# Beautiful world

**Miss Jonquille Chantrey** on global attitudes to beauty in our blending world

Looking at 2015 alone, there was a real change emerging in beauty research. Patient demographics are becoming much more ethnically diversified and in aesthetic medicine regional borders are blurring. Over the last decade, we have seen various treatments which started in certain continents developing a worldwide demand. For instance, masseter slimming (which started in Asia), advanced body contouring from Brazil and European mid-facial volumisation are now commonplace treatments that I see requested around the world.

We must question what is happening to influence this blending of borders and demand for treatments? Census data can assist our understanding of the movement of people between countries. 191 million of the world's inhabitants have lived in countries in which they were not born. In China and India, numbers of their population living abroad has doubled over the last decade. When assessing the Middle East, 84% of the population of the United Arab Emirates are foreign-born.

We are extremely fortunate that the UK is the most diverse immigrant nation in the world as this gives us the opportunity as practitioners to up-skill our abilities to serve a global community. The latest net migration statistics show that in the year ending December 2015, net migration to the UK was 333,000[1]. More British citizens leave the country than arrive. EU net migration is currently 184,000 compared to 188,000 from outside the EU. The United States has the largest aggregate population of migrants of any country and China has the world's lowest population of migrants as a percentage of its population.

## MEDICAL TOURISM

Census data helps us to quantify that increased numbers of consumers are living abroad. However, when studying the medical tourism market, a growing number of people are travelling abroad for procedures, the top specialty for medical travellers is cosmetic surgery. The world population is ageing and becoming more affluent at rates that surpass the availability of quality healthcare resources. The market is noted to have immense growth potential in numerous emerging economies, as a rising number of countries are striving to become top exporters of medical services.

It is estimated that the medical tourism market of many countries is growing at a rate of 15-25%. Top destinations emerging as prominent centres are Thailand, Costa Rica, South Korea, the Phillippines and Mexico. Consumers are traveling internationally for multiple reasons, including affordability and geographical proximity. Interestingly, a reason for destination driven cosmetic surgery tourism is the perceived specialisation of certain beauty trends. Consumers are choosing specific countries as they believe they are the most specialised in their particular beauty goal. The significant increase of people living and working abroad, along with the growing medical tourism market is resulting in the rapid evolution of our practice in aesthetics.

## MOTIVATIONS

If we focus primarily on motivating factors for women seeking our help, we see that women around the world want to take control of how they look. They are becoming far more aware of the options available to them through our services. In a research study of 7,700 women worldwide by Allergan[2], 74% of women make an effort to look good for themselves, 37% do so for their partners and only 15% for their friends. Does this counter the old myth that "women dress to impress other women?"

In developing countries, the women's liberation movement is becoming more powerful through education, equality and freedom of information. As such, this inspires previously oppressed women to act upon the choices that freedom provides. They can now exercise choice to control their ageing and evolve their appearance in different ways, through new scientific frontiers.

A woman's external image has always been in the spotlight, albeit wanted or unwanted. Trends of ideal body weights, shapes and facial beauty may have shifted over the decades but ultimately many women feel that they are still judged by their external appearance. The anti-ageing improvements that many of the media celebrities have chosen to take have had a profound effect on how women perceive themselves at large. Before the advent of such subtle anti-ageing procedures, beautiful celebrities were seen to age in either a "normal" way or a "surgically-enhanced" way. This meant that women had a more reasonable reference point of ageing for their chronological age. However, many celebrities are not only looking younger than their age but more importantly, better than their age.

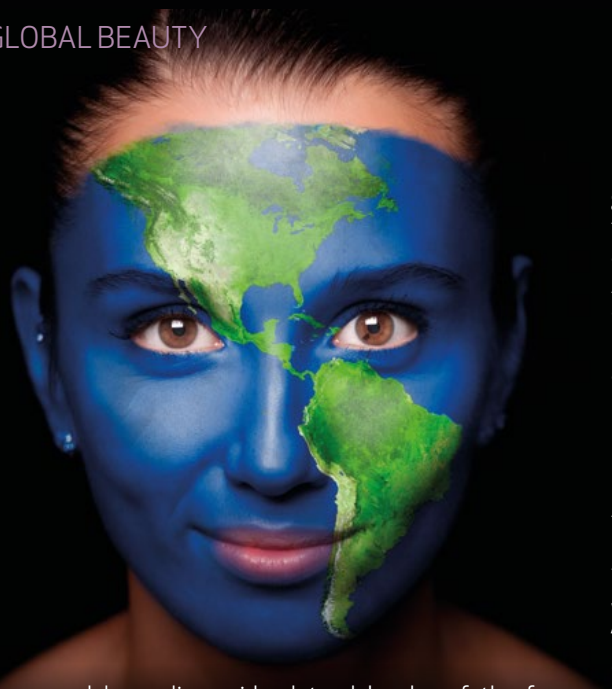
So how does this impact psychologically on how women around the world define beauty? Not surprisingly, a global beauty report showed that women aged 18-44 felt beauty was mostly based upon outer appearance, whereas women aged 55-65 thought it was dependent upon inner positive characteristics such as kindness. The age group 45-54 thought it involved a balance of both inner and outer characteristics. Perhaps this age group signifies a transition point when women feel less pressurised by society? When assessed at a country level, nations such as Italy, Spain, France, Brazil and Turkey defined beauty as outer appearance. Contrastingly, the UK, US, Australia and Canada believed it was inner characteristics. China, Thailand and Japan believed it was a mixture of both.

Social media compounds these pressures in an unprecedented fashion. I speak to so many ladies in my practice that describe their declining confidence due to selfies and photos that do not represent externally how they feel internally. Our everyday lives are now shared more widely than ever before and so women are turning to make-up methods, photography filters and now aesthetic medicine to control their images and how others perceive them. Men and women now want to have an influence over their image rather than being dictated to by medical dogma and it has never been more important to understand the goals of our patients within our ethical practise.

## CULTURAL DIFFERENCES

Cultural differences with regards to beauty goals and anatomical attractiveness can be specific and highly complex. We need to closely understand these so that we can communicate with our patients more effectively, rather than treating everyone in a homogenised sense. Much like the critical differences between a male and a female, the anatomical differences between ethnicities must be respected in order to create authentic attractiveness.

In a broad sense, European, Middle Eastern, Mediterranean and East Indian ethnic descendants may actually share similar characteristics: vertically thin >



upper and lower lips, wider lateral border of the face and longer vertical chin height. African, Polynesian and Micronesian may share: lower lip 18° wider from the corner of the mouth and extending inferiorly to the labio-mental fold, upper lip 18° wider from the corner of the mouth and extending to the philtrum, slightly narrower lateral border of the face and nasal ala and nares extending laterally such that the lateral aspect of the nare is on the nasolabial fold. Heterozygotic patients can display extraordinary mixtures of the above anatomical measurements.[3-5]

As practitioners, it is our responsibility to assess these anatomical factors. But country specific cultural norms have a profound impact on beauty attitudes and ideals.

French women are accustomed to working with their beauty, they turn to aesthetic medicine for prevention, rather than trying to recapture beauty once they have lost it. In Canada, women seek treatments to directly help them feel more confident and empowered. In Australia women want to look happy and natural, consistent with their healthy lifestyles.

In recent times, Western European women have focused less on looking younger and more on "great for their age". This is certainly a phenomenon I have observed in women of Caucasian descent in my clinic. On the whole populations such as Germany and Scandinavia do not want to look different, just age appropriate. Whereas women of East Asian descent are commonly wanting to look younger and do want to change their features. Looking young, different but improved can be linked to societal standing, so women of Chinese or Japanese descent can be proactive in searching for new innovations. Familial pressures to be young and slim can be strong, as can desires for fortune-related characteristics with regards to certain facial features. In my clinic I see many patients of Indian subcontinent ethnicity. I find these groups fascinating in terms of their tastes. They often want to achieve a sophisticated look and even skin tone but with a focus on natural results. I also note that in contrast to East Asian patients, they may feel judged by their communities for seeking treatments, even if they are corrective.

Certain countries have been found to share beauty ideals and this may aid our communication when consulting these patients. The UK, France, Canada and Australia tend to believe in ageing positively, not necessarily denying ageing but doing it in a polished way. Skin interventions that improve skin quality and result in a natural, make-up free finish may be attractive options for these patients.

In patients of East Asian descent such as South Korea, Taiwan, China and Japan may focus on transformation. They want to transform the way they look and language such as "attractive, pretty, stunning and flawless" has been found to define beauty in 47% of Chinese women. In Italy and Turkey part of their understanding of beauty correlates with their fashion tastes. 22% of Italians and 23% of Turkish women associated with "style and glamour" as a beauty outcome.

In Brazil, Saudi and the UAE, women may want to accentuate certain anatomical features to enhance their allure. A Brazilian woman may want to achieve a fast result in a society where her figure can be under close scrutiny. I have found in my practice, a focus on eye and eyebrow accentuation can be popular in women who wear hijab and niqab to express their magnificence.

The complex pursuit of beauty has now transcended all regional borders. It is our duty to understand our patient's backgrounds and responsibly help them to achieve their goals. I consider myself fortunate to have a career that allows me to understand different cultures through teaching around the world. As someone from a heterogenic family and international background, these diverse perspectives have always been a natural part of my life. Of course, the more heterozygotic our patient populations become, the more challenging our work to create true authentic attractiveness. I welcome these fascinating progressions in our specialty and feel privileged to be a part of this evolution. **AM**

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**Miss Jonquille Chantrey** has more than 10 years' experience in aesthetics, plastic and cosmetic surgery, microsurgery, trauma and facial surgery, burns reconstruction and more. An International Rising Star, she has lectured as a KOL at scientific symposiums around the world. Having been a Principal Investigator in multiple Biotech Phase II and III studies and aesthetic clinical trials, she has co-authored peer reviewed papers in *Plastic and Reconstructive Surgery* and *The Lancet*. As a top global trainer for Allergan, she performs complex live injections on stage and at advanced level masterclasses. In 2014, Dr Obagi hand picked her as the only UK doctor on his International Scientific Faculty. She was voted one of the "Top Doctors Outside of London" by *Harper's Bazaar* in 2015. After a period as clinical lead for two national companies, she founded and opened her own "Expert Aesthetics" clinic in Alderley Edge in 2011. Despite her diverse schedule she spends most of her working week in her busy clinic looking after her patients.