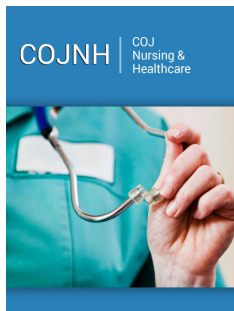


Beauty and Aging: The Role of Resilience

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Abstract

Background: Beauty of the face agree to geometric figures that have got magnitudes of the golden ratio. The resilience is a psychic function to protect against psychological distress. Purpose Aging and beauty over time change the self-image and its acceptance depends on level of resiliency. We studied the resilience in subjects with different beauty and age on the face and looked for its mechanism psychodynamics.

Method: Eight groups (each 40♀, 40♂) were selected with two different range degrees of beauty (1-2B beauty, 3-4U ugliness) and skin aging (0-1 Y young aged 20-30 average 24.65 SD 3.08, 2-3M mature aged 45-55 average 49.85 SD 3.39). YB were control groups. Beauty by golden ratio, resilience by CD-RISK, skin aging by Glicau classification and ultrasound test, personality by MMPI-2 and one interview were defined. F, t, W and P tests were assessed in subjects-controls analysis by 14 Windows SPSS and $p < 0.05$ alpha level.

Result: Factors show higher resilience value in U and M groups than in B and Y, lower values in females than in men considering the individual groups BY, BM, UY, UM. F and t tests show high correlation and significance ($0.0006 < p < 0.09$).

Discussion: The lack of beauty and aging produce stressful conditions, traumatic lacerations. The aid application for the discomfort requires an adaptive response. The resilience is the dynamic mechanism of previous response that he subject, through a personal journey, learn to build. The resilience increases in mature age due to the acquisition of a greater experiential baggage and in ugly subjects by the continuous acceptance of their poor aesthetic.

Conclusion: Resilience grows after repeated discomfort as ugly and in progressively and continuous way, while it is low after an acute perception of physical or psychical damage as a wrinkle. A short-term psychotherapy could help subjects to accept aesthetic discomfort.

Aging changes the self-image and its acceptance depends on level of resiliency. We studied the resilience in subjects with different beauty and age. Eight groups (each 40♀, 40♂) were selected with two different range degrees of beauty (1-2 B beauty, 3-4 U ugliness) and skin aging (0-1 Y young aged 20-30 average 24.65 SD 3.08, 2-3 M mature aged 45-55 average 49.85 SD 3.39). YB were control groups. Beauty by golden ratio, resilience by CD-RISK, skin aging by Glicau classification and ultrasound test, personality by MMPI-2 and one interview were defined.

Factors show higher resilience value in U and M groups than in B and Y, lower values in females than in men. F and t tests show high correlation and significance ($0.0006 < p < 0.09$). The lack of beauty and aging produce stressful conditions and requires an adaptive response. The resilience is the dynamic mechanism that subjects, through a personal journey, learn to build; it increases in mature age due to the acquisition of a greater experiential baggage and in ugly subjects by the continuous acceptance of their poor aesthetic. Resilience grows after repeated discomfort in progressively and continuous way, while it is low after an acute perception of physical damage as a wrinkle. A short-term psychotherapy could help subjects to accept aesthetic discomfort.

Introduction

Background

The concept of Beauty has a deep emotional content. The subject acquires it through physical senses, compares it with an inner, personal model acquired as a result of an educational process and social context and he, finally, structures it and continuously compares and relates it to concepts and objects he interacts with, during the course of his life. Beauty, conceived as an objective concept, ought to be distinguished from subjective beauty. The latter depends on a self-related aesthetic sense, while the former derives from properties of the object which are perceived as harmonic and which induce attraction, affection, pleasure

[1,2] in the observer. Ideal harmonic properties of beauty have been identified, throughout the history of aesthetic economics, with geometric figures that possess magnitudes of the so-called golden section. Such is defined by the mathematical ratio as described and is present in many works of art. The "Gold Mask" or ideal facial proportions are the application of such section to skin areas of the face [2-4].

Resilience is a psychic function which includes

Instinctive (Survival needs), Emotional (Mechanisms of social relations), and Cognitive (Employment of rational strategies and/or coping and behavioral techniques as response to stressors) factors [5-7]. Resilience provides a defense against psychological distress or psychophysical traumas in our lives and increases its efficacy through life experiences [8].

Purpose

As said, age and beauty are physiological bodily aspects. They appear or evolve along with visible signs on facial skin over time. Such facial features may change the physical image of self, its perception and the acceptance of this new perception. The intensity of this acceptance depends on the level of resiliency acquired. So, we studied the resilience in subjects with different beauty and age factors and looked for the psychodynamic mechanisms at its core.

Materials and Methods

Patients

The sample, entirely composed of highly educated people (Who had all given informed consent to participating in the study), was enrolled among frequenters of penitentiary and university departments (See Title). It included eight groups, each composed of 40 Females and 40 Male, and was selected as being composed of people featuring two different degrees of beauty, named Beauty (B) and Ugliness (U), and skin aging, named Young (Y) and Mature (M), on the face, according to clinical background. Y groups were 20-30 years old (Average 24.65, SD 3.0826) while M groups were 45-55 years old (average 49.85, SD 3.3915). Skin aging was 0-1 grade in Y and 2-3 in M groups, while face's beauty was 1-2 grade in B and 3-4 in U groups. YB groups were selected as control groups with a recruitment ratio of 1:3.

Exclusion criteria were dermatological or systemic disease(s), smoking or drinking habit, or any factor implying, according to DSM-IV, the diagnosis of personality disturb, Post Traumatic Stress Disorder and/or Avoiding and/or Passive-Aggressive Personality, family or occupational distress.

Instruments

Connor-Davidson Resilience Scale (CR-RISC) measures the ability to cope with stress and adversities in healthy or pathological population, in anxiety and depression' management; it is indicated in the clinical setting and it followed the introduction of DSM diagnostic criteria [9,10]. CD-RISC scale, in an individual way, studies 4 factors (Khoshouei's exploratory factor analysis: harness, optimism, resource availability, purpose) and it is a 25-item scale

with 5 respondent rate items (Likert scale) spanning from 0 ("Not true at all") to 4 ("True, Next to all the times"). So range is 0-100 and a high score is indicative of high resilience. Resilience Scale possesses the following: alpha reliability .69-.80 ranged (XX) and alpha Cronbach .82-.93 ranged; it is positively correlated with toughness (Kobasa's $r = 0.83$ and $p < .001$), social support (Sheehan Social Support Scale's $r = 0.36$, $p < .001$), self-esteem, life-satisfaction and negatively correlated with perceived stress (Perceived Stress Scale's $r = -0.76$, $p < .001$) and vulnerability (Sheehan Stress Vunnerability Scale's $r = -0.32$, $p < .001$) [11,12].

Glicau classification of clinical signs describes the skin aging in 5 stages, while findings from the ultrasound test measure the skin aging by the increase or the reduction in echogenicity (Qualitative Sign) and thickness (Quantitative Sign) of the dermis and hypodermis [13-15].

Procedure

Beauty of the face along with Golden mask feature, resilience along with CD-RISK, skin aging of the face according to Glicau classification and ultrasound test, personality disturbs according to Minnesota Multiphasic Personality Inventory 2 (MMPI-2) and psychologist-subject interview were defined. CD-RISC was recorded (the first author reads and the latter administers tests) in the random sample (each patient has 2 sealed envelopes with his encrypted data: the former with B or U and Y or M diagnosis and the latter with the results of scale). At the end of the study only one interview of 45m' in each subject was used to develop the judgment of the scale allowing us to understand the adaptation process with regards to resilience. Results are distributed in 8 groups (BY, BM, UY, UM females and males). In each group the average of 4 resilience factors has been calculated as to facilitate the statistical correlations.

Statistical analysis

The Statistical Package for Social Sciences software, version 14 for Windows (SPSS, Inc., Chicago, II, USA) was employed in data analysis, While the parametric elementary analysis was employed for the evaluation of demographic variables and alpha level of $p < 0.05$. Comparison among averages by t(Student) test in independent samples, comparison among variances by the F (Fisher) test with one factor, comparison among medians (to study the demographic origin of the sample) by W (Wilcoxon) test (this one united to t test has got a power-efficiency of 95%) and correlations by P (Pearson) coefficient, were all assessed in patients-controls analysis.

Result

Resilience

No personality disturb appeared in subjects according to MMPI-2 test. Results are described.

CD-RISC

The highlighted elements were the following: higher resilience values in M groups than in Y groups, in U groups then in B groups-lower values in females than in males, considering individual

groups BY, BM, UY and UM. The lowest values were in the BY ☐ group and highest in UM ☐ group.

Statistical analysis

T and F tests showed correlation and significance- high (0.0006 < p < 0.0063) in 1st, 2nd, 3rd, 4th and 6th groups -Sufficient in 7th and 8th groups (0.0026<p<0.09)-low in 5th, 9th and 10th groups. The effect size of comparisons registers mild-large values (from 0.30 to>0.50) in 1,2,3,4 and 6th groups. Comparisons between beauty and ugliness as well as youth and old age showed significant differences among subjects concerning each CD-RISC factor: Subjects featuring ugliness and old age recorded higher scores than those featuring beauty and youth. Also the actual size of such differences records a large value with index $\eta^2=1.4$ in all factors. W test shows the same values (1.64) in 2,3,4,5,6,7,8,10 groups and similar in 1 and 9 groups, But its specificity is low (0.03<p<0.20). P test does not show correlation and significance.

Discussion

Statistical observations

Correlations of the t and F kind between Y and M groups of the same sex were significant, except for the correlation BY-UY☐. Interviews showed young males are not very sensitive to the model of beauty. There is no t and F correlation between sexes in UY and UM groups due to p values being too high. Interviews showed similar values, recorded by the CD-RISC, in both sexes in U groups, corresponding to overlapping and valid adaptive responses. Values of W and P tests could suggest the independence of each group.

Resilience

The “Resilient” subject is characterized by integrated development of instinctive, emotional, affective and cognitive factors and judgments. In literature, resilience has been studied in healthy subjects or among subjects featuring various diseases [5,6]. Resilience appears low during acute diseases and high during chronic ones, where there is a gradual acquisition of resistance factors. The interviews we performed showed that the more a person possesses skills and functions, the less he or she is going to be exposed to life failures, or to the perception of adverse events as “failure” (Causing frustration and inconvenience) and the less he or she is going to require protection or to resort to resilience defense mechanisms.

Bodily beauty is an important instrument for self and external acceptance and an important asset in the development of relationships. Beauty, in the immediate, helps satisfying affective demands and by doing so it stimulates instinctive responses and the search for cognitive ones. On the other hand, subjects featuring a degree of beauty which socially, culturally perceived as high, more rarely have a need to develop defenses and thus they experience a low resilience. Lack of beauty and, most of all, aging, or its perception, intended as the progressive loss or reduction of beauty produce stressful conditions and traumatic lacerations [16].

The administration of therapeutic support for the discomfort requires to elicit an adaptive response. Such adaptation should result in emotional and cognitive development so to enable the psyche to reach a new psychosocial well-being. Resilience is a dynamic mechanism linked to previous responses. The subject, through a personal journey, learns to build healthy relationships and realistic goals-not to live crises as insurmountable difficulties-to compensate and to project painful events into the future-to embrace change - to act decisively - to cultivate trust, the spiritual side and rewarding activities [16].

Interview showed resilience is an aspect of personality that people can increase. For these reasons, resilience usually increases in mature age due to the acquisition of a greater experiential baggage, and in ugly subjects inspite of continuous acceptance of their poor aesthetic. Acquisition and acceptance are cognitive processes that may be stimulated by time (Age) or the habit to repeated discomfort (Ugliness). Resilience is greater in men than in women because in the structure of most cultures and ethnical groups the former is associated more with a model of strength rather than beauty itself.

Conclusion

Aging and beauty-resilience may grow inspite of the repeated discomfort of being perceived as ugly; such progression may happen in progressive, continuous way, while it may suffer temporary setbacks after an acute perception of physical or psychical damage, as a wrinkle.

As a complex, global function of the psyche, resilience acquired in relation to the “positive” (in the ethymological sense from the latin verb ponere-to place) acceptance of aging or ugliness may enhance the capability of the psyche itself to defend against and react to a variety of stressful stimuli. Such progression in resilience may happen spontaneously. But may also be triggered or enhanced by short-term psychotherapy (cognitive or familiar in type) which might help in overcoming distress or traumas and in increasing resilience factors.

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