

Physical attractiveness: beauty is in the eye of the beholder, but it changes with time and changing environment

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The term “physical attractiveness” has been defined by Zangwill¹ as “the degree to which a person’s physical features are considered aesthetically pleasing or beautiful.” Hatfield and Sprecher² on the other hand defined this term as “that which represents one’s conception of the ideal in appearance; that which gives the greatest degree of pleasure to the senses.” While the Merriam-Webster.com dictionary³ and Symons⁴ long emphasised that “beauty is in the eye of the beholder.” Several researchers have outlined specific physical features to signal an individual’s attractiveness.⁵⁻¹² Among these features are the individual’s facial features,¹³ hair thickness,⁵ and body size (i.e. waist versus hip circumference,^{14,15} body weight and height^{16,17}). For instance, Singh¹⁴ argued that low female waist to hip ratio (WHR, that is typically centred around 0.70) is attractive because it correlates with better health and fertility outcomes. Swami et al.¹⁵ on the other hand argued that Pieter Pauwel Rubens, the Flemish painter famed for his exuberant Baroque style, preferred female models that had WHRs and body weights that were much higher than the esteemed figure of WHR = 0.70. Buss¹⁸ further argued that some aspects of physical attractiveness are built within cultures, change with cultural standards, become unlearned at certain points in time, with certain physical features signalling individuals’ health and reproductive potential.

In Africa, there appears to be a clustering of body size ideals within geographic, cultural and social networks. While there is a dearth of body size attractiveness data in Africa, data generated in Southern Africa suggests that there is a “tolerance” of high body mass index (BMI) in rural communities and in those communities that experience financial constraints.¹⁹⁻²² In these communities, a higher BMI is perceived as a token of beauty, well-being and marital bliss.^{16,23} In more affluent communities, a lower BMI is preferred, while a higher BMI is undervalued.²¹ In these studies, the BMI preferences appear to be shared by members of the same family, with both children and adults holding similar body ideals.²⁴ However, BMI preferences in these communities are differentiated by body size statuses,²² namely individuals who are obese become attracted to thinner body sizes and those who are underweight prefer larger body sizes.

The work of Kruger et al.²⁵ published in this edition of the SAJCN builds on this research and highlights that the perceptions of female attractiveness are similar among men and women, irrespective of age. In fact, the observations that the rural less affluent Batswana community gave a higher attractiveness score to a leaner image (with percentage body fat of 19% and WHR of 0.72) and that the perception of attractiveness was similar across different BMI statuses were indeed surprising. More importantly, the scores for attractiveness given by the participants decreased with an increase in the BMI of images shown to them. The expectation was that, because this was a rural, Black and less-affluent community, participants in the study would have given a higher score to larger body sized images. In fact, these outcomes are in total contrast with the studies of the afore-presented African studies. These differences could be, to some extent, explained by the fact that the afore-presented African studies used silhouettes (line image drawings) to measure physical attractiveness, not scanned soft tissue dual-energy X-ray absorptiometry (DXA) images of female bodies that were used in the study by Kruger et al.²⁵ There is evidence that line drawings may have the potential to alter the true original appearance of a human body, and, therefore, influence people’s perceptions about attractiveness preferences.^{26,27} However, the outcomes of Kruger et al.²⁵ may also symbolise that Africa is rapidly becoming urbanised.²⁸ Hence, all communities seem to be conforming to the “Western affluent” body size ideals, where leaner body sizes are viewed as attractive.²⁹ Indeed, Tovée et al.³⁰ have argued that the perception of physical attraction is “plastic”, i.e. it changes with time and a changing environment. For instance, these authors showed that the preferences of attractiveness by Zulus who had moved to the UK changed from fuller figures to resemble those of Britons, who preferred leaner figures. Similarly, in recent years, the South African younger generation (adolescents, in particular) seems to prefer leaner (especially normal) body sizes and regard these as attractive.³¹

However, there are some concerns about the “Western ideals” in that, individuals who carry a lot of body weight are often body shamed. Lamont³² unpacked the role played by “body shaming” (a self-conscious emotion that results from the perception that one’s body fails to meet cultural body ideals) in the development of a number of negative outcomes

including poor physical health, especially in women. In fact, Pearl et al.³³ and Rakhkovska and Warren³⁴ suggested that individuals who were body shamed tended to make unattainable and unhealthy body size changes.

While there seems to be some promising improvements in body size ideals (from larger to leaner body size ideals) in African populations in recent years, the inconclusiveness of outcomes and scarcity of data on the continent regarding the topic of “physical attractiveness” warrants further research. Such research would bring new insights and perhaps new definitions of the term “physical attractiveness” in the African context. In addition, it becomes important that researchers and health providers scale up strategies to stabilise the emotion brought about by body shaming for those individuals who carry a lot of body weight. In fact, workable and practical strategies that promote the adoption of “mindfulness” should be implemented.³⁰ *Mindfulness* is defined as a mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations, used as a therapeutic technique.³⁵

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