he is now a generalist, his training involved conducting a project where he operated on 100 people with *nariz negroides*. He did this because he wanted to become an expert in this area as, in his opinion, most surgeons did not want to operate on this type of nose as they found the operation too difficult. When I asked Dr Mota whether he operated on women with *nariz negroides*, he answered, “What is a *nariz negroide*? A *nariz negroide* has certain characteristics, which are usually more present in Blacks, but that can be found in other people, especially here in Brazil where we are so miscegenated, right? So, you can have a person with light eyes, like me, and a *nariz negroide*. There are Black people here who have the thinnest, Caucasian nose. Because the mixture is so vast, you know?”⁵⁸¹ So, if miscegenation of the Brazilian people means that a person can have a very varied range of racialised features and therefore, for example, a Black or a white person may have a *nariz negroide*, the nuance of what we might understand from Dr Mota is that it is the nose itself that has the intrinsically raced value here. We can discern that having what is labelled as a *nariz negroide* is often seen as reflecting socio-economic or aesthetic disadvantage, however the appeal to *mestiçagem* forms an attempt to deny the racialised aspects of the discursive construction of rhinoplasty of the *nariz negroide*, i.e. you can allude an inability to determine a person’s heritage as a way of denying racialised assumptions. Meanwhile, rhinoplasty of the *nariz negroide* highlights the racialised connotations associated with individual physical characteristics that reveal a person’s ancestry and attribute beauty value on a descending scale from white to Black (*nariz caucasiano* to *nariz negroide*).

⁵⁸¹ “O que que é o nariz negroide? Nariz negroide é um nariz que tem determinadas características, né? Que habitualmente, assim, estão mais presentes nos negros, mas que pode ter em uma outra pessoa, principalmente aqui no Brasil com essa miscigenação, entendeu? Então você pode ter uma pessoa com o olho claro, como ela ou como eu, e o ser nariz negroide... Ter alguma... entendeu? Como a gente tem pessoas da cor negra que têm o nariz mais fino, caucasiano. Porque a mistura é muito grande, entendeu?”

Class versus race

Until the emergence of the new middle class in the early 2000s, rhinoplasty market consumers were from the traditional middle class. Many of this new middle class are Black or are more mixed race than the traditional middle class which was mainly white. Race, therefore is a critical factor in the demography because of the association with white elitism and privilege. However, race is often excluded from discussions on class in Brazil. Connected to the discussion of miscegenation, a further contradiction exists in relation to class versus race. Interviews with surgeons illustrate surgeons' views on cosmetic surgery being available to all, and the belief that class is what divides people in Brazil, not race. Dr Osaka believed there was class prejudice, "The Brazilian is prejudiced towards poor people but not against, colour or religion, in that way, we are a very calm people, right?" This reveals the role *mestiçagem* plays in the apparent lack of awareness on the surgeons' part of the role of racial hierarchies at play in rhinoplasty, despite the presence of clear racial markers.

I interviewed Dr Ribeiro, a rhinoplasty specialist in his late forties, at his private clinic in Ipanema, Rio de Janeiro on 2 April 2018. He worked at Santa Casa hospital as well as running his own practice in Ipanema in the affluent South Zone (Zona Sul) in Rio de Janeiro. He expressed great concern for poor Black people who did not have access to the best medical care and saw Santa Casa hospital as a way of providing help for these people at low cost. I ask Dr Ribeiro, who works in a private clinic and a public hospital whether the ratio of 70% *nariz negroides* that he operates on would be the same in his private clinic as well. He says that in his private clinic, it would be lower, around the fifty per cent mark, thus highlighting a differentiated class status running along racial lines.

The issue as to whether Black or dark-skinned people are the most disadvantaged is often obscured within Brazil's unique brand of racist, anti-racist discourse. The debate was fuelled in the late twentieth century when quotas were brought in for higher education to increase the representation of Black people. This was a controversial move by the government as it brought the topic of race to the fore in a country used to identifying as racially harmonious. Although Brazil's lower classes include many Black people, a common defence that is presented against the argument that there is racial inequality in Brazil lies in the country's intense miscegenation which makes it very difficult to determine a person's racial classification and therefore racism cannot exist (after all, how can racism exist if there is no race?). For example, in relation to the government's quota system for higher education in the early twenty-first century, concern was expressed by the anthropologist Peter Fry that

creating a bifurcated system would ironically run the risk of institutionalising systematic racism.⁵⁸² This is a dilemma that has been present in the heated debates on the role of affirmative action programmes in Brazil, particularly given the stark racial inequalities detailed in studies by Peggy Lovell⁵⁸³ and Nelson do Valle Silva and Carlos A. Hasenbalg during the late twentieth century.⁵⁸⁴ In relation to the *nariz negroide*, interviews with surgeons showed how arguments concerning the relationship between class and race were also reflected in beauty practices. Dr Osaka remarked, “Brazil is a country with very little racism”⁵⁸⁵. He said that prejudice was against poor people not along racial lines. He compared Brazil favourably to South Africa and said there was harmony between people in Brazil, not like in South Africa. Osaka acknowledged that there were more people with darker skin who lived in worse conditions in Brazil but that there was hardly any racism, unlike what one might see in the US, a paradoxical acknowledgement of racial inequality while denying its raciological basis, all based on the familiar discourse of Brazilian conviviality, namely [...]. Denial of racism can lead to surgeons missing the conundrum that women seeking rhinoplasty of the *nariz negroide* are in, namely, that they want to be beautiful and that this has a complex relationship to issues of race, self-identification, and their sense of their Brazilian identity. As a result of them missing this, the surgeons can sometimes be unsympathetic and unsupportive in a sensitive situation.

When race is taken out of the discussion, and class is the main topic (if that is even possible in a Brazilian or any other context), progress might appear to have been made as the economic situation had improved alongside the emergence of a new middle class whereby more people have access to surgery. Dr Sá who worked as the head of training of rhinoplasty surgery at Santa Casa Hospital in Rio de Janeiro told me “Today, cosmetic surgery is totally “de-eliticised”, right? So, it is accessible to the large population, not only in the public health sector, Private as well as public. So, you have more people doing cosmetic surgery, no doubt.”⁵⁸⁶ I interviewed Dr Soarez on 28 March 2018 at his consulting room in the Paraiso area of São Paulo. He had previously worked at SUS (a public hospital) and had been

⁵⁸² Peter Fry, “The politics of ‘racial’ classification in Brazil.” *Journal de la Société des Américanistes* 95(95-2): (2009), 261-282.

⁵⁸³ Lovell, “Women and Racial Inequality at Work in Brazil,” 138-153.

⁵⁸⁴ Do Valle Silva, and Hasenbalg “Race and educational opportunity in Brazil,” 53.

⁵⁸⁵ “Brasil é um país muito pouco racista.”

⁵⁸⁶ “Hoje a cirurgia plástica está totalmente “deselitizada”, né? Então ela está acessível à grande população, não só na rede pública, também. Privada e pública. Então você tem mais pessoas fazendo cirurgia plástica, sem dúvida.”

running a private clinic for about eighteen months. His patients were mainly from class C. His price range was between 8-10,000 BRL (£1,600-£2,000). Like Dr Sa, Dr Soarez spoke about democratisation of cosmetic surgery, “Nowadays it's not a... as expensive as it was ten, twenty years ago. Now, you can do cosmetic surgery even without being rich, so to speak, you don't have to make a fortune. So, just as someone saves up to buy a car, to buy a cell phone, they can save for cosmetic surgery that is much more affordable than it was ten... twenty years ago.”⁵⁸⁷ Thus, he suggests that access to rhinoplasty is determined solely by its affordability.

Beyond improvements in the socioeconomic position of many people, there are more philanthropic approaches towards cosmetic surgery that engage with debates on class. Dr Ribeiro worked at the Santa Casa hospital in Rio de Janeiro and he told me that his goal was “to be able to operate several people from various social classes, that is the truth.”⁵⁸⁸ He added “There is a beauty salon here, a hair salon, which my wife frequents. Several professionals, the manicure, several people: ‘I wanted so much to operate with your husband’, but here we have high hospital costs, in Brazil the hospital is expensive, understand? The cost of the anaesthetist, of the team, everything is expensive. You put a patient in the room, it’s expensive. Back at Santa Casa, I saw the possibility of making this much cheaper and making it possible for everyone to do rhinoplasty. You obviously have an assessment. The person must also have a [medical] condition. But this is to be explained, so we created a rhinoplasty outpatient clinic there in Santa Casa and nowadays we do at least one hundred rhinoplasties, including ‘septum’ (deviation) per year.”⁵⁸⁹ However, this discourse on class (with no reference to race) is problematic because of the challenges faced by women with a *nariz negroide*, which suggests that class is the problem in Brazil rather

⁵⁸⁷ “Hoje em dia não é um... tão caro quanto era dez, vinte anos atrás. Hoje em dia você consegue fazer uma cirurgia plástica mesmo sem ser rico, digamos assim, você não precisa ganhar uma fortuna. Então, do mesmo jeito que a pessoa às vezes faz uma poupança para comprar um carro, para comprar um celular, ela pode fazer uma poupança para fazer uma cirurgia plástica que hoje em dia está com uns preços muito mais acessíveis do que já foi a dez, vinte anos atrás.”

⁵⁸⁸ “O meu objetivo de ter ido para a Santa Casa era poder operar várias pessoas de várias classes sociais, essa que é a verdade.”

⁵⁸⁹ “Tem um salão de beleza aqui, um salão de cabeleireiro, que minha mulher frequenta. Várias profissionais, a manicure, várias pessoas: “Ai, eu queria tanto operar com o seu marido”, mas aqui a gente tem custo alto do hospital, que no Brasil o hospital é caro, entendeu? Custo alto do anestesista, custo alto da equipe, tudo custa caro. Para você botar um paciente na sala, custa caro. Lá na Santa Casa, eu vi a possibilidade de baratear muito isso e tornar possível para que todo mundo pudesse fazer a rinoplastia. É óbvio que tem uma triagem, né? A pessoa tem que também ter indicação, saber que está sendo submetida a uma cirurgia. Mas tudo isso é ser explicado, então nós criamos um ambulatório de rinoplastia lá na Santa Casa e hoje em dia a gente faz pelo menos, no mínimo, cem rinoplastias, incluindo “septo”, por ano.”

than race, recalling the tensions and arguments marking the debates around affirmative action.⁵⁹⁰ However, the exclusion of race from the discussion potentially reproduces the racial inequalities of access to rhinoplasty as none of the specific issues faced by these women are addressed in Dr Ribeiro's philanthropic efforts.

Racialised trapdoors in the practice of rhinoplasty: Ill-fitting noses, high expectations, and the right to beauty

In Chapter 5, I discussed the type of nose women are looking for through rhinoplasty and the way this raciologised nose reflects the wider racialised landscape. So far in this chapter, I have outlined the powerful position of the surgeon in determining access to surgery for women with *nariz negroides* and illustrated how cultural politics influence the surgeons' worldview. In this section, I bring these elements together in a discussion about the way the expectations of women with *nariz negroides* who are seeking surgery are mitigated by the surgeons in practice, that ultimately limit these women's supposed "right to beauty". I refer to these limiting factors as trapdoors as women expect to be able to access rhinoplasty but the unique factor of their *nariz negroide* means they have to negotiate certain obstacles. Specifically, the practice of rhinoplasty is conducted by surgeons in adherence with their views on race and beauty in Brazil and includes many contradictions that affect their decision making in relation to *nariz negroide* patients. Women with a *nariz negroide* who want to change their noses to ameliorate their feelings of self-worth through pursuing standards of beauty may encounter surgeons, in their role as gatekeepers to beauty, who tell them (in various ways) that what they want to do is problematic and goes as far as to suggest that they are unrealistic in their expectations. Patient expectations are, thus, fundamental to discussions about rhinoplasty of the *nariz negroide* as, in practice the difference between what women want and an unsatisfactory procedure, or indeed failure to access surgery at all, are frequently blamed on unrealistic patient expectations by surgeons. This is problematic when we think about the national obsession with beauty in Brazil, and how beauty is considered a person's right as surgeons often deny women surgery by citing of the difficulty of operating on the *nariz negroide* or that the nose they want (which is the standard of beauty) is not going to suit them, in the surgeon's personal opinion. In their position as gatekeeper, the right to beauty allows the surgeon to decide if the end result of surgery will be beautiful, thereby allowing

⁵⁹⁰ See David Lehmann, *The prism of race: The politics and ideology of affirmative action in Brazil* (University of Michigan Press, 2018).

them to deny surgery if they so decide. Accordingly, this sequence of events equates to a trapdoor whereby the woman might compromise her right to the beauty she sees and expects at the hands of the surgeon as gatekeeper. There is relatively little sympathy towards the women from the surgeons in relation to the exclusion they face in the hegemonic beauty standards of the nose, however their expectations are challenging and problematizing the longstanding discursive practices that condition and shape the practice of rhinoplasty of the *nariz negroide*.

These perceived unrealistic expectations are challenged by surgeons in two ways, first the nose they are seeking is seen to be inharmonious and not aesthetically fitting, which is mainly a value or aesthetic judgement made by the surgeon (which may also fit with a view that Black faces should have *nariz negroides*, while white faces have *nariz caucasianos*, namely a kind of racialised view of harmony, and second, justifications on “medical” grounds related to the physical reality of their noses (skin type, bone structure, etc.). Discussions on harmony, rhinoplasty techniques and how both intersect with expectations are now outlined, with a particular emphasis on how surgeons manage patient expectations.

Natural and harmonious versus celebrity or “Barbie” noses

There is a contradiction between the type of nose women typically want and the version of beauty that surgeons are prepared to create on the *nariz negroide*. This is illustrated in the interviews I did with surgeons. I ask Dr Ribeiro about the *nariz negroide* and how he deals with a person’s request for a certain type of nose when they go for a consultation at Santa Casa. He tells me (in English), “I’ve been doing noses, Carole, for seventeen years and ten years ago, the patient *was* very different from the patient today, mainly because of social media networks. Ten years ago, the patient asked me... ‘What do you think *I* should do.’ Nowadays the patient comes with photographs, simulations on *their* own cell phone. *They* take pictures of friends who operated, actresses, celebrities and say, ‘I want that nose here’”. Celebrity focused media representation constitute a critical means by which the media relies on communicating with a female audience: “The more that celebrity bodies become the site of identification, desire and imitation, the more ordinary people will turn to surgery, and the more aggressive we will become in our relationships to our own mirror images”.⁵⁹¹ However, this is problematic because the further away a woman’s natural nose is from the

⁵⁹¹ Virginia L. Blum, *Flesh Wounds: The Culture of Cosmetic Surgery* (Univ of California Press, 2003).

Caucasian ideal, the less likely she will be able to find a surgeon who will want to operate as the operation is harder, longer and offers less chance of the desired outcome. Hence, some surgeons object to carrying out this operation as it is seen as changing a person's race and this idea is problematic in Brazil, despite the discourse of *mestiçagem*. With fewer surgeons to choose from and potential rejection by surgeons, non-white women who wish to achieve beauty which is a strong part of Brazilian culture have to overcome obstacles that their fellow citizens with Caucasian features do not typically experience.

An influence on the rise in popularity of cosmetic surgery has been the increase in celebrity worship, specifically with a focus on specific body parts as opposed to personalities.⁵⁹² It is common for a woman to ask a cosmetic surgeon for a particular celebrity's nose when describing the result she is looking for.⁵⁹³ Magazines and, increasingly, social media feature articles about celebrities as a key mode of communication with a female audience: "The more that celebrity bodies become the site of identification, desire and imitation, the more ordinary people will turn to surgery, and the more unhappy we will become in our relationships with our own mirror images."⁵⁹⁴ Thus, the media paves the way for the cosmetic surgeon to receive a steady stream of prospective patients who are keen to pursue surgery to transform their appearance. On the one hand, this desire for transformation increases demand for rhinoplasty which is desirable for the surgeon who runs a private practice and is looking to attract custom. On the other hand, it escalates the level of expectation, which may be beyond the technical know-how of the surgeon or may indeed challenge their beliefs as to what is right and proper.

At the end of the first interview I conducted in 2017, I asked Dr Melo whether there was anything that he thought I should consider as part of my research project. He said that he had been practising rhinoplasty for over 35 years and he had never understood why people ask him for someone else's nose. Earlier in the interview, Dr Melo had explained to me that many people would bring in pictures of a celebrity's nose. He gave the example of the actor, Nicole Kidman, and said a woman came in and asked for her nose. He said to me "I told her, no, I don't know how to do a Nicole Kidman nose. And even more, if I knew how to do it, it wouldn't make you as attractive as Nicole Kidman. Nicole Kidman has lips, eyes and bone

⁵⁹² Anthony Elliott, *Making the Cut: How Cosmetic Surgery is Transforming Our Lives* (Reaktion Books, 2008).

⁵⁹³ Anthony Elliott, "'I want to look like that!': Cosmetic surgery and celebrity culture," *Cultural sociology* (2011).

⁵⁹⁴ Blum, *Flesh wounds*.

structure that fit her nose and beauty is harmony. Nicole Kidman's nose is a beautiful nose on Nicole Kidman's face. For anyone, the most beautiful nose is their own nose, made more harmonious with their other features." If someone asks him for Nicole Kidman's nose or indeed any other celebrity's nose, he refuses and offers an alternative that he believes is right and proper for that individual. There are several contradictions here. Dr Melo displays his own subjective preference for facial beauty whereas the hegemonic nose is a commodified characteristic that has intrinsic value, cultural capital, as the standard of beauty that is often sought by women with the *nariz negroide*, who have been conditioned to want to have a nose that looks very different to the one they have. The raciologised nose is likely incompatible with the naturalness or harmony that Dr Melo is referring to although the perception of natural noses is potentially full of contradictions that lie in the subjectivities of the surgeons. What is natural? After all, the women undergoing surgery already have their original noses which they are looking to change, therefore what they are going to come out with will be artificially created. "Natural" is often used interchangeably with "harmonious" in relation to the nose by the surgeons I interviewed, even though they have different meanings, with harmony being dependent on how the nose fits with other features. The idea of harmony which is rooted in Aristotle's concept of the Golden Ratio determines this to a point, but surgeons tend to argue that there is a level of artistry that comes into play to create beauty rather than measurements alone. Dr Osaka pointed out during our interview that he had studied fine art, remarking that art was fundamental to his role as a cosmetic surgeon. He showed me a training book on rhinoplasty⁵⁹⁵ that used dimensions and said that "proportion is a guide, but it is a poor alternative to artistry. If you follow the book the results will not be good." Thus, a degree of subjectivity comes into play through the surgeon's eye, a subjectivity that is not neutral, shaped by their worldview to create their own idea of harmonious or natural beauty, which appears to link to racial authenticity.

Dr Tallor said the problem he sees in Brazil is that people think of Caucasian features as beautiful but, in his view, they do not have Caucasian faces to work with in the first place. He seems to be an arbiter of beauty and against the normalised standard of beauty in Brazil. His ideas go against the grain of Brazilian standards of beauty whereby a beautiful nose is seen in a very specific way as being Caucasian. While he seems to believe that beauty is independent of race or compatible with every race, he has his own very regimented standards. He positions himself as an educator and arbiter of beauty along racial lines. However, he has also

⁵⁹⁵ Daniel, *Mastering rhinoplasty*, 5.

the intention to attempt to alter standards of beauty, but in doing so he is faced with women with desires for specific aesthetic results, in effect to meet their perception of beauty which is often non-Caucasian women wanting a more Caucasian nose. Tallor's stance is again interesting as he reveals a distaste for a racially disharmonious face, which is ironic in the context of the discourse of *mestiçagem*, the reality of mass miscegenation, and the frequent denial of the existence of different racial identities in Brazil.

He turns people away if he does not think they need it doing or if it will not look good afterwards. If Tallor thinks they are good looking already, he will not perform surgery. He talked about rhinoplasty not done in harmony with the face and how it looks horrible and unnatural. He was taught to do noses naturally, remarking that he does what he can with the *nariz negroide* but he cannot make it "fine" (in sense of narrow), so he has to manage expectations and does not want dissatisfied customers/patients who feel it is not worth the money and does not want to be unhappy with his own work. I asked if there are more Black women who have perceived ideas that their noses are ugly who actually have a better-proportioned nose than their white counterparts, i.e. is there a nose dysmorphia going on with Black women based on the perceived ugliness of Blackness? He agrees as he believes that they think Caucasian is beautiful. He says based on his experience in his clinic, fewer women with *nariz negroide* want a bit of a nip/tuck, instead they want a whole change to the nose and want a white nose, citing the case of a prospective patient he had seen earlier that week who had wanted exactly that but when he measured her facial features, it was already in proportion and he would only consider increasing the height of her nose, rather than reducing the width.

I interviewed Dr Soarez on 28 March 2018 at his consulting room in the Paraiso area of São Paulo. He had previously worked at SUS (a public hospital) and had been running a private clinic for about eighteen months. He said that 40% his patients have a *nariz negroide*. Dr Soarez told me that he gets two types of patients with this type of nose attending his clinic, the first having realistic expectations and who wants to keep traces of their racial identity and others who want a "Barbie" nose. He said that he had to manage expectations as, "if she maintains the position that she really wants a very delicate nose, very Caucasian, I don't operate".⁵⁹⁶ Soarez further remarked that the patient would end up having second or even third procedures due to her dissatisfaction. The terms "harmony" and "natural" are used to

⁵⁹⁶ "Se ela mantém a posição que ela realmente quer o nariz muito delicado e muito caucasiano, eu não opero."

positively denote certain types of nose are contrasted with terms that are used such as the “Barbie nose” or a “doll nose”. He has to decide whether he is prepared to operate and give her what she thinks she wants or to refuse unless she has what he suggests. Potentially, his view of what is right and proper may be irreconcilable with the patient’s view. Dr Prado stresses how he encourages women to have a nose that he thinks will be beautiful, a natural nose, “I say to the patient, you already think your nose will be more beautiful, which is why we are doing your nose. So, I do not transform the patient’s nose into a doll’s nose. I say that it will be natural. What I preserve is naturalness and facial proportion. I don’t like an unnatural nose.”

I interviewed Dani in São Paulo in 2018 who told me that she had visited six surgeons before she found one who was prepared to do what she wanted on her *nariz negroide*, which was to make it into a Barbie nose. She had encountered surgeons who were only prepared to make small changes to her nose which was not what she wanted as it would not give her what she saw she was entitled to, which was what she considered to be a beautiful nose. The case of Dani is exemplified in comments made by surgeons, for example, Dr Muller told me (interview in English), “When I’m planning the operation, I will always simulate a natural nose. If they want something that is unnatural, I do not operate and I will turn them away.” Dr Tallor added that he is not prepared to compromise his personal values of creating natural noses, and therefore a woman with a *nariz negroide* who wants a “Barbie” nose would not meet his criteria and therefore he would not operate. In doing so he upholds what he believes is right and proper but at the same time, he deprives some women of what they want, i.e. their perception of beauty, and it is inevitably the women with a *nariz negroide* who do not get what they want, as they want a Caucasian nose. Indeed, it is pertinent at this point to take stock of where we find ourselves in this discussion, about women wanting to change the appearance of their nose and surgeons not wanting to do it when there is a racialised change in appearance. It appears that the idea of *natural* has to do with racial authenticity, that is assigned subjectively by the surgeon, yet if we reflect on the earlier discussion, that Brazil is so miscegenated that many people have a diverse mix of racial facial features it makes no sense that a surgeon would not want to operate unless the notion of miscegenation belies the deeply rooted racial awareness and racism that we know exists. It persists and permeates society, reinforcing racial hierarchies.

To complicate this problem further, Dani, who had visited six surgeons before finding one who would operate, was unhappy with her nose six months post-surgery and was looking to

have a second rhinoplasty procedure. She preferred it to how it was pre-surgery but wanted it to be reduced further. The surgeons I spoke to felt that women with *nariz negroides* are less satisfied than women with *nariz caucasionos*. In Chapter 5 I discussed dissatisfaction and multiple rhinoplasty surgeries from my analysis of Facebook posts. It is a complex issue but this discussion has already gone some way to establish this, i.e., the difference between the nose women with a *nariz negroide* have and the one they want is likely to be greater, while the standards of beauty are so rigid that they do not facilitate easy access to what is commonly considered to be a beautiful nose. This discussion is compounded by surgeons who suggest that the *nariz negroide* is difficult to work on using established rhinoplasty techniques.

Inadequate techniques

Earlier, I discussed racialised terminology and how *nariz negroide* is used implying a sense of lack relative to the *nariz caucasiano*. This idea of *lack* is used in relation to the *nariz negroide*: according to the way surgeons discuss rhinoplasty, the techniques are not inadequate but this type of nose is lacking. For example, Dr Tallor explained to me how the *nariz negroide* was difficult to operate on compared to the *nariz caucasiano*. To illustrate this, he described the former pejoratively, as an eiderdown and the latter as a silk sheet and stated that an eiderdown was thick and not malleable, it was tough compared to a *nariz caucasiano*.

As an elective aesthetic surgical procedure that was traditionally carried out in the private sector, modern rhinoplasty techniques were developed for the profile of patient that was able to access i.e. afford it. Predominantly, these people were white, illustrating that although the technique was developed in line with certain standards of beauty, the standards have not changed however the audience has changed significantly, with the emergence of *nariz negroide* patients and the techniques have changed a little... but the struggle really is that the women generally still want a standard hegemonic nose. There is therefore still a gap between what women want and what doctors are able to do. Dr Muller remarked, “Before it [i.e. rhinoplasty] was only a reductive technique. The only thing you could do was like decrease the size of it. That was basically the original technique.” Dr Melo adds to this commentary, describing how rhinoplasty has changed over the years,

... the standard of beauty for the nose used to be small and snubbed, like an old movie star. That's Doris Day, right. Gina Lollobrigida, Italian, Doris Day. I'd say the 60s, 70s, the technique would be to decrease the size of the nose. It was destructive technique is that I guess to make it look smaller make it look much smaller. This beautiful nose. Yeah. It's not anymore. The nose has to look now balanced with the features of this face. Has to keep some elegance in this profile. And the tip, mainly the tip, has to be well defined.

Dr Osaka reiterates what Dr Melo said and tells me about a shopping mall with designer fashion brands in São Paulo, Iguatemi mall.⁵⁹⁷ He told me that if I wanted to observe the phenomenon of women in their sixties and seventies with the type of nose that Dr Melo referred to, I should go to the mall on a weekday lunchtime and observe the women, he added “if you look, you can pick out the ladies, they all have the same nose”. He adds, “if you take rhinoplasty now, it's much more individualised. So you're going to respect racial difference. So it's not prejudice, you have to know. The person has *negroide* eyes, a *negroide* mouth, you make the nose totally Caucasian, it gets weird.” In “respecting” racial difference, this in theory, gives the option to the person having surgery to have but if the nose they want is racially different from their own and the surgeon objects, then they will not have the option to have what they want. However, if the goal of beauty is limited to the Caucasian nose, then there is a mismatch.

Freak noses and surgeons' anxieties: The amputated nose

While surgeons have power to allow or deny access to rhinoplasty surgery, they are, at least to an extent, constrained by the industry's development of techniques which are required to deal with changing market needs, where demand is moving faster than can be met. However, what the state of the existing market shows is how racially prejudiced it was and remains whereby surgeons cannot reasonably meet the expectations and desires of consumers with a *nariz negroide*. Thus, surgeons have a degree of anxiety towards these new consumers (women with *nariz negroides*) who they consider to have high expectations and believe they have the right to have whatever they want. As a professional medical practitioner, a rhinoplasty surgeon's reputation is crucial. According to the Facebook group *Rinoplastia*

⁵⁹⁷ Iguatemi is a luxury shopping mall with a reputation for attracting the city's affluent consumers. <https://iguatemi.com.br/saopaulo/>.

Nariz Negroide, many women research whether surgeons, they are interested in having rhinoplasty with, has any litigation suits filed against them. Having law suits is a situation that surgeons want to avoid and there is likely a degree of caution and self-preservation in their decision whether to operate when facing potentially difficult patients. One of the key points discussed by surgeons as an illustration of their anxieties around rhinoplasty of the *nariz negroide*, was the phenomenon of the Michael Jackson nose, which was raised by seven of the twelve surgeons, Drs Ribeiro, Avio, Paul Andrade, Tallor, Soares, Rezende and Mota. His name was raised an example of the type of nose, that, in their unanimous points of view, would not be desirable for a person with a *nariz negroide* to have.

Making a connection between rhinoplasty techniques on the *nariz negroide* and poor results, Dr Tallor says, “people are terrified of getting a ‘piggy nose’, that’s what I hear the most, terrified of getting Michael Jackson’s nose”. Dr Ribeiro presents the story of a patient with a *nariz negroide* who he describes as crazy, who the day before surgery showed him a picture of Michael Jackson with what he describes as an “*nariz amputado*” (amputated nose). He explained to her, “Michael Jackson has an amputated nose, Michael Jackson couldn’t breathe, Michael Jackson had more than ten surgeries...”. He said to me: “No problem, I want it anyway and, if that's the case, tomorrow will be the first of the ten surgeries we’re going to do. I want to look like him”. He declined to operate on the patient. The surgeons seem to see the extreme example of Michael Jackson as a worst case scenario for them. It appears to symbolise the *nariz negroide* patient’s demands but the surgeon knowing, or at least thinking, it didn’t look right. The surgeons’ reaction to the discussion on Michael Jackson indicate how uneasy they appear to be with this new group of consumers. However, they do not acknowledge that it is the standards of beauty that make them want that type of nose and that the social forces are greater than their own ability to convince the patient.

This discussion reminds us that aesthetic consumption is not as straightforward as Edmonds has suggested.⁵⁹⁸ After all, aesthetic aspirations are not homogeneous and we can see how the heterogeneity of desire illustrates the tension where the surgeons have little control over the patient’s desires as she takes control of the construction of their own identities through her understanding of beauty, however depending on what she wants, she may experience limitations to her access.

⁵⁹⁸ Edmonds, *Pretty Modern*, 18.

Managing patient expectations: The limitations of surgery and saving face

There appears to be a pattern whereby surgeons use social media to educate the *nariz negroide* audience about what to expect and how to approach rhinoplasty surgery as they are unlikely to want to be faced with the unrealistic expectations and have to disappoint them. As in the above discussion regarding a Michael Jackson nose, surgeons would prefer not to be faced with a prospective patient wanting such nose to the extent that surgeons felt that women's expectations had to be managed as they could be unrealistically high, wanting a nose like a celebrity or a nose that surgeons believed was technically not possible to achieve. Dr Soares' The following excerpt from his Instagram profile alludes to his feelings that expectations need to be realistic relative to what can be achieved through surgery.



Figure 18 Dr Soares' Instagram⁵⁹⁹

“Having realistic expectations is the first step towards a successful nose reshaping. It is important that you and your surgeon are clear about your objectives. The limits of the procedure will largely depend on the anatomy of the nose, type of skin and the assessment of the surgeon”. Thinking about Dr Soares' target audience and his social media marketing approach whereby he tries to educate his readers as to what might be “expectativas realistas” (realistic expectations), his use of a white model with a *nariz caucasiano* reflects the extant white standard of beauty of the nose. This seems a paradox in that he is potentially trying to

⁵⁹⁹ Dr Torrejais' Instagram, <https://www.instagram.com/p/Bq5tC0vgFWJ/>

encourage an audience with a *nariz negroide* to change their expectations from what appears to be a problematic whitened ideal.

While the surgeon can choose not to operate if they are uncomfortable in being able to meet a patient's expectations, as a business they would be keen to operate. However, the point at which the decision is made regarding whether or not to operate is preceded by a paid consultation where the surgeon advises what can or cannot be done and a simulation or drawing is created to show what type of result can be expected. During this process there are certain aspects that are inflected by the surgeons' personal values, for example, how surgeons perceived beauty appears to be important as this influenced the approach to their work and ultimately over what they advised the patient. For example, both Dr Prado and Dr Schmitt referred to religion and talked about beauty as being more than skin deep, with the former referring to "internal beauty".⁶⁰⁰ Both were prepared to turn patients away if they felt they had too high expectations relative to their own personal beliefs. Each rhinoplasty surgeon appears to have their own signature and a stark contrast between Dr Avio and Dr Tallor is apparent from both interviews and their work whereby Dr Avio is known for creating "Barbie" noses and Dr Tallor for natural noses. They are often pitched against one another in discussions on Facebook in rhinoplasty groups as to who is the best surgeon. In this situation, the discussion usually revolves around the type of result a person is looking for. If she wants a "natural-looking" nose, she should choose Dr Tallor and if she wants a "perfect" or a "Barbie" nose, she would be better off selecting Dr Avio.

The Brazilian website Doctoralia allows the general public to seek professional medical advice. Doctors post their responses to the patient in a thread, which is discussed here from around 2018 or 2019.⁶⁰¹ There is a post⁶⁰² where someone asked whether for the *nariz negroide* it would be possible to not only increase the projection of the nose but to fine tune or reshape the tip. This post and the responses from several surgeons offer an insight into the actual dialogue between surgeon and patient. It provides context for the interviews I carried out and discussion of the key themes that arose from them. I illustrate here how the answers offered by (six) surgeons to this post offer an insight into how access to rhinoplasty for women with the *nariz negroide* is determined. It highlights the technical challenges of the

⁶⁰⁰ "beleza interior"

⁶⁰¹ The thread is undated but the prices stated e.g. 150 Reais for a consultation are an indication of the date.

⁶⁰² <https://www.doctoralia.com.br/perguntas-respostas/na-rinoplastia-de-nariz-negroide-para-ganho-de-projecao-de-acordo-com-a-avaliacao-medica-e-possivel>

nariz negroide as “having peculiarities” that require different treatment, thus othering the patient and connecting this to the “limitations” of the surgery and that she should be aware of such limitations. These limitations are further delineated in surgeons’ statements that rhinoplasty surgery should not alter a person’s ethnic appearance. There is also a suggestion that while some change may be possible, patients’ expectations need to be managed as they may not be realistic.

One respondent, Dr Jesse Teixeira de Lima Junior, remarked,

It is possible to associate the increased projection with the refinement of the nasal tip. There are various techniques used on the *nariz negroide* which optimise this result. However, there are also limitations such as the thickness of the skin, the architecture of the nose and the harmony of the face which should be respected. The important thing is to know that there should be an increase in both projection and refinement of the tip but that expectations need to be in line with what it is possible to do.⁶⁰³

He connects the patient’s expectations with the limitations of the surgery and the patient’s type of nose. In other words, he highlights the gap between what is desired and what he believes can be done, in terms of reaching their desired outcome thereby revealing the potential for dissatisfaction as what is desired may not be achievable. This seems to reflect a persistent problem in Brazil that a nose seen a beautiful by most which holds significant cultural value, is accessible to a limited number of (white) people. This problem appears to be an example of the impact of conflicting discourses represented by whitened ideals of beauty and *mestiçagem* whereby what is possible in terms of surgery (which ultimately means what is achievable in terms of beauty capital) is determined according to the racial profile of a person’s nose.

Building on the idea of what is possible, another respondent, Dr Jair Jr. Casali, gives similar advice to the prospective patient but adds the need to preserve racial characteristics for a harmonious outcome, stating,

Yes, it is possible. The *nariz negroide* has its peculiarities, such as wide base, wide nostrils, hardly any projection and very thick skin. All this ‘architecture’ can be

⁶⁰³ <https://www.doctoralia.com.br/perguntas-respostas/na-rinoplastia-de-nariz-negroide-para-ganho-de-projecao-de-acordo-com-a-avaliacao-medica-e-possivel>. Translation from Portuguese: “É possível associar o ganho de projeção com o refinamento da ponta nasal. Existem várias técnicas utilizadas no *nariz negroide* que possibilitam otimizar esse resultado. Porém também há limitações como a espessura da pele, a arquitetura do nariz e a harmonia do rosto que deve ser respeitada. O importante é saber que deverá haver um ganho tanto na projeção quanto no refinamento mas que as expectativas devem estar adequadas ao que é possível realizar”.

modified during rhinoplasty. Obviously, the patient's ethnic characteristics and the facial structure need to be respected, so that the result is harmonious.⁶⁰⁴

The use of the word “obviously” is very interesting in relation to the patient's ethnic characteristics as it is problematic rather than obvious when the nose desired by women wanting rhinoplasty is ethnically very different from the *nariz negroide*. It shows a basic idea that there is a natural racial order in which Black people look like “normal” (i.e. prototypical) Black people and white people look like “normal” white people. However, this is also a racial order in which the white prototype is considered the epitome of beauty, meaning that people with features associated with Blackness, such as the *nariz negroide*, appear to be constrained by a beauty industry shaped by the racialised medical terminology used in rhinoplasty, albeit these women are challenging and problematizing that same discourse.

Dr Roberto Mota extends this discussion on the limits of rhinoplasty of the *nariz negroide* by stating that improvements are possible, but this type of nose means that there are limits to what can be achieved:

The answer is yes. It is possible to have an improvement of the projection of the nose and have a more delicate nasal tip and in harmony. However, there are also certain peculiarities related to the negroid nose. The fact that the skin is thick and is joined to many parts (sebaceous and sweat glands) make the results difficult. Normally the features are a low and wide dorsum with a globular tip and no projection, a wide alar base and thin cartilages which manage to adequately sustain the amount of skin which is even thicker. The use of grafts from either the nasal septum, ear or rib region is usually required. You need to understand the limitations of the surgery and of the results.⁶⁰⁵

⁶⁰⁴ <https://www.doctoralia.com.br/perguntas-respostas/na-rinoplastia-de-nariz-negroide-para-ganho-de-projecao-de-acordo-com-a-avaliacao-medica-e-possivel> Sim, é possível. O *nariz negroide* tem algumas peculiaridades, como base larga, narinas largas, pouca projeção e pele muito espessa. Toda essa "arquitetura" pode ser modificada numa rinoplastia. Evidentemente, as características étnicas e da estrutura do rosto do paciente devem ser respeitadas, para que o resultado fique harmônico (sem estigmas).

⁶⁰⁵ <https://www.doctoralia.com.br/perguntas-respostas/na-rinoplastia-de-nariz-negroide-para-ganho-de-projecao-de-acordo-com-a-avaliacao-medica-e-possivel>. A resposta sim. É possível uma melhora na projeção do nariz e uma ponta nasal mais delicada e em harmonia. No entanto, existem algumas peculiaridades relacionadas ao *nariz negroide*. O fato da pele ser espessa e com muitos anexos (glândulas sebáceas e sudoríparas) dificulta os resultados. Normalmente as características são de dorso baixo e largo, ponta globosa e sem projeção, base alar larga e cartilagens finas que conseguem dar sustentação adequada a quantidade de pele que ainda é mais espessa. A utilização de enxertos da região do septo nasal, orelha ou costela geralmente é necessária. O ideal procurar um cirurgião plástico especialista da sociedade e tirar todas as suas dúvidas de acordo com a sua anatomia e suas necessidades. Precisa entender as limitações da cirurgia e dos resultados.

He expands on Dr Casali's points by elaborating on the need for bone grafts to achieve the desired result. So, while women with *nariz negroide* often desire what might appear to be the raciologised beautiful nose, this is unrealistic for technical and cultural reasons according to the responses from these surgeons. Such technical limitations could be used as excuses by surgeons who do not want to face the problems of addressing the wishes of women with a *nariz negroide*.

Another surgeon, Dr Alejandro Javier Garcia Corbera, repeats many of the above points but describes the *nariz negroide* as “the ethnic nose [in which the] cartilages are more fine and fragile”.⁶⁰⁶ Although it is unclear what he is comparing this type of nose to, it is likely he means in relation to the *nariz caucasiano* as this nose is used in medical textbooks as the “standard” nose while other types are othered. For example, Hoefflin shows an illustration of what patients communicate to him as the ideal nose (see Figure 19) entitled “Desired Rhinoplastic Changes”. He adds “For whatever reason – be it the influence of advertising and the predominance of Western media, or a desire to ‘fit in’ – the currently accepted standard of beauty for the nose is most often represented by the Western (Caucasian) nasal shape”.⁶⁰⁷

Figure 1-4
This illustration represents what patients communicate to me as being the ideal nose.



⁶⁰⁶ <https://www.doctoralia.com.br/perguntas-respostas/na-rinoplastia-de-nariz-negroide-para-ganho-de-projecao-de-acordo-com-a-avaliacao-medica-e-possivel>. “As cartilagens do nariz etnico são mais finas e frágeis...”.

⁶⁰⁷ Steven M. Hoefflin, *Ethnic Rhinoplasty*. Cham: Springer, 2012, 5.

Figure 19 Image of an “ideal nose”

Othering is observed throughout this social media thread in the use of words including “peculiarities”, “very thick skin” and “wide base”, all of which are descriptors relative to a norm, which in this case is the *nariz caucasiano*. This question and answer discussion on Doctoralia illustrates that surgeons are very concerned about what patient expectations are for the *nariz negroide* given their regard for racial harmony and harmony in the more general sense and their technical capabilities which have been produced and honed in a cosmetic medical regime structured around the dominant standard face.

Conclusion

At its broadest level, this chapter highlights the beginning of a new market and the disruption that is taking place as it begins to realign itself, albeit very slowly. The slowness of adaptation to the new market entrants is attributable to the well-established nature of the rhinoplasty market in Brazil. Meanwhile, new surgeons are joining the profession and they recognise the gap in the market to target this new audience. Younger surgeons that I interviewed, Dr Soares and Dr Mota had already identified the *nariz negroide* as a growth area and recognised opportunities to service this segment of the rhinoplasty market. It will be interesting to see, as this market develops, if techniques also evolve to meet the need of this market segment of customers whereby the economic opportunity stimulates the development of appropriate techniques.

Looking at the disruption to the market, the single differentiating factor that these new consumers bring in terms of demand is the racialised characteristic that obfuscates the practice of rhinoplasty and the way the surgeons function in terms of their decision making and practice. The *nariz negroide* challenges the values, attitudes and behaviours of this powerful community of elite surgeons while offering insights into the ways the surgeons negotiate politics of beauty in a society that is racially stratified in complex ways. Meanwhile, the heterogeneous beauty desires of this new audience of non-white women have done much to bring to the surface the tensions between the publically acceptable discourse of *mestiçagem* and the latent racialised basis behind so much of the rhinoplasty of the *nariz negroide*.

Conclusion: Between the *morena* and multiculturalism

The emergence of a new group of non-white female consumers into the rhinoplasty market in Brazil represents a key moment through which to explore the contradictions and complexities of the country's class and racial dynamics. This thesis has focused on beauty at a specific moment in time, from 2017-2019, namely after a new Brazilian middle class emerged from the early 2000s, a class poised to and intent on entering new spaces of consumption. One of the aims of this thesis has been to examine how the wider politics of beauty reflects the lived experiences of this new group of consumers as exemplified by their pursuit of rhinoplasty. Using an intersectional approach, the interplay between these factors has revealed multiple contradictions and tensions at the site of consumption of rhinoplasty of the *nariz negroide* relating to notions of *mestiçagem*, racial consciousness and whitening.

The central argument of this thesis is that women attempt to construct their aesthetic, social and political identities in whatever way they want, however, the *nariz negroide* complicates this process of consumption. Unlike other cosmetic surgery procedures, rhinoplasty of the *nariz negroide* is subject to racial hierarchies despite Brazil being a nation that considers itself metaracial due to its high levels of miscegenation.⁶⁰⁸ Meanwhile, Brazilian women seeking rhinoplasty of the *nariz negroide* were expecting their newfound economic power to open the doors of beauty clinics. Namely, the women had hopes of getting the nose they felt they deserved and would make them beautiful as part of a national investment in the “right to beauty”.⁶⁰⁹ Consequently, there is a tension between having the freedom to construct beauty identities and citizenship, and index-linking beauty practices with racial identity in a society where Blackness is de-valourised while *mestiçagem*'s supposed “colour blindness” is celebrated. It should also be noted that this “colour blindness” also concerns the body parts mentioned earlier in this thesis.

Given the time lapse between the two main authors' work on cosmetic surgery and this study of five to 10 years; it is clear that the market has evolved considerably. Edmonds had an optimistic outlook that the market would align itself to new consumers and there would be a

⁶⁰⁸ Alexander Edmonds and So Yeon Leem (2021), “Making faces racial: How plastic surgery enacts race in the US, Korea and Brazil, *Ethnic and Racial Studies*, 44:11, 1895-1913. Edmonds notes Freye's coinage of *meta-racial* as “a neologism that describes a kind of blissful ignorance of racial origins (*Pretty Modern*, 132).

⁶⁰⁹ Edmonds, “The Poor Have the Right to Be Beautiful”; Jarrín, “Cosmetic Citizenship”; Machado-Borges, “O Antes e Depois”.

new era of the “consumer citizen”.⁶¹⁰ However, this optimism has not come to pass, notwithstanding the issue of restricting citizenship to consumption patterns. At the time of the current study, the emerging middle class consumers were, however, more aligned to Edmonds’ outlook of engaged consumption but within a web of paradoxes and problems, underlining the need that consumption should not to be the sole route to citizenship. This study therefore brings into the frame an analysis of a period of three years bringing out the lived realities of the consumption of rhinoplasty of the *nariz negroide*.

The key contributions made by this thesis have been outlined in the Introduction but it is also necessary to sketch some of the research challenges that lay ahead, including for my future work. First, there has been a clear disruption to the whitening and raciological assumptions of Brazil’s beauty industry, which has gone relatively unacknowledged by both Edmonds and Jarrín. However, consumption does not amount to emancipation and we need to be alive to the the complexity of production and consumption of beauty aimed at a non-white Brazilian audience, including the role of cultural intermediaries (in the form of cosmetic surgeons) negotiating older raciologised constructs as well as the utility of discourses of conviviality. Second, and as just mentioned, the discourse of *mestiçagem* is highly resilient albeit affirmative action programmes and racial self-identification are emerging as a clearer and more influential phenomenon. This is not a teleological narrative foretold: the relationship between racial self-identification and more longstanding *mestiçagem*-based frameworks will have complex and multifaceted implications for the beauty constructions of a non-white audience in Brazil. Third, there is a need to systematically frame discussions of racially sensitive surgery in terms of the wider lived experience of the women’s heterogeneous backgrounds, motivations, and identifications, which this thesis has gone some way to address, particularly in its adoption of an intersectional approach. Finally, contradictions are evident in “normalising” one’s appearance in a comparatively whitened professional and social space, which exists alongside a heightened racial consciousness. This begs the question as to whether increasing levels of racial self-identification will change not only production and consumption patterns, but if they will also reshape or reorientate the tendency towards normalising or whitening strategies in professional and social spaces in Brazil.

⁶¹⁰ Edmonds, *Pretty Modern*, 111-112.

Disrupting the raciological assumptions of the rhinoplasty market

The emergence of this new group of consumers has disrupted the rhinoplasty market in several ways. There has been a collision between new consumers bringing new demands and desires with a well-established industry whereby there has been some resistance from the traditional providers of rhinoplasty. Despite this market turbulence, the disruption has also created a shift in the industry structure, which slowly started to emerge to accommodate the new consumer needs, however still in quite a restricted way as the industry slowly adapts to and recognises the commercial potential of this untapped group of consumers.

Prior to the emergence of this new group of consumers, rhinoplasty surgeons scarcely performed surgery on the *nariz negroide*. Moreover, typically, women with that type of nose could not afford to have rhinoplasty. Recalling the rhinoplasty market structure, I segmented it into four categories based on the pricing of the service (see Chapter 6), which I classify as *upper*, *upper middle*, *lower middle* and *low*. The (hundreds of) women I encountered via social media and in interviews fell mostly within the two middle segments and were looking to pay up to around 20,000 Reais (£4,000) for their surgery. These two middle segments had previously been geared towards dealing with white consumers and as such this site of interaction between surgeons and patients has exposed the white assumptions of the market and a resistance to move past them, problematising the embedded assumptions of the rhinoplasty surgery industry.

The resistance stems from the existence of conflicting ideas that relate to beauty and race. In a new market that is more racially diverse than before, racial concerns come into play. Chapter 3 discussed the idealisation of harmony and naturalness, however, in Chapter 5, women's discussion on the Facebook group, *Rinoplastia Nariz Negroide* illustrated how harmony and naturalness were sometimes less of a concern for women in whose goal was to get a beautiful nose (in the style of the hegemonic nose). Conversely, in Chapter 6, surgeons demonstrated a preoccupation with harmony and naturalness as the most important factor in rhinoplasty at the expense of being able to specify the shape and size of nose, as if it were off the shelf. The root of these notions of harmony and naturalness lie in the racialised, whitened appearance of the hegemonic nose, referring to the type of nose that is idealised in Brazil, and globally. It follows that given the way surgeons measure and evaluate noses means that it is quite unlikely that a *nariz negroide* patient will maintain a harmonious appearance if she has surgery to give her a hegemonic nose. Accordingly, there can be a clash between the priorities of women and surgeons that are seemingly irreconcilable. The interaction between

the two groups (surgeons and women seeking surgery of the *nariz negroide*) at the site of consumption illustrates the way the competing discourses of racial harmony in the shape of *mestiçagem* intersect with the racial and aesthetic assumptions of rhinoplasty in Brazil. During the research period, some surgeons seemed to be moving towards addressing these issues, albeit slowly, mainly recently trained surgeons such as Dr Mota who had focused his training on the “*nariz negroide*” recognising it as an untapped market. This shift could signify increased provision of services to meet the needs of consumers with a *nariz negroide*.

The longevity of *mestiçagem* and the challenge of racial identity

The discourse of *mestiçagem* discussed is resilient and endures although the women in this study have lived through their teenage years and/or early adult lives with affirmative action policies. Attending university through Brazil’s quota system, has meant a rise in racial self-identification.⁶¹¹ In my analysis, I noted the coexistence of multiple discourses in Brazil, namely *mestiçagem*, whitening, and multiculturalism that all relate to discussions on race and featured in the interviews and social media analysis I conducted.

The prevalence of the discourse of *mestiçagem* manifests itself in manifold ways, it is used by women in the appropriation of the idea of beauty, whereby there is a colour blindness to the hegemonic nose, for example. It is used by surgeons in the way they formulate a discussion on miscegenation and the lack of racism in Brazil whilst at the same time possibly restricting access to surgery by applying rules that are linked to whitening, such as harmony and naturalness. While one might expect as Edmonds did that multiculturalism would erase the negative effects of *mestiçagem* as a discourse in Brazil, despite self-identification as Black through quotas and women in this study going to university, they still adhere to the idea of *mestiçagem*.

The paradox of *mestiçagem* existing alongside whitening ideals prevalent in cosmetic surgery’s aesthetic standards creates tension, friction and ultimately reinforces racial hierarchies. This paradox is also not accidental, rather it has been revealed by the emergence of a new market and audience energetically and determinedly seeking beauty capital and social mobility. The new non-white, lower middle class consumer discussed in this thesis has – whatever her racial identification or lack of – disrupted existing power hierarchies, in her

⁶¹¹ André Cicalo, “Nerds and Barbarians: Race and Class Encounters through Affirmative Action in a Brazilian University.” *Journal of Latin American Studies* 44, no. 2 (2012): 235–60.

interaction with the Brazilian beauty industry. In a quest for beauty that is not seen as racialised, the appropriation of this beauty produces beauty reflecting the paradox of *mestiçagem*, i.e. a racially hybrid beauty, which could be seen to signify “beauty agency and autonomy.”⁶¹² It must also be acknowledged that, as discussed in Chapter 5, women also reproduce the beauty industry’s neo-liberal phrases of ‘femvertising’ illustrated by the Facebook group slogan, “*If I’ve got myself a cute little new nose, it’s because I deserve it*”. In my chapter on femvertising in Brazil, I argued, “Femvertising purports to merge the feminist ideology of empowerment and agency with a commercial agenda of brand image and sales, yet is fundamentally influenced by cultural politics, which reflect wider hierarchies of power that circulate within society, such as class and race. In turn femvertising can lead to a tangled mix of empowerment and exclusion among women according to the semiotic meanings embedded in the way it constructs and communicates aspiration and desire”.⁶¹³

Racially sensitive surgery in light of lived experiences

There is a necessity to systematically frame discussions of racially sensitive surgery in terms of the wider lived experience of the women's concerns, which has been missing from the recent literature on cosmetic surgery in Brazil. Figueroa starts her article, using lived experiences, on the complexities of race and beauty in Mexico with, “Where could we start exploring what beauty or ugliness does in people’s lives?”⁶¹⁴ In the Brazilian context, Caldwell uses the lens of lived experiences in relation to the hair illustrating the nuanced tension between the desire for beauty and aesthetic hierarchies.⁶¹⁵ The voices of the women in this study illustrate the anxiety at an everyday level of Black women who have the feeling that they are not adhering to this ideal which is in practice code for the legacy whitening project. In Chapter 5, Diana spoke not just of her own multiple surgical procedures, but of the unrealistic expectations she believed were held by women with a *nariz negroide*. Brazilian popstar, Ludmila’s highlights the tensions of rhinoplasty of the *nariz negroide* both in her experience of multiple surgeries and her being seen in some women’s eyes as changing her race, yet in others eyes she is seen as having a beautiful nose, depending on the perspective

⁶¹² Tate, *Black Beauty*, 141.

⁶¹³ Carole Myers, “The Femvertising of Beauty: Rhinoplasty of the Negroid Nose in Brazil”. In Joel Gwynne (ed.), *The Cultural Politics of Femvertising: Selling Empowerment*. Cham: Springer International Publishing, 2022, 193-214 (193).

⁶¹⁴ Figueroa, “Displaced looks,” 140.

⁶¹⁵ Caldwell, “Look at Her Hair;”

but the point is that even with the social status of a successful singer, with a *nariz negroide* (to start with) she has struggled to get the nose she wanted and it has led to her being a figure that divides opinion. There is a constant tension between the standard of beauty and the pursuit of it because of the paradoxes of whitening and racial mixing.

The heterogeneous voices illustrate the complexities of the multiple discourses at play in the consumption of rhinoplasty of the *nariz negroide*. The social media analysis, in particular, gave me insight into unobtrusive conversations between women as a peer group. For example, in Chapter 5, discussions that I observed on Facebook regarding how women interpreted the idea of naturalness and harmony and its significance to them illustrated the tension between their desire for consumption and aesthetic hierarchies. Their lived experiences and voices illuminate the tensions, created by aesthetic hierarchies, between their desires, expectations and experiences in their beauty journeys. Furthermore, it places the subjects involved in consuming rhinoplasty not just central to the discussion but, controlling the narrative.

I was able to get data and air the voices of women from a range of backgrounds, not only from women who were interested in rhinoplasty. The voices of activists and bloggers highlighted the heightened racial consciousness of young women, the structural racism they had experienced and had witnessed, and the significance of their exposure to affirmative action programmes where they had personally benefitted from their own self-identification as Black. For example, in Chapter 5, Carina, May, Luma and Angelina have a strong awareness of their racialised class position in Brazil. Their stories brought out unprompted personal stories of racism that they connected to aesthetic hierarchies and to the nose. For example, while Carina a Black feminist activist was in principle against changing the nose because she felt that it adhered to white standards of beauty and rejected Blackness, she sympathetically said that she did not condemn a Black woman for having rhinoplasty because there was no option for beauty for her, and it was a type of coercion. Her narrative revealed nuanced appreciation of the plight of women and their need to express beauty in the only way they could.

Rhinoplasty of the *nariz negroide*: conviviality and consciousness

The research question posed by this thesis has been how can raciological and convivial constructions of rhinoplasty of the *nariz negroide* in Brazil be understood intersectionally

through the prisms of race, class and gender. The argument made here is that women's consumption of rhinoplasty of *nariz negroide* in Brazil does not constitute a "whitening" exercise, one whereby the raciological baggage of European facial aesthetics is unthinkingly replicated in such consumption. Instead, the women's voices that emerged in this research tend to articulate their experiences through discourses drawn from both the "convivial" as well as "multicultural" aspects of their lives, in other words the discourse of *mestiçagem* means they can self-fashion a specifically Brazilian *morena* beauty outside of a whitening exercise, while many of them are also able and willing to articulate the multicultural dimension of their lives, i.e. they are willing and able to identify those aspects of their lives that have been impacted and shaped by the raciologically influenced inequalities of Brazilian life. If the phrase "*morena* beauty" appears to recall Freyre's formulations of the 1930s and after, I argue instead that it reflects the double-edged sword articulated by Peter Wade and others, namely that – as Wade himself puts it writing about new social movements – "Eschewing the – in this view, entirely false – promise of conviviality contained in mestizaje, [these movements] aspire to new multiculturalist forms of conviviality, based on respect for difference, rather than the perceived erasure of difference through mestizaje".⁶¹⁶

He also remarks that that there are "hard" and "soft" aspects of social relations in Brazil, "vertical" and "horizontal", realities of family life that can be either raciologically influenced or more convivial, and that people recognise and negotiate the two dimensions.⁶¹⁷ In this case conviviality – in our case an appeal to *mestiçagem* – does not suggest the masking function of Freyre's racial democracy, one that shrouds the raciological aspects of lived experience in Brazil. I observe that something similar is happening in women's consumption of rhinoplasty of the *nariz negroide* in Brazil, in that the construction of a *morena* beauty as opposed to a raciological or hegemonic one does not assume that an individual belongs to either convivial or multiculturalist poles, rather than there is now a spectrum, one where Brazilian women can articulate the (intersectional) contradictions of life in Brazil, including the structural inequalities they experience while they simultaneously self-fashion a specifically *morena* beauty. This is not to release *mestiçagem* from its contradictions, rather it is to acknowledge that, in some ways, it has allowed for the construction of a beauty aesthetic that has contested the raciological assumptions of cosmetic surgery in general and rhinoplasty in particular.

⁶¹⁶ [6]

⁶¹⁷ [8]

There are, however, seeming contradictions evident in “normalising” one’s appearance by accessing rhinoplasty of the *nariz negroide* in a comparatively whitened professional and social space alongside a heightened racial consciousness. This consciousness has evolved as a result of political processes such as racial self-identification for access to higher education which is one of the ways the women in this study may have experienced Brazilian affirmative action programmes. Gabi Oliveira’s YouTube video and the interview with Carina in Chapter 3 showed it is hard to be beautiful in the Brazilian sense and retain one’s Black features due to the devalorisation of Blackness. Furthermore, the women who want or have surgery do not see it as a form of “whitening” because of the way beauty is constructed in Brazil as part of the convivial discourse of *mestiçagem*. Despite experiences of racism, they may have had as well as having a consciousness that aligns them culturally to Blackness, there is a discontinuity between their Black identity and their surgically altering the *nariz negroide*. For example, Diana has a strong sense of her Black identity but remarked in an interview that she did not see herself as rejecting her racial identity by changing her nose. As I have argued above, constructing a *morena* beauty does not entail women having to deny or deflect either the convivial or multiculturalist aspects of their lives.

This study hopes to make a contribution to the important task of reflecting on non-white women as they entered middle class spaces. While respecting their beauty goals it considers the racialised pressures from both hegemonic beauty ideals and from an angle of multiculturalism. Analysing these considerations through the lived experiences of women has been the main focus. However, around the three-year period of this research, I noticed dynamics taking place within the marketplace for example, the move away from print advertising from shortly before to the savviness of cosmetic surgeons in using their own Instagram feeds to target potential customers that was starting to emerge in 2019. While this study has touched on media representation, there is a body of work on race in the media and an analysis of representation of the *nariz negroide* in the media could be extremely useful in contributing to this body of work. For example, research into stereotyping showed that 92% of Black women wanted to see people like them better represented in the media and advertising.⁶¹⁸ After this period of research ended, it became apparent that the way rhinoplasty was being used in social media advertising was changing (via cosmetic surgeons’ social media pages and specifically Instagram at this time). Namely, that surgeons in the middle segment were starting to target women with a *nariz negroide*.

⁶¹⁸ <https://www.unstereotypealliance.org/en/resources/research/beyond-gender---the-invisible-stereotypes>

Furthermore, the research’s emphasis on the women’s emergent middle class status in relation to their citizenship is clearly not exhaustive. The optimism that marked the time when Edmonds’ *Pretty Modern* was published in 2010 evaporated when the PT government was ousted in controversy, and now, five years on, there is an extreme right-wing government led by Jair Bolsonaro. As I write this, Brazilian Presidential elections will take place in a matter of months, in October 2022, with the possible return to power of a centre-left government and a potential extension of its affirmative action programme. There are, however, signs that the Affirmative Action programme – which has been markedly attacked from both the right and the left – has led to a shift in subjective attitudes to racial identity and self-identification in Brazil.⁶¹⁹ Likewise, rhinoplasty of the *nariz negroide* is increasingly being marketed directly at women of unambiguous Afrodescent (see Figure 20), a clear contrast with similar marketing devices when I conducted my fieldwork in 2017-2019.

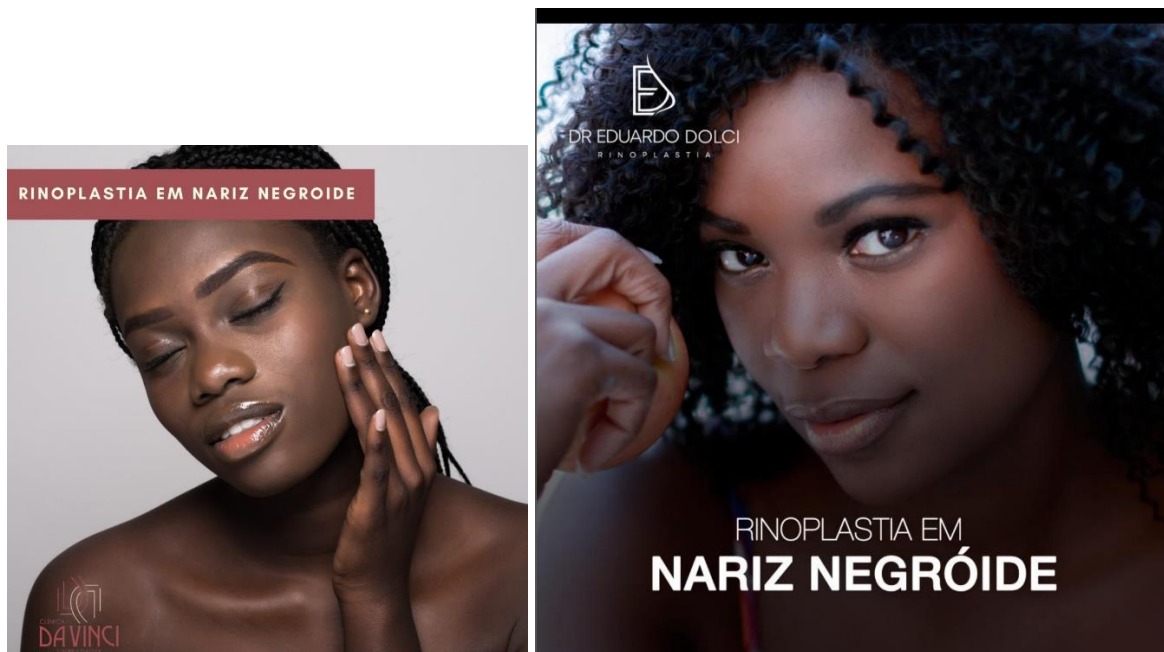


Figure 20. Facebook advertisements for rhinoplasty surgery from 2021⁶²⁰

Shirley Ann Tate, writing on the phenomenon of ‘Black blondes’, has observed that this does not constitute the “reinforcing [of] a white iconic ‘original’ but putting it into question and

⁶¹⁹ See Stanley R. Bailey, Fabrício M. Fiahlo, and Mara Loveman. “How states make race: New evidence from Brazil.” *Sociological Science* 5 (2018): 722-751.

⁶²⁰

<https://www.facebook.com/davincicirurgiaplastica/photos/a.1687237041546008/2851124358490598/?type=3>
and <https://www.instagram.com/p/CTFTsJZti0n/?hl=en>

making it mobile on the Black body. Through the displacement of translation we can see beauty as being a much larger language than that of white iconicity and Black anti-racist aesthetics”.⁶²¹ If we cross this insight with Peter Wade’s depiction of convivial languages of *mestizaje* as offering a hybridity that “highlight [their] potential for destabilising essentialisms”, we can arrive at the *morena* nose, a bodily site where its consumers are not engaging in perpetuating raciologised aesthetics, rather they are negotiating the complexity of their intersectional realities, whether that means they appeal to the Brazilian convivial variant of *mestiçagem*, or if they choose to balance the *morena* and the multicultural. This thesis has used Gilroy’s concepts of raciology and conviviality in order to construct a theoretical framework. It remains to be seen whether the “post-race” future he wishes for becomes a reality. However, it also appears obvious that the tectonic plates of racial identity and identification in Brazil, long held in place by the force of *mestiçagem*, are in flux, meaning that we will have to revisit the relationship between non-white Brazilian women and their lived experiences, national and racial identities, and beauty practices.

⁶²¹ Tate, *Black Beauty*, 130.

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