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Chinese women constructing and negotiating an 'ideal' beauty in Lisbon, or how women and aesthetical medical practitioners materialise 'race'

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Abstract

In recent years, it has become increasingly evident that the notion of 'race', despite its unequivocal lack of biological or scientific validity, continues to shape contemporary discourse and practices. Drawing on ethnographic fieldwork with Chinese women in Lisbon and white Portuguese doctors, this article examines beauty contexts to explore the tangible manifestations of the supposed biological basis of 'race'. This article argues that both groups, albeit with different degrees of agency and perspectives, contribute to the persistence of the concept of 'race' in aesthetic norms. Medical professionals often invoke 'race' to reinforce hegemonic standards of white beauty – pathologising non-white features and aligning treatments with normative ideals rooted in whiteness. Conversely, Chinese women draw on the concept of 'race' to assert their uniqueness, navigating these ideas by advocating for treatments tailored to their specific characteristics and needs, thereby negotiating non-hegemonic beauty ideals. However, both groups extend the concept of 'race' beyond physical attributes, drawing on perceived moral characteristics – such as behaviour and taste – to further justify their approaches. In this sense, 'race' operates not only as a marker of bodily difference but as a flexible category strategically manipulated to support diverse and sometimes opposing agendas. These contrasting uses of 'race' underscore its enduring influence, revealing how it continues to be accepted, reproduced and naturalised within rationalised discourses in aesthetic and medical contexts.

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Introduction

Dr J Almeida[1] is one of the most prominent figures in the field of aesthetic medicine, known both for treating some of the most high-profile individuals in the country and for his frequent appearances on television programmes. From his private clinic in central Lisbon, he provides a wide range of aesthetic treatments, with a primary focus on anti-ageing procedures. During our interview, he expounded on the influx of Chinese women seeking his expertise. 'They're obsessed with perfect skin. It doesn't matter how much the treatment costs, and they strictly comply with everything I tell them. They are my most disciplined patients'.

As he does not distinguish between Chinese, Japanese or Korean women ('Asian skins within that region are all the same', he says), we candidly engaged with the subject of 'race' on multiple occasions throughout our conversation. His basis of comparison invariably hinged on white skin. 'They want their skin to be as pale as possible, without a wrinkle or a pore. They want to be whiter than us'. Us the Portuguese? Or us the whites? Who is this 'us'? I provoked him with a light-hearted jest. Dr Almeida laughed at my provocation: 'Us the white Portuguese'. This time it was me who laughed, bearing in mind the work of Chiara Pussetti (2020, 2021) which underscores that the Portuguese are not unanimously seen as embodying the dominant European standards of whiteness and aesthetics. Notwithstanding, the juxtapositions with white skin underlined the ongoing perception of whiteness as a non-colour, the norm, the quintessential 'second nature' (Ahmed, 2015).

My name is Isabel, and I am an anthropologist conducting research in the field of medical anthropology. I am a white, middle-class Portuguese woman, and today I find myself in the waiting room of a private clinic in Lisbon, preparing to interview a medical doctor. This position contrasts with my previous experience, having spent 12 years working as a dermatology nurse, where aesthetic concerns became increasingly prominent.[2] During those years, I navigated operating theatres, prepared Botox treatments and performed laser procedures, all while listening to countless stories from both patients and doctors, each revealing deeper layers of the complex intersection between medicine, beauty and identity. In my ongoing research with Chinese women, I have encountered narratives that resonate with similar themes. Despite being told from different perspectives, these accounts often reinforce the concept of 'otherness', where people are differentiated, above all, by their physical characteristics. This notion of otherness, as I have come to recognise, continues to underpin the construction of 'race'.

Talking about 'race' is complicated in Portugal. Unlike countries such as the USA and the UK, in Portugal it is forbidden to ask in official documents what race or ethnicity a person calls themselves – or as M'charek et al. (2014: 462) warn – in European society race tends to be a 'shadowy and slippery object'. We also must consider the

colonial past of the 'Portuguese Empire'. Celeste Curington's (2024) work, for example, focuses on race and 'antiracialism' in Portugal, exploring how racial dynamics play out in a society that often denies or minimises racial issues. She examines how Portugal's colonial past and post-colonial identity shape contemporary racial ideologies, highlighting the ways in which race is simultaneously recognised and ignored. Curington's concept of 'antiracialism' refers to the tendency in Portugal to claim a colourblind or race-neutral stance, while subtle forms of racism persist.

Given the widespread rejection of the biological foundation of the notion of race, my standpoint is that insisting in the absence of an open discourse merely masks sobering realities faced by racialised communities within the nation. Hence, I advocate for a conscientious approach to the category, recognising its substantial and tangible societal effects and consequences. A materialist approach to the notion of race can be useful to approach the topic in a non-essentialist but still ontologically meaningful way.

The materiality of 'race' encompasses the manner in which it extends beyond a merely social construct or an abstract concept but is in fact an idea embodied in and influenced by material circumstances, structures and practices. It entails a scrutiny of the palpable and corporeal aspects, such as how racial categories are experienced, lived and manifested in multifaceted manifestations across societal domains (Fanon [1967] 1986; Ferrante and Brown, 1997; Fields and Fields, 2012; Omi and Winant, 1986).

This article comes from a comprehensive ethnographic[3] study conducted over 18 months in Lisbon, Portugal. The research focuses on Chinese women and medical practitioners of diverse specialisations. It encompasses a cohort of 31 female interviewees, aged between 18 and 35 years, with Chinese background but from various birthplaces (China, Portugal, Spain, France) with usual residence in Lisbon. They also represent a broad spectrum in terms of socio-economic backgrounds and professions, such as manicurists, architects, designers, actresses, shopkeepers or students. The research also encompasses 16 medical doctors, predominantly white men of Portuguese nationality, with an average age of 45. These medical practitioners specialised in dermatology, plastic surgery and aesthetic medicine, predominantly operating within private hospital and clinic settings across Lisbon.

Employing an ethnographic methodology with a primary focus on interviews, the central aim of this article is to gain insight into how practitioners work under the assumption of tangible manifestations of the supposed biological aspect of 'race' within clinical practices alongside the internalisation of such ideas by Chinese women. Transcending the ethical considerations that certain procedures can evoke (Aquino, 2017), and traversing discussions surrounding the medicalisation and pathologisation of ethnically distinctive traits, I am specifically interested in framing 'notions of race'. My argument is that both medical practitioners and Chinese women contribute, albeit to varying extents and with different outcomes, to the rearticulation and perpetuation of the notion of 'race', underpinned by perceived physical distinctions.

The theoretical framework supporting this research draws from the Foucauldian approach of discourse (Foucault, [1978] 1990), wherein power is perceived not merely as a repressive force but also as a productive one, namely in its capacity to produce bodies (Ahmed, 2002). Additionally, I align with Foucault's insights on the production

of subjectivities, particularly through the lens of the 'ethics of the self', which explores how individuals actively shape their own subjectivity through practices of self-reflection, self-regulation and self-transformation. This perspective highlights how people are not merely passive recipients of societal norms but actively engage in processes of ethical self-constitution, navigating, resisting or reinterpreting cultural and moral codes as they are shaped within diverse historical and cultural contexts. Dawning from this, it posits that subjectivity is not a fixed or innate identity but rather emerges from discursive practices, power dynamics and societal norms. The structure of this article unfolds in two distinct sections: one elucidating the medical standpoint, and the other on the perspectives of the Chinese women who constitute my primary interlocutors. Sequentially, the article engages in a critical discussion and culminates in final reflections.

The medical perspective on the 'Asian body' and 'Asian aesthetics'

Like Dr Almeida, whom I introduced earlier, Dr M Palha is a prominent dermatologist. She leads the Portuguese Cosmetics and Aesthetics Group. Dr Palha acknowledges concerns surrounding 'ethnic aesthetic matters' and openly references the various physical traits that many Asian women seek to alter, often in pursuit of what she perceives as the enduring global influence of white normative beauty standards. Eugenia Kaw's (1993) seminal United States-based study in 1993 remains a cornerstone on the topic of the medicalisation of Asian features, revealing that Asian-American women undergo blepharoplasty (eyelid surgery) and rhinoplasty (nose surgery) to conform to North American beauty standards. Dr Palha, however, emphasises the importance of adopting a more 'positive' perspective on beauty, suggesting that women's engagement with aesthetic procedures can yield beneficial outcomes. In her experience, the Asian women she encounters – without making categorical distinctions – are described as 'empowered, young and ambitious'. Palha refers to them as 'beauty aficionados', often portraying them as almost 'dependent and obsessive' when it comes to purchasing luxury products, undergoing treatments and pursuing what she calls 'the impossible'. This, she argues, is indicative of their 'obstinate' character, driving their tireless pursuit of perfect beauty. This apparent contradiction – empowerment through practices that conform to hegemonic beauty standards – raises important questions about the motivations behind these procedures. The desire to achieve features aligned with white beauty standards can be a source of empowerment in itself, as achieving these ideals can provide women with social and cultural capital in contexts where such standards dominate. However, as this article later explores through Shirley Tate's approach, these motivations cannot be fully understood through a single lens, reflecting a complex interplay of systemic pressures, individual agency and cultural negotiations.

Science Anthropologist Amade M'Charek's perspective underscores the necessity of examining the uses of notions of race in order to understand its nature and significance, situating it as a 'relational entity' (M'Charek, 2013: 421) rather than an object. Among its myriad forms, race is often reduced to a 'mark' imposed upon the body, through its

physical attributes. Racist ideologies frequently present the dominant white group as having the superior characteristics and attributes, in contrast to the perceived supposed ugliness within subordinate groups (Craig, 2006). Expressions like 'correction' often surface concerning traits that fail to meet the expectations of the global market. Thus, terminologies like 'Asian eye', 'Negroid nose' or 'Jewish nose' endure in the medical lexicon. In tandem with those already described in the academic literature (e.g. Edmonds, 2010; Gilman, 1999; Jarrín, 2015), additional jargon emerges from my study. For instance, Dr A Torres, an aesthetic medicine specialist, introduced me to the term 'masseter hypertrophy', associating it with being 'typical of Asian faces'.

The masseter, a muscle coursing through the posterior cheek, spanning from the temporal bone to the lower jaw on either side, assumes a role in closing the jaw during mastication. Associated with the medical term 'hypertrophy', signifying enlargement, this feature becomes pathologised in 'Asian faces'. In essence, the broad or squared visage characteristic of Asian women is described as manifesting a masseter atrophy. The suggested treatment involves administering Botox, to mitigate the 'augmentation'.

According to a medical article by Bravo et al. (2016: 56):

> Masseter muscle hypertrophy is a benign condition of unknown etiology (…) It is common among Asians and contributes to a wide face. It is less common in Caucasians but can be associated with bruxism and pain in the temporomandibular joint.

This example lucidly highlights the contrast in perception, where causation is deemed inherently pathological for so-identified Caucasian people (such as bruxism and/or pain), while eluding explanation in Asian contexts. In this way, this supposed atrophy becomes ingrained as a naturalised trait, subtly intertwined with aesthetic consideration: the face is wide, contradicting the predominant ideals of feminine beauty of an oval and delicate face.

By definition, 'atrophy' refers to the decrease in size, wasting away or progressive decline of a body part, tissue or function, as well as arrested development or loss incidental to normal development (*Merriam-Webster Dictionary*, n.d.). This definition underscores the challenges of entering the realm of normative beauty when atrophy serves as the starting point. Normative beauty is typically constructed around ideals of vitality, growth, symmetry and perfection – attributes inherently at odds with the concept of atrophy, which denotes decline, loss and the interruption of development. When atrophy becomes a baseline, the individual is positioned outside the framework of what is traditionally considered 'normal' or 'desirable' in terms of beauty standards. This misalignment creates barriers, both physical and symbolic, to accessing or embodying these ideals. Atrophy may manifest as visible differences, diminished capacities or a perceived failure to meet developmental expectations, further amplifying the distance from normative aesthetic ideals.

Cosmetic surgeons often pathologise distinctive Asian features by using terms such as 'flat', 'dull', 'depressed', 'inadequate' or 'underprojected' (Kaw, 1993: 81; Menon, 2023: 111), comparing them to white standards of beauty. This not only frames these natural characteristics as flaws requiring correction but also perpetuates cultural stereotypes,

exoticising Asian patients and reinforcing the notion that their bodies need to be altered to conform to global Western ideals.

Aquino (2017) has illuminated how hyper-specialisation engenders or 'discovers' novel racial attributes that demand surgical modifications. Broadly conceived, medicalisation entails the process of contextualising non-medical issues within a medical framework. As outlined by Peter Conrad (1992), this often encompasses employing medical terminology to describe a concern, adopting a medical outlook to comprehend it or prescribing medical or surgical interventions as solutions. The medicalisation and pathologisation of specific life phases, particularly those unique to women (menopause, postpartum, etc.), are compounded by notions and discourses wherein racial characteristics of a particular group are depicted as anomalous and warranting surgical intervention for correction (Edmonds, 2010; Jarrín, 2015). Nonetheless, the correlation of physical attributes with moral qualities amplifies the harm. For Dr Palha, Asian women are viewed as either obsessed with or deeply absorbed by beauty, while for Dr Almeida they are regarded as the most disciplined patients. In both discussions, a subtle yet persistent moralising tone emerges, which implicitly distinguishes them from their Western counterparts.

Chinese women and 'my body is different'

One of my interviewees, Y Yang, aged 31, faces persistent acne as her primary concern, leading her to rigorously adhere to a skincare routine involving high-end creams, regular chemical peels and strict avoidance of sun exposure. Under the care of a dermatologist in Lisbon, she has been prescribed a medication she hesitates to take due to numerous contraindications: 'It's very strong, and very bad for the liver'. She later explained to me in detail how she consistently avoids Western medicines, perceiving them as 'too strong' for her body. Yang briefly elaborated on her belief that the bodies of Chinese people,[4] particularly women, should be treated with non-aggressive substances, especially if they are of childbearing age. Yet, she acknowledged, 'It seems to be the only possible solution', as 'a Chinese woman must have flawless skin to be considered beautiful. We are very demanding'.

Likewise, J Kang, aged 26, manages a beauty salon predominantly frequented by Chinese women and emphasises that beauty preferences differ significantly between her clientele and local Portuguese women. While language plays a role in attracting Chinese clients, she stresses that aesthetic preferences are equally important: 'We like different things. Beauty is not the same'. She notes that her nail art offerings are much more varied, catering to the Chinese preference for 'more sparkle, more fantasy' in contrast to the simpler styles favoured locally – 'we are more extravagant'. This divergence also extends to waxing and eyebrow shaping, where she highlights that 'our eyebrows grow differently, and our eyelashes are different because our eyes are different'. These preferences, rooted in perceived differences in Chinese features, shape the services she provides, further emphasising the distinctiveness of Chinese beauty ideals based on physical characteristics historically signalled as distinct from European women.

The belief that different physiques correspond to distinct ideals and practices for achieving beauty is echoed in the narratives of two of my other interlocutors, M Chou (24) and P Kuan (29). While the former returned to her hometown in China to undergo blepharoplasty (eyelid surgery), the latter exclusively seeks out Chinese hairstylists in Lisbon's Martim Moniz area, known for its concentration of so-called 'ethnic' businesses. Both attribute their choices to the recognition that their bodies possess features distinct from those of local white women. In their view, only a Chinese plastic surgeon or hairstylist can fully understand the nuances that these 'treatments of difference' demand. This is not merely a matter of taste or beauty standards; it stems from the conviction that their bodies, faces and hair display inherent anatomical distinctions.

This notion of divergent anatomies also surfaced in my conversation with Dr P Anta, president of the Portuguese Society of Plastic Surgery, as he highlighted the differences between the 'Asian eye' and the 'European eye', focusing particularly on the variations in the epicanthal folds, the upper eyelid folds that cover the inner corner of the eye. Drawing from his large experience, he noted that he had never performed blepharoplasty on an Asian woman, suggesting that those seeking such procedures might prefer to 'return to China, where they will feel more comfortable'.

This was the path taken by M Chou, who was born in China and has lived in Portugal since 2017, and who, dissatisfied with her 'very small eyes', returned to her hometown for surgery. Seeking a more 'expansive and expressive' appearance, Chou viewed China as the only place where doctors possess the specialised expertise required to meet her aesthetic needs. This dynamic reflects Alka Menon's analysis of how plastic surgeons often become gatekeepers of racial boundaries, serving as 'race brokers' in the aesthetic field (Menon, 2023: 26). Menon argues that while the *use* of racial categories in cosmetic surgery is standardised, their *content* remains flexible and subject to surgical discretion. In her analysis, surgeons' expertise allows them to perform specific procedures in ways that maintain racial distinctions. In other words, certain surgeries are approached with the intent of preserving racialised physical features, ensuring that racial boundaries are not blurred.

While Dr P Anta and M Chou both recognise the distinctiveness of the physical body, their interpretations diverge. Dr Anta, in providing a detailed description of the anatomical differences between various eye types, specifically highlighted the procedure for transforming a single eyelid into a double eyelid. In doing so, he frequently employed the terms 'western' and 'eastern', characterising the double eyelid as a feature typically absent in many Asian phenotypes. Implicit in his explanation was the suggestion that this procedure might be motivated by a desire to achieve a 'less Asian and more Western' appearance. In contrast, M Chou confidently asserts that her decision is not driven by a desire to imitate white, European-looking individuals: 'In China having big eyes is always more beautiful. Removing the eyelid makes the eyes bigger (…) it's as simple as that'.

Although many Chinese naturally have double eyelids, the aesthetic pursuit of 'bigger eyes' is the dominant factor, leading individuals to seek surgical intervention. When I mentioned to M Chou that this transformation might be racialised, she interpreted it as an implication that she wasn't proud of her Chinese identity, which made her furious.

Yet, she repeatedly commented on 'how lucky white people are to always have such beautiful eyes', referring specifically to my own.

My interlocutors extrapolate the construction of their bodily disparities – be they anatomical, biological or aesthetic – in a relational context with a distinct rationale. These decisions and trajectories within the domain of beauty serve to re-construct a notion of race that finds material expression through specific acts. As Wade (2004) asserts, race is a cultural category which can become an embodied part of human experience. With a growing awareness of the body's negotiable and changeable nature comes a recognition that it is no longer feasible to view the body as fixed or taken for granted. Early pioneering works by scholars such as Susan Bordo (1993) and Judith Butler (1990, 1993) have challenged the perception of the body as biologically determined and immutable, instead emphasising its cultural and historical construction.

Within a transnational milieu characterised by constant movement between China and Portugal – both physically and virtually – my interlocutors continuously navigate the pressures of constructing their femininity across distinct cultural and social contexts. This ongoing negotiation highlights the complexities of identity formation as they reconcile the intersecting beauty ideals of both cultures. Many are acutely aware of how Chinese aesthetics – such as slim bodies, fair skin, oval faces and large eyes – shape their self-image. However, they adapt their beauty practices depending on location: avoiding sunbathing when visiting relatives in China to maintain the ideal of *Chineseness* yet feeling compelled to sunbathe in Portugal to avoid standing out or appearing 'strange', as another interlocutor, T Liu, told me:

> When I visit my parents in Zhanjiang I use an umbrella in the street, it's normal there, everyone uses it or face masks, or gloves. When I moved to Portugal, and the sun is stronger here, I still did it at first … but everyone looked at me in the street. Now I do the opposite, I go to the beach so I'm not so white and I don't feel so … strange here.

This process mirrors Kimberly Kay Hoang's (2015) observation that women's embodied representations of their nation and performances of femininity adapt to different market niches. Hoang's interlocutors – Asian sex workers – projected their nation's place in the global imagination through their bodily practices, tailoring various forms of femininity to the audiences they engaged with: nostalgists yearning for 'old femininity', seekers of modern women or tourists searching for Asian 'authenticity'. As Hoang (2015: 138) argues, women simultaneously navigate embodiment and performance, constantly balancing the tension between modernity and tradition. In a similar vein, my interlocutors reflect this duality by embodying and representing diverse cultural ideals, harmonising personal identity with external perceptions. For example, in the above vignette, T Liu explains how she negotiates her skin tone – appearing whiter or more tanned depending on her location and the people she interacts with. This dynamic illustrates the tension between adhering to cultural expectations and adapting to the realities of life in a predominantly white, European society that values distinct female traits.

Although these women's narratives do not explicitly convey notions of hierarchy, they reveal a persistent sense of 'otherness' that they experience daily. As their stories become

more personal and emotionally charged, it becomes clear that their racial identity, although not framed as a direct disadvantage, is constantly reinforced and shaped by the cultural norms surrounding them and is often permeable to various external influences and discourses.

When I ask T Liu how she feels about this constant negotiation of expectations about the way she presents herself physically, she reveals the tension that she experiences on a daily basis:

> When I visit my parents or if a relative comes to Lisbon, I avoid sunbathing, for example. I've been very tanned before, and my mother criticises me [by video calls], saying I look ugly because, in her view, a Chinese woman should have pale skin. I can't explain to them that here, everyone prefers a tan – they just wouldn't understand. So now, when I'm dark, like during the summer, I only do video calls at night [laughs].

Their beauty practices are not merely personal choices but are deeply embedded in a broader socio-cultural context, illustrating the intricate interplay between race, culture and identity in their daily lives. The connection between self-identity, social identity and physical appearance has been a long-standing focus in the literature (Dion et al., 1972; Domzal and Kernan, 1993; Rosen and Ross, 1968), with scholars highlighting how beauty-related consumption shapes self-perception and enhances self-concept (Askegaard et al., 2002; Brdar et al., 1996). These perspectives provide a valuable framework for understanding how my interlocutors navigate their identities through aesthetic practices, constantly balancing personal desires with social expectations. This demonstrates the enduring relevance of earlier research: despite the passage of time, many fundamental questions remain unchanged. Ultimately, the continual negotiation of beauty standards underscores the dynamic nature of identity formation. It reveals the ongoing effort to reconcile the aesthetic ideals of cultural heritage with the social pressures of a globalised and racialised world – a process that is ever-evolving.

From racial order to internalised racism

To gain a deeper understanding of how notions of the biology of race are materialised in aesthetic practices and how these are internalised, embodied and reproduced by Chinese women, and how in this encounter, cultural aesthetic norms become naturalised, I begin by engaging with the concept of racialisation. Racialisation, as defined by Omi and Winant (1986: 111), is the extension of racial significance to a previously racially unclassified relationship, social practice or group. It pertains to the attribution of deterministic and essentialist attributes to specific groups through discriminatory practices and their resultant effects. This occurs not only on the level of discriminatory laws, racial categorisation or stereotyping done by professionals and the society at large but also through the material aspects, technologies, institutions and the body itself (M'charek et al., 2014). This concept gains relevance in enhancing our understanding of how bodily distinctions acquire meanings through social processes, and how these meanings become associated with a range of experiences, such as aesthetics procedures.

Racialisation, therefore, involves the production of 'the racial body' through knowledge, and the formation of both social and bodily space in our everyday encounters with others (Ahmed, 2002). These encounters need not be solely physical; rather, they involve existing within a particular society, actively or passively participating in a multitude of influential moments. The reinforcement of the racial order occurs through mutual links across societal levels.

While physical differences among people exist, they cannot be neatly mapped onto discrete racial categories. However, new forms of racial biopolitics have emerged, rooted in modern science, which are reviving biological theories of race by, for instance, genomic research (Ahmed, 2002, 2015; Roberts, 2012). These efforts revive outdated racial typologies by anchoring them in observed physical differences. Simultaneously, redefining race as a genetic, biological category has been appropriated by medical companies to market race-specific treatments, a practice mirrored in government policies (Roberts, 2012).

Medical discourse that accentuates differences between bodies, designating 'white as the norm', contributes to this process. Conversely, Asian women also recognise distinctions between their bodies and white bodies, on moral and aesthetic grounds – as 'demanding' and 'extravagant', but also rooted in anatomical foundations. As all bodies are racialised, however, it is in this process of differentiation that a hierarchy is generated. Some physical characteristics are seen as advantageous, with positive consequences, while others are disadvantageous and negative. These anatomical differences significantly influence the choices they make in their pursuit of a valued facial or bodily appearance.

It is crucial to note that my argument does not hinge on a cause-and-effect perspective, as if medical discourse is the ignition of racialisation. Instead, I aim to demonstrate how negatively racialised and stereotyped bodies are constructed through everyday discourses, particularly within the realm of aesthetic practices. Moreover, this process simultaneously constructs the white subject, racialised in a position of advantage, and equally shaped by stereotypes.

Within my research, interviews with medical practitioners shed light on a recurring theme within the medical discourse: the consistent validation of the 'European body'.[5] The bodies categorised as 'other' – assigned a negative or disadvantaged quality – were subject to this comparative framework, as exemplified by the assertion that 'they want to be whiter than us'. This juxtaposition of skin colour and race creates a nuanced interplay between both biological and symbolic logics. Conversely, the assurance projected by medical specialists could contribute to the appeal of certain medical procedures within specific groups, potentially explaining the enduring popularity of certain surgeries – like blepharoplasties, rhinoplasties or otoplasties – among individuals of Asian or African descent, as stereotypes about racial bodies emphasise specific characteristics. The promotion of a fixed notion of the 'typical Asian body' leads to assumptions and judgements, while simultaneously reinforcing the idea of a 'typical white body'. As a result, identifying as Asian allows little room for deviation from the established prototype, reducing individuals to tokens with limited opportunity to transcend these preconceptions. This, in turn, strengthens the prototype and implicit dominance of white identification, even if not explicitly stated.

Although the widespread agreement is that race is an arbitrary social creation that 'does not correspond to any biological referent' (Glenn, 1999: 6), but rather is deeply rooted in social arrangements, race becomes material through the body and racialisation occurs constantly in speech as well in practices. It is an ongoing process, made and constantly re-made, by exclusion and differentiation. Echoing Ahmed (2002), race is an *effect* of racialisation, and the racial body is a product of the process of racialisation, something that unfolds across time and space. Race essentially becomes an outcome of this process, rather than its root cause. When it comes to aspects such as skin colour and physical features – and, it is worth noting, distinctive attributes or birthmarks – the process of racialisation entails attributing *meaning* to skin colour and such features. These connotations are deeply intertwined within aesthetic standards, occasionally masking moral judgements – 'disciplined', 'ambitious', 'obsessives'. This dynamic underscores the pivotal role of this discourse in the daily lives of my interlocutors, ultimately exerting a significant influence on the shaping of their identities.

From differentiated diagnoses to differentiated access to treatment and medication, to the way they are expected to cope with pain and grief, there are blatant disparities between members of racialised groups, women, people living in poverty and members of the dominant white culture, the dominant gender and the privileged social and economic classes (Bach et al., 1999; Kendall and Hatton, 2002; Ng et al., 1996; Todd et al., 2000). Notions of biology are integral to medicine; however, when experienced by patients and intertwined with moral and societal constructs, they can evolve into potentially harmful and dangerous arguments. In previous centuries, race was frequently conceptualised through the body in aesthetic terms, but more recurrently linked to notions of intelligence or morality (Wade, 2004). Discourses of beauty are deeply intertwined with those of race (Craig, 2006), creating what Edmonds (2013: 66) describes as 'a disturbing relationship between race and beauty'.

The desire for 'bigger eyes' or 'fairer skin' exemplifies the broader cultural tendency to think about the goal of aligning beauty with Eurocentric characteristics, even within non-Western communities. This raises critical questions about the enduring impact of colonial histories on contemporary aesthetic practices and beauty standards. Complexifying this dynamic, Ayu Saraswati's (2013) work illustrates how the idealisation of whiteness in Indonesia is deeply rooted in the country's colonial past and its ongoing engagement with global beauty standards. This process perpetuates a racialised and class-based discourse that continues to shape contemporary perceptions of beauty and identity. Beauty products like skin-lightening creams and aesthetic procedures play a crucial role in reinforcing these ideals, positioning whiteness as synonymous with modernity, cosmopolitanism and affluence. Saraswati's concept of 'cosmopolitan whiteness' emphasises that, in this context, whiteness transcends physical appearance, becoming closely linked with notions of upward mobility, global sophistication and success. Whiteness in this framework is not simply associated with specific biological features or a particular place of origin, nor is it strictly tied to a 'race'. Rather, it embodies feelings of cosmopolitanism, privilege and the luxury that comes with a cosmopolitan lifestyle. Whiteness is not just about appearance but about the cultural capital and global mobility that it signifies. This idea is closely linked to the global spread of

contemporary capitalism, which has amplified these associations, making whiteness a marker of success and affluence on a global scale.

Encapsulated in the idea of 'luck', M Chou makes this very clear when she refers to my big eyes. However, it wasn't just 'my' eyes: as individuals with white skin are 'fortunate' to possess larger eyes, this sentiment transcends mere generalisation; it encompasses categorisation and stratification. By extension, the 'luck' attributed to individuals with white skin inadvertently conveys the idea of the misfortune linked to the absence of such characteristics. Here one can realise the chamber where the internalisation of racism takes place. Although it doesn't result from a biological or cultural characteristic of a group (Pyke, 2010), just as we talk about racialisation as being experienced as advantageous or disadvantageous, and everyone has an assigned place in the circulation of racism, the internalisation of oppression also takes place in terms of the assumption of inferiority and superiority, albeit in relative and contextual positions (Moreno Figueroa and López Chávez, 2023: 86).

The experience of oppression can be silent, throughout the life of the individual or even generations. Members of oppressed groups internalise the negative stereotypes and expectations that the dominant group has of them and begin to act in accordance with those same negative stereotypes (David and Derthick, 2014: 3). In the same way, internalising the notion that divergent physiologies give rise to distinct medical assessments functions as a rational mechanism for both medical practitioners and individuals to rationalise different treatments. This process subsequently fuels the proposition and acceptance of a societal hierarchy predicated on physical attributes.

M'charek (2005, 2008) reinforces that the concept of race not only persists but has gained traction within the field of medicine in recent years, with some scientists openly defending race as a legitimate framework for identifying genetic differences in disease risk (Gravlee and Sweet, 2008). Legitimising the use of notions of race in medical rhetoric, as Xavier Inda (2014) warns, can lead to race-based medicine, creating opportunities aligned with capitalist market forces while obscuring social disparities. This (re)biologisation of race can 'open the door to ethnic stereotyping, discrimination and marginalization' (Inda, 2014: 3).

Due to the 'absent presence' of race (M'charek et al., 2014; Wade, 2004), and if the concept of ethnicity is increasingly replacing race (Smaje, 1995), ancestry, ethnic heritage, ethnic group and ethnic background, then minority, minority group, racial group and so forth are also employed as synonymous terms (Gravlee and Sweet, 2008). It is crucial to critically acknowledge these disparities and to place them in context for a more comprehensive understanding and framing of inequalities that primarily arise from social disadvantages rather than biological factors. This includes recognising how the problematic interchangeability of race and ethnicity, when employed without appropriate context, obscures the root causes of health disparities and inadvertently bolsters the notion that racial inequalities arise from innate and unmodifiable differences between racially defined groups.

Delving deeper into the insights of Ahmed (2002), we cannot understand the production of race without reference to embodiment: if racialisation involves multiple processes, then these processes involve the marking out of bodies as the *site* of racialisation itself

(Ahmed, 2002: 46). Both Foucault and Butler illuminate how the body is a consequence of power systems, illustrating that embodiment serves as a canvas for negotiations and/or resistance against these prevailing systems. What could be called 'racialised embodiment' refers to the processes of racialisation that are inscribed upon the body. Thus, the embodiment literature has already established how cultural perceptions of the body are shaped by factors such as local and global media consumption (Casanova, 2004), the pursuit of modernity and upward mobility (Edmonds, 2010; Jarrín, 2015; Liebelt, 2019), as well the tension inherent in establishing societies that embody ethnic or racial authenticity.

The realm of bodily experiences can also find its place within the framework of discursive structures. Drawing upon Foucault's insights, the body, functioning as the canvas where discourse is historically etched, remains intrinsically connected to the broader institutionalised frameworks that shape these embodied encounters. Consequently, this process is not merely about externalisation but about the ongoing interaction between racialisation, discourses, practices and their embodiment. It underscores the ways in which cultural constructions of the body are shaped by local and global media consumptions, aspirations for modernity ethnic and racial authenticity and the interplay of power dynamics and resistance. In summary, the cycle of racialisation, materialised through discourses and practices and then incorporated by subjects – both the racialised and the racialising – constantly repeats itself. However, it is crucial to observe how individuals negotiate these systems, responding with resistance and compliance.

Final reflections

Drawing inspiration from Colebrook's perspective, which shifts the focus from questioning whether beauty is 'good' or 'bad' for women to analysing how beauty is 'defined, deployed, defended, subordinated, marketed, or manipulated' (Colebrook, 2006: 132), this article set out to examine the discourse surrounding aesthetic procedures. This analysis considers the viewpoints of both the performing doctors and the undergoing women, delving into the underlying racialising elements, their intentions and, most crucially, their consequences.

It is essential to highlight, though seemingly evident, that the core of this debate is not about whether distinct anatomical structures exist – this is undeniable – nor about the appropriateness of certain techniques for specific aesthetic goals. Instead, the real issue lies in how everyday processes of racialisation continue to sustain and reinforce stereotypes, overshadowing narratives that perpetuate inherently racist notions. As Ahmed (2002) asserts, race does not exist as an intrinsic property of bodies, yet this does not negate the fact that it operates as an effect of the ways we conceptualise, perceive and inhabit the world. Acknowledging these distinctions through medical and aesthetic practices perpetuates the concept of race, which is kept alive through normalised social habits and practices.

Synnott (1990) aptly argues that beauty is not merely a personal attribute but a social construct shaped by societal hierarchies. Additionally, this transnational engagement with beauty intersects with broader issues of modernity and progress. As Ong (1999) explains,

the body serves as a marker of both personal and national identity, particularly in the context of globalisation. These negotiations are part of a larger conversation about how bodies become sites of identity production, mediated by cultural forces in both China and Portugal. The decisions made by Chinese women navigating beauty transnationally reflect the complex and dynamic processes of everyday experiences and identity formation through the body, shaped by local and global forces. Individuals of Asian descent, particularly women, have historically faced derogatory representations based on facial features, enduring consistent racial pathologisation (Gilman, 1999). Cosmetic surgery, especially procedures like blepharoplasty, often reinforces these racial discourses, further entrenching racial and gender oppression.

As Heyes (2009) points out, cosmetic surgeons have marketed procedures like blepharoplasty as inherently tied to race, claiming specialised expertise in altering 'ethnic' features. In a neoliberal context where aesthetic medicine is commercialised in the pursuit of the 'best version of yourself', these surgeries have become lucrative commodities. The widespread promotion of these procedures through various media platforms raises ethical questions about the kinds of aesthetic interventions that are being normalised. This creates a blurred line between medical care and consumerism, where race and beauty are inextricably linked in the pursuit of profit. Even though these practices have evolved since the Victorian era, the white female body still presides as the normative standard against which all other bodies are measured.

Going beyond the black/white racial paradigm, as Perea (1997) suggests, allows us to address the complexities of the contemporary racial landscape. Hoberman (2012) argues that the biomedical sciences have not undergone the necessary self-scrutiny on racial issues. This reflects how societies shape scientific discourse to echo and perpetuate their own biases and prejudices. Rather than eliminating race, this process simply replaces it with new terms, erasing the historical violence tied to the construction of racialised bodies and stripping the issue of its political significance (Ahmed, 2002). The reproduction of race in aesthetic matters is often facilitated by the application of cultural stereotypes, where physical traits associated with certain racial groups become both the standard and the target of beauty procedures, thus reinforcing and perpetuating racial hierarchies within the realm of cosmetic and aesthetic practices.

Edmonds (2013) reveals how race plays a pivotal role in plastic surgery, potentially second only to genetics, making it one of the most racialised medical fields. Based on my research, aesthetic medicine and dermatology could also be included, given their similar focus on bodily aesthetics. Doctors often categorise patients by race, using it as a primary lens to guide both diagnostic and aesthetic decisions. This racial categorisation shapes medical practices where certain features, such as a wide face, are considered natural but aesthetically undesirable for Asians and therefore deemed in need of correction. Simultaneously, features like double eyelids or narrower noses are interpreted as desirable because they are conventionally associated with white Europeans. In this way, medical professionals reinforce racial stereotypes by pathologising physical characteristics, while moralising and elevating white European features as the aesthetic ideal.

Conversely, Chinese women navigate these racialised aesthetic standards by acknowledging and utilising the differences in their bodies – both anatomical and constitutional –

to seek out tailored beauty solutions. Whether it is through specific choices in nails, eyelashes, hair, cosmetic surgery or medication, they engage with these bodily distinctions in ways that reflect both personal and cultural preferences. However, these choices are not made in a vacuum; they are influenced by the subtle presence of stereotyping and a moralisation of aesthetic norms that define beauty in racialised terms. In both the medical field and personal beauty practices, these dynamics culminate in an aesthetic judgement that continues to reinforce race-based ideals.

M Chou's fury when confronted with the suggestion to change her face as a reflection of a perceived lack of racial pride aligns with sociologist Shirley Anne Tate's insights. Tate's work critically addresses the reductionist narrative that states that all beauty work is a form of homogenisation to white standards. In her book *Black Beauty: Aesthetics, Stylization, Politics* (Tate, 2009), she argues that framing Black women's beauty choices – such as straightening hair or using skin-lightening products – solely as a desire to emulate white aesthetics overlooks the complex cultural, social and economic factors at play. Black women's beauty practices are not simply attempts to assimilate into whiteness but offer a nuanced understanding of these practices as acts of agency and cultural expression.

Tate highlights that such practices are often about navigating intersecting systems of power, including racism, colourism and gendered expectations, rather than an aspiration to 'be white' (Tate, 2010). For instance, women may engage with dominant beauty norms for professional mobility, social acceptance or personal preference, all while simultaneously re-signifying these practices within their own cultural frameworks. This re-signification allows Black women to create beauty standards that align with their identities and lived experiences, even within oppressive systems.

The experiences of my interlocutors shed light on the broader issue of racialised beauty standards in a globalised context, where beauty norms are deeply entangled with histories of colonialism, power dynamics and cultural hierarchies. Medical professionals often reinforce these dynamics by framing non-white features as deviations requiring correction, pathologising racialised traits and invoking race to justify and perpetuate hegemonic white beauty standards. By dressing aesthetic ideals in the language of racial difference, doctors align their practices with a normative ideal rooted in whiteness, presenting these interventions as universal improvements rather than culturally situated choices. In contrast, the Chinese women I interviewed use their racial identity to assert their uniqueness and resist the homogenising forces of hegemonic beauty standards. Rather than aspiring to whiteness, they advocate for treatments that reflect their specific features and needs, positioning themselves within a discourse of non-hegemonic beauty. As Tate's work emphasises, these practices should not be understood as passive conformity but as acts of agency and negotiation. Chinese women actively challenge the dominance of white beauty ideals by asserting their difference, reframing racialised beauty practices as spaces of cultural affirmation rather than assimilation. This interplay demands a political and critical reflection on how beauty standards materialise through medical, cultural and economic practices, deeply affecting the lives of women racialised in disadvantage.

The discourse of beauty is far from neutral; it carries the weight of history, power and identity, shaping not only how bodies are perceived but also how they are treated and

transformed. Recognising these dynamics is essential to understanding the intricate relationship between race, beauty and the body in a globalised world. By juxtaposing the medical enforcement of hegemonic beauty with the negotiation of Chinese women, who navigate a spectrum of responses, this analysis highlights the ongoing interplay of identity and power within the racialised landscape of aesthetic practices.

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