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Cathectic mechanisms of cosmetic surgery: Operation and recovery as a ritual-like process

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Abstract

Cultural sociology undertheorizes the emotional dimension of culture. In this study, I use the case of invasive cosmetic surgery to develop conceptual tools for filling this gap. Cosmetic surgery (i) brings a prominent and complex change in meanings of the self and the social image that goes far beyond mere appearance; and (ii) it involves intensive emotions of suffering, anxiety, and excitement. These two features reveal key similarities that cosmetic surgery shares with Victor Turner's model of the ritual of passage. I apply it to the case at hand and show that these emotions, which are usually either neglected or seen as mere 'side effects' of surgery, strongly affect meaning-making related to cosmetic operations, meanings of the self, and broader aesthetic conventions. To zoom into these hidden processes, I introduce a sketch of a Durkheimian theory of *cathexis* that enables us to recognize cultural, cognitive, and emotional mechanisms of cosmetic surgery's 'extraphysical effects.' I illustrate my approach using open data from Internet forums of cosmetic surgery consumers and other evidence from existing literature.

KEYWORDS
cathexis, cosmetic surgery, cultural sociology, culture and cognition, emotion, ritual of passage

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1 | INTRODUCTION

There is an emotional dimension of culture, the one beyond extensively studied semiotic webs of meanings and their logics, regimes, zones of production, carriers and locations, and practices. Emotions represent a crucial but often neglected immanent feature of culture: in many cases, the emotional intensity of a cultural process not merely 'fuels' it, as it is often suggested, but directly affects meaning-making.

This dimension is not unknown in sociology. Most of the classics of sociology recognized the role of emotions as a prerequisite for creating and sharing meanings in social communication. Weber addressed the feature of emotional empathy in his cornerstone meaning-centered definitions of social action and the *Verstehen* method (Weber, 1978) and in his studies of charisma. Simon Clarke traces similar appeals in the works of Marx, Simmel, Scheler, and others (Clarke, 2003, pp. 150–151).

Durkheim's take on the issue of emotional intensity was the most consequential in this regard because his model of 'effervescence' paved the way for connecting intensive emotions of collective origins with the basic categories of culture (Durkheim, 1995). Today, this legacy is most notably featured as a central appeal of the large corpus of Randall Collins' investigations (Collins, 1988, 2004, 2019). Nevertheless, it is safe to conclude that the emotional dimension of culture receives incomparably less attention than its other features and dimensions.

To help fill this gap, in this study, I focus on an empirical object that is especially revealing for understanding the role of emotions in meaning-making: the case of invasive cosmetic surgery. Cosmetic surgery brings a prominent and complex change in meanings of the self and the social image that goes much further than mere appearance. To draw the salient emotions to the fore, I focus on invasive operations as the object of interest. Although cosmetic surgery tends to publicly represent itself through the lenses of the 'before/after' framework, some authors stress that it falsely shadows the pain and intense emotional stress accompanying operation and subsequent recovery (Elliott, 2008; Jones, 2008).

This kind of change, accompanied by emotional suffering and anxiety, shares vital similarities with an influential model of rituals of passage, initially proposed by Arnold van Gennep (Van Gennep, 2004) and later advanced by Victor Turner (V. Turner, 1967, 1969). A few insightful authors have already noticed the affinity of cosmetic surgery with a rite of passage (Blum, 2003, p. 38; Elliott, 2008, p. 71; Jones, 2008, pp. 56–57), but to date, it has not been systematically analyzed as a form of such a ritual-like activity. This model allows better recognition of what is often concealed under the 'before/after' framework and blazes a trail for developing a Durkheimian cultural sociological approach, reintegrating the emotional dimension of meaning-making.

To move further on that trail, I pick up the almost forgotten, in contemporary sociology, notion of '*cathexis*' and cathectic mechanisms of culture that represent this emotional dimension. I redefine the notion of cathexis, largely dissociating it from the renowned Parsons' conceptualization, to bring it to Durkheimian logic. I show that Durkheim's model of collective effervescence implies a key feature of attaching emotions produced in social interactions to various kinds of objects, from material things to symbols to bodies and their parts. I define this feature, surprisingly unnamed by Durkheim, as cathexis, stressing its similarities with Freud's theorizing on affect and cognition. This allows us to get into the elemental level of the processes that Turner's model depicts at the descriptive level.

The promise of theorizing on cathectic mechanisms of culture that I seek to prove in this study broadly relies on the recent developments in the sociology of culture and cognition. The

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ongoing explicit appeal of cultural sociology to the developments in neuroscience and cognitive psychology resembles hidden similarities between Durkheim's and Freud's projects; this hints at the timeliness of the terminological solution I offer. To examine these conceptual arguments and illustrate their fruitfulness, I performed an empirical case study of postings to Russian open-access online forums about cosmetic surgery.

In the second section of the article that follows this introduction, I focus on the interdepended changes in appearance, personal self-perception, and social image resulting from cosmetic surgery. To adequately describe them, we must see the operation as a cognitive and cultural process marked with intensive emotions. This shaped the gaze of my inquiry and the design of the illustrative case study, which I outline in that section. This picture of cosmetic surgery closely fits Victor Turner's model of ritual change; the third section begins with a brief description of the model and its applicability to the case. I then specify the sources and the symbolic mechanisms that release emotional intensity in the case of cosmetic surgery. The section concludes with an outline of the theory of cathectic mechanisms of culture, which explains how emotions affect meaning-making. In the fourth section, I apply this model to the analysis of invasive cosmetic surgery, using both my case study and evidence from the literature.

2 | HOW DOES COSMETIC SURGERY CREATE IDENTITY CHANGE?

2.1 | Cosmetic surgery as a cultural and cognitive process

The change in personal identity is an apparent aim and effect of cosmetic surgery operations. People 'go under the knife' to become more beautiful, to look younger, to 'blend in,' to feel better and more confident, or even to get a better job or to keep their current one (Davis, 1995; Elliott, 2008; Jones, 2008; Pitts-Taylor, 2007). Some people undergo cosmetic surgery to improve their social status, with celebrities serving as societal ambassadors, creating patterns to follow (Elliott, 2008, Chapter 2). Others feel they must eliminate a mismatch between how they feel and look (Brooks, 2004; Davis, 1995; Jones, 2008, p. 104; Kinnunen, 2010). 'Body practices—summarizes Victoria Pitts-Taylor—are increasingly positioned in various ways as expressing, reflecting or revealing various aspects of the self, and in myriad ways bodies are seen to make the inner self visible, render to public, manage it, or establish or even affirm its 'authenticity'' (Pitts-Taylor, 2009, p. 159).

This points out that personal self-perception, social recognition, and appearance are interdependent. The identity change brought by cosmetic surgery thus needs to reconnect them in a new, desirable way. A certain *coherence* must be established between them to create the pragmatic *truth* of this change (Davis, 1995; Shilling, 2008). The problem of developing this coherence has been central to pragmatism since early works by James, Mead, and Cooley and later on (Lemert, 2011, pp. 10–14). It is precisely 'finding *coherence* between' people's 'internal and external environments' that means developing 'the creative 'I' of their identity' (Shilling, 2008, p. 21).

In continental sociology, Durkheim first took this relation seriously by stressing a dual nature of the human being, which combines individual and social components (Durkheim, 1973, 1995). Not coincidentally, in his analysis of pragmatism, Durkheim mainly focused on the approaches to the problem of establishing the truth (Durkheim, 1983). He insisted that establishing the truth is a synthesis where both individual and social forces

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participate. The only absent component was the body, but Marcel Mauss further advanced Durkheim's approach and reintegrated the body as the third term of the equation of human nature within his model of *L'homme Total*.

The Maussian project of L'homme Total gives us a helpful pattern for conceptually reuniting what has been separated by the before/after illusion. The illusion is that the operation will magically 'teleport' a person from a less attractive body, the self, and social standing to a more attractive body, a better self, and social prestige. All three components, the body, the self, and the social, are there: what is missed, under the before/after premise, is a connection between them. If, to change the body, we need to traumatically engage with blood and flesh, cutting, ripping, and stitching, it would be only naïve to expect that it does not affect the other two components of the unity, as if they would merely jump from A to B. The naïvety might come from mind-body dualism. Although it has been a severely criticized perspective for a long time (Damasio, 1994), it is still potent both as a common sense stance and as an implicit presupposition of much of empirical research, including cosmetic surgery (Dawney & Huzar, 2019).

Recent developments in the sociology of culture and cognition challenge this view (Ignatow, 2010, 2022). Emotions are crucial to that challenge because they are rooted in bodily states and fundamentally participate in cognition. Thus, the growing body of evidence shows that any cognitive activity is strongly affected by emotions (Abrutyn & Lizardo, 2020; Damasio, 1994; Haidt, 2001; Harlé et al., 2013; Ignatow, 2007; Levine & Burgess, 1997; J. H. Turner, 2007).

Emotions were also shown to play an essential role in various aspects of cosmetic surgery. For example, surgeons and their associates actively employ embodied/affective/emotional labour strategies to support the desired outcomes of the identity change (Aizura, 2011; Menon & Sariego, 2022). There is a shift from traditional 'detached concern' to 'clinical empathy' toward patients in American surgical training (Menon & Sariego, 2022, p. 2). Based on cosmetic surgery practices in Brazil, Alvaro Jarrín reveals the relational and sustainable nature of the perception of beauty 'as gut reactions that are entirely social, but which are not subject to modification, at least not with ease' (Jarrín, 2017, p. 11). Importantly, any possible change involves a fusion of intensive emotions, meanings, and objects: following Jarrín, this 'intuitive' perception emerges and modifies within the processes of the 'circulation of affect' attached to the body and its parts (Jarrín, 2017, pp. 16, 76–101).

This means that to understand how cosmetic surgery creates identity change, we need to focus on emotions that accompany the body alterations. The surgical nature of the change implies that a substantial part of these emotions might originate from fear and anticipated or actual pain during and after the operation. This shapes the gaze of my inquiry. It involves evidence from existing literature and an illustrative case study, which I briefly describe in the following subsection.

2.2 | Online forum data about cosmetic surgery

I gathered the data from postings to Russian open-access online forums about cosmetic surgery in the spring of 2012, before the heyday of advanced social media and messengers. At that time, most thematically focused communications happened on Internet forums. I sampled a few Internet forums with discussions of cosmetic surgery experience, prioritizing higher website traffic (which signified lively discussions), a focus on invasive and presumably painful and frustrating operations, and discussions spanning through all the stages of the process.[1] Discussions were usually organized around a particular story featured in the thread, but they also

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included multiple shorter descriptions of similar fragments of experiences brought by discussants.

I selected close to a thousand postings from these threads that contained concrete descriptions of the experience of invasive cosmetic surgical operations and, after their primary analysis, collected about three hundred utterances by their thematic relevance. The resulting sample effectively reduced the variety of invasive cosmetic procedures to mammoplasty and rhinoplasty. My analysis focused on the discursive elements that mark strong positive and negative emotions.

Methodologically, Internet forum analysis has advantages and limitations (Seale et al., 2010). Although interviews remain the primary source for sociological analysis of cosmetic surgery, face-to-face conversation sometimes creates problems in discussing sensitive issues (Adams, 757). Quite the contrary, although forum participants obviously realized that their posts were available for unrestricted access to potential observers, their discussions were concrete and detailed.

This mode of interaction, very convenient for sociological research, was based on a peculiar mixture of complete anonymity (any personal information is absent on those forums) and intimacy developed through continuous digital interactions, a feature previously stressed by researchers (Seale et al., 2010, pp. 601–602). The main drawbacks are the absence of demographic and other contextual data, except what can be assumed based on the postings[2]; the inability of the researcher to lead a discussion and to ask specific questions; and the impossibility of replication of the study due to the transformations of social media during the last decade.

2.3 | Emotional intensity of invasive cosmetic surgery

If emotions are supposed to be the central connecting element between cognition, body, and culture, before moving further with the analysis of cosmetic makeover, we need to make sure there are, in fact, salient emotions in place. Legitimate doubts might come from the before/after narrative, the suggestion of the high quality of contemporary anesthesia, and the broadest spreading of cosmetic surgery nowadays.

Both existing literature and my data do not leave a doubt that invasive cosmetic surgery is, indeed, painful and scary. As Elliott summarizes, 'there is no makeover without sacrifice, no bodily 'improvement' without physical pain' (Elliott, 2008, pp. 116–117). The massive expansion of cosmetic surgery should not mislead us. After all, illness and suffering are by no means rare, and their climax, death itself, still does have an ultimate coverage. As Anthony Giddens called it, it is just the 'sequestration of experience' that brackets disturbing existential issues out of everyday routines and our immediate awareness (Giddens, 1991, Chapter 5). It strengthens the before/after narrative.

Like in the case of madness, sickness, and death, which are hidden from the public gaze, cosmetic surgery systematically shades the suffering out of its facets. For example, Elliott shows that 'surgical holidays' present a pleasant picture of combining a cosmetic makeover with a holiday at a nice resort. However, it often turns into a '*solitary ordeal*' (Elliott, 2008, p. 105), the time filled with intense fear, anxiety, suffering, and pain.

Experience of operation and afterward is well described by both scholars and the lay public. A good example comes from Pitts-Taylor's book 'Surgery Junkies,' based on her own experience of going through a rhinoplasty operation. She describes her feelings in the recovery room as

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very painful, unexpectedly so. The pain remained intense for a few days, and it was accompanied by anxiety almost from the start (Pitts-Taylor, 2007, p. 173):

> Later, when I looked in the mirror, I felt worse: my face was not only heavily bandaged but very swollen and bruised. I was barely recognizable. I worried about my nose; what would it look like? Mostly I just wanted the pain to stop.

Meredith Jones stresses that strategies of shadowing the dark, painful, and scary side of cosmetic surgery are more complicated than mere concealment. She puts our attention on shows like 'Extreme Makeover,' saying that they only stress the slash between 'before' and 'after,' substituting real suffering and pain with the extravagant realm of the show.

In line with existing literature, my findings show how emotionally intense the whole operation and recovery period is. Outcomes of operation almost always contain an inevitable deviance from the plan, which bothered patients even more than pain. Postings reflected a reasonable fear that something could go seriously wrong (Leem, 2016), probably with horrible consequences. Michael Taussig described the 'tales of misfortune' as a particular genre (Taussig, 2012, pp. 7–8, 54–56): the stories about 'the sudden dive into the abyss at the moment when the very heavens were in your reach' (Taussig, 2012, p. 8). These stories hold an attraction of morbid curiosity and are sometimes framed by the storytellers as a pact with the Devil.

In sum, it is safe to conclude that highly intense emotions are vital to cosmetic surgery and makeover culture. This aligns with a more significant appeal already stressed by astute commenters: cultural theory neglected the crucial issue of emotional/affectual intensity, and it can gain much by integrating it (see, for example, Massumi, 1995, p. 87). Instead of seeing salient emotions as a mere side effect of the operation, we should recognize the role and the consequences of these emotions in cognitive and cultural processes at the core of cosmetic surgery.

3 | UNDERSTANDING IDENTITY CHANGE WITH VICTOR TURNER'S MODEL OF THE RITUAL OF PASSAGE

In the previous section, we saw that cosmetic surgery brings much more than merely an appearance modification. Its effects include the whole identity change that embraces anticipated transformations in social recognition and perception of the self. The pragmatic success of the identity change demands that these aspects of change are coherent. They do not occur instantly or automatically; it is a process. Finally, this process includes intensive negative and positive emotions, uncertainty, and pain. A model of the change that perfectly corresponds to this description is Victor Turner's theory of the ritual of passage (V. Turner, 1967, 1969).

3.1 | Ritual of passage: from Van Gennep to Turner

Turner's model describes the processuality of a socially sanctioned change of identity and status of a person, a group, or, by extension, some state of affairs. Successful change takes a three-phased process, including the preliminal stage (or 'separation'), liminal stage ('transition'), and postliminal one ('reaggregation' or 'incorporation'). Turner's model is based on Arnold van Gennep's work 'The Rites of Passage' (2004), initially published in 1909.

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Van Gennep designed his model based on the reality of pre-modern societies, but Turner radically extended its scope of applicability. He saw it more like a universal model of change and emphasized the role of the liminal stage in it. Subsequently, multiple researchers have successfully applied Turner's theory to the broadest range of spheres of modern life, including, in particular, the fields of health, medicine, and disability studies, where it allowed sociological description of processes of coping with changes concerned with physical diseases, medical treatment or the process of recovery.

The most critical and nontrivial part of the model is the ritual's liminal stage, a very peculiar period that one can find in any rite of passage. During this stage, structures of social order are purposefully inverted; taboos are violated, regulations are breached, and symbolic binaries are overturned. This is an extraordinary time of ecstasy, exaltation, pain, substantial emotional outbursts, violence, and chaos. The liminal stage is a time of transgression and the dominance of the impure sacred (Bataille, 1991; Kurakin, 2015). Transgression is a fundamental cultural mechanism of violating sacred establishments and boundaries that results in emotional outbursts. Ritual of passage employs these emotions to create the sanctity of the new order.

Some studies on bodily manipulation in general, and cosmetic surgery in particular, emphasized the features of these processes that closely correspond to the characteristics of the liminal stage. For instance, Taussig stressed the transgressive side of cosmetic surgery, its closeness to fear and awe stemming from the ambiguity of the sacred (Taussig, 2012, p. 10), and its parallels with death (Taussig, 2012, pp. 7, 64).[3] In turn, Le Breton showed that self-cutting works as a private ritual and a sacrifice by employing 'powers of transgression' (Le Breton, 2018, pp. 39, 40, 51). Tomoko Tamari revealed the role of the 'uncanny' in the perception of prosthetics and showed that the abjection and fascination it brings create a new aesthetic sensibility (Tamari, 2017). Meredith Jones stresses that cosmetic surgery necessarily produces monstrosity and abjection (Jones, 2008, pp. 107–109), transgressive symbolic forms that are highly typical for a liminal stage of rite of passage. In addition, several researchers compared cosmetic surgery with a rite of passage in general (e.g., Aizura, 2011, p. 155; Kinnunen, 2010, p. 263).

To unpack Turner's model and adjust it to invasive cosmetic surgery, we need first to localize the sources and the symbolic mechanisms that release emotional intensity and, second, understand how these intensive emotions affect meaning-making resulting from cosmetic surgery. The following two subsections will cover these issues.

3.2 | Body and the sacred: Emotional power of the cut

There are obvious sources of fear and anxiety that come out of the emotional suffering of anticipated or experienced pain and out of the fear of the unplanned consequences of the operation. I outlined these in the subsection on emotional intensity. However, in addition to that, there is a no less important but much less apparent symbolic source: a transgression against the dominant image of the body and related practices.

The liminal stage hinges on transgression—violation against the sacrality of the existing order: rules, symbols, and boundaries. In traditional rituals, this violated order is explicitly represented by myths and the whole arrangement of ritual objects, words, and symbols. In the case of cosmetic surgery, it is embedded in the implicit regulations of the human body.

Many scholars have mentioned this autonomous and self-enclosed image of the body as a dominant perception model (see, for example, Cohen, 2009; Smith, 2008, pp. 120–141). The

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enclosed body ideal is highly sensitive to any interventions that question its integrity, such as dissections, penetrations, mutilations, and salient deformations. This model of the body is deeply embedded in (widely understood) modernity, corresponds to the structure of the contemporary economy, and fits the ideal of 'hedonistic consumption' (Kama & Barak-Brandes, 2013).

By stressing the cuts, pain, and suffering, invasive cosmetic surgery sharply contradicts this image and the most significant attitudes that constitute everyday body handling norms. Consequently, it contains the potential for an intense emotional response. This potential is often neglected, being removed by the dominant 'before/after' narrative that shapes the 'lay' pattern of perception. However, it powerfully affects the actual effects of cosmetic surgery.

The symbolic power of the cut has been shown in various studies. Mikhail Bakhtin has shown that, in the carnival culture, cuts and dissection play an essential role in constituting the 'grotesque body' by violating the enclosed body ideal embedded in our culture (1984). Philip Smith has shown how vital cuts have been in the symbolic construction and perception of the guillotine (Smith, 2008, pp. 120–141). Making the cut, stressing and emphasizing it, and putting it in the center of the collective imagery amplifies the symbolic and emotional effect of the punishment procedure, making the guillotine an icon of the French Revolution.

Despite the progress in medicine, the widest spread of cosmetic surgery, and the changes it has brought to everyday life, 'going under the knife' remains a frightening metaphor whose effect is largely based on the closeness between its straightforward (literal) meaning and the procedural truth of a medical operation.

3.3 | Zooming-in: Cathectic mechanisms of identity change

In the previous subsections, I tried to locate both obvious (fear of pain and risk of unsuccessful operation) and less obvious (transgressive nature of the cut) sources of intensive emotions. These emotions are a crucial ingredient of Turner's model of change. To complete the model and to make it better applicable to the case at hand, we need to know how these intensive emotions participate in cognitive and cultural processes of the cosmetic surgery operation that eventually result in the change described by Turner's theory and observed in empirical studies.

In his theorizing, Turner relied heavily on Durkheim's theory of the sacred, even if often implicitly (Rothenbuhler, 1992, p. 66; P. Smith, 2020). In turn, Durkheim connected intensive emotions with culture and cognition within the model of 'collective effervescence,' which introduced the basic process of the emergence of sacred objects (Durkheim, 1995). According to this model, during a ritual, a group produces intensive collective emotions that focus on a particular thing, symbol, animal, human being, piece of land, or even an event; attaching these emotions to that object makes it sacred.

Among others, this implies a crucial feature of culture and social life: emotions can be attached to a certain object and consequently change the characteristics of that object and the influence it can exert over people, situations, and other cultural symbols. Although that might look merely as a basic picture of meaning-making, the feature I refer to is far from self-obvious. Attaching emotions to objects so that these objects continuously carry this emotional charge and affect forthcoming perceptions and interactions—is a very particular principle that Durkheim put at the core of his theory.[4]

This is a fundamentally important feature for which neither Durkheim nor his followers coined any notion, and to take it seriously, I first need to name it. Freud's notion of *cathexis* is

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the closest analogy we have in behavioral sciences. In his earlier works in 1895–1896, both published (Breuer & Freud, 1955; Freud, 1962a, 1962b) and unpublished (Freud, 1966), Freud used the notion of *Besetzung*. It was translated into English as 'cathexis' by James Strachey, who insisted that it was a fundamental concept for Freud's whole theory (Ornston, 1985; Strachey, 1962). In Freud's writings, cathexis meant emotional or affectual charging of a certain object (a thing, an idea, a body, or its part). The first dictionary meaning of the word *Besetzung* is 'occupation,' which is partly revealing. When an object is cathected (*ist besetzt*), it is 'occupied' with a share of affect. That changes its features not unlike a militarily occupied land changes its features, for example, in terms of possible movements of other people or armies through this land. Sometimes, commenters also use the metaphor of emotional 'investment' in an object. However, the absence of an exact English translation of the term (Ornston, 1985) and the importance of the notion motivated Strachey to introduce the term 'cathexis' borrowed from the Greek.

Freud developed this theory at the time of the fast development of neuroscience that resulted in the creation of the classical neuron doctrine by the end of the 19th century, and just a few years after Wilhelm Waldeyer coined the very term 'neuron.' So, initially, the theory of cathexis was intended to be purely neural. In Freud's early writings, it is the neuron that was supposed to be cathected, filled with physical energy (Freud, 1966, p. 298). However, very soon, Freud had to abandon a neural level of analysis because his attempts to causally connect it to the psychological level were fruitless. Later on, he only used cathexis in psychological explanations (Strachey, 1955, pp. xxiv–xxv, 1962, pp. 62–65).

In turn, Parsons did recognize the fundamental importance of cathexis for social action and incorporated it into his theory as one of the three basic orientations of action (Parsons, 1937, 1970; Parsons et al., 1951). However, in Parsons' writings, the concept of cathexis is built into his very peculiar model of action, and to reintegrate it into contemporary sociology apart from Parsons' heritage, I must return it to Durkheim's initial scheme and re-define cathexis to embrace the unnamed feature I mentioned above.

To offer an initial working definition, I define cathexis as a basic feature of meaning-making that consists in attaching emotions produced in social interactions to various kinds of objects of that meaning-making: things, ideas, symbols, bodies, and their parts; spatial (e.g., pieces of land) and temporal (e.g., events) phenomena. Roughly speaking, cathexis represents an allocation of emotional charge in the structures of meanings. Following Durkheim's model, the paradigmatic example here is the sacred object: after it gets cathected within a ritual, it is subsequently different than before, utterly higher in status, demanding special treatment. People can pray to it, use it for luck, or sanctify orders or agreements. They can violate the sacredness and face its impure mode. Returning to our case, there are no emotionally neutral parts of the body, but certain body parts are cathected more intensely. Because such body parts as the face or breasts are particularly emotionally salient, surgical manipulations with them are especially emotionally intensive.

The working definition I introduced needs further elaboration and building into the ontology of culture and cognition, but that task, in its length, goes beyond the scope of this article. Cathecting things or ideas involves an emergent fuse of processes at various levels: from social actions and interactions that launch it, including their immediate and background cultural meanings, to ongoing material and bodily alterations and corresponding physiological and psychological changes of the agents (including observers) and concurrent cognitive evaluations, all the way down to neural circuits' excitations. In a word, cathexis inhabits all the four 'E' that the 4E approaches to cognition recognize (Menary, 2018; Newen et al., 2018). The whole

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extended assembly only gets fused and turns the object into a new, cathected state if a certain level of emotional intensity is involved. In this sense, it is like a jam session that cannot be performed with cool heads.

Durkheim left this crucial feature unnamed in the context of the lack of reliable knowledge of cognitive processes. This implies that, with the current developments within neurocognitive science and the sociology of culture and cognition, the time has come to return to the basic concept of cathexis. Despite the multiple studies that prove emotions' crucial role in cognitive processes (Damasio, 1994; Haidt, 2001; Harlé et al., 2013; Levine & Burgess, 1997; J. H. Turner, 2007), they are still underrepresented in cultural sociology.

This suggestion goes in line with what is happening in contemporary sociology. Features of social life very close to cathexis are coming to the fore in recent sociological research. I argue that they could be developed further, relying on this notion. For example, Hartmut Rosa, a leading contemporary German sociologist, famously developed a theory of resonance (Rosa, 2019). According to this theory, the primary human mode of relating to the world is 'resonance.' It is marked with deep emotional engagement. The paradigm here is human interaction, but resonance can attach a person to any kind of object: things, landscapes, music, dreams, symbols, and ideas. Apart from Romantic (the experience of the sublime) and Critical Theory (the criticism of the alienation) undertones, resonance also clearly involves what I defined above as cathexis. For example, when Rosa describes how resonance happens when we enjoy a mountain, we have previously climbed, and how it is entirely different from an unengaged view, the theory of cathexis can substantiate this contemplatively grasped difference.

An alternative approach to the notion of resonance that emerged almost simultaneously and unrelated to Rosa's theory was developed by Terence McDonnell, Christopher Bail, and Iddo Tavory (McDonnell et al., 2017). They describe cultural resonance as a heuristic effect of distributed and emotionally charged cognitive processes. They assert the role of emotion in cracking the riddle by arguing that emotions warm-up cognition, participate in coordinating efforts of individuals seeking a solution within a group, and provide feedback loops marking novel solutions that are likely to resonate. In line with the authors' suggestions in the conclusion to their article (McDonnell et al., 2017, p. 10), the theory of cathexis I propose could move this development further by describing a basic mechanism tying emotion, cognition, and culture.

Another important example comes from the notion of social pain that Seth Abrutyn sociologically conceptualized based on a corpus of recent neuroscience research (Abrutyn, 2023). Social pain results from a real or imagined disruption of the affectual attachment to other people, groups, physical objects, or ideas. This attachment includes a salient emotional component that reveals itself both in a positive mode when we enjoy and cherish the attachment and in a negative mode when we suffer from social pain resulting from the disruption of that attachment.[5] In the terms I propose, both are fundamental cathectic processes.

Other examples include notions of saliency (Guhin, 2016; Stryker & Burke, 2000), dissonance/resonance (Guhin, 2016), rupture (Shaw, 2021), disruption (Poling, 2023), the singularity (Reckwitz, 2020), command (Brighenti, 2023), distributive effervescence (McCaffree & Shults, 2022), and Loïc Wacquant's call for a 'sociology of flesh and blood' (Wacquant, 2015, 2022).

The notion of cathexis can become a common denominator for the growing body of these phenomenal descriptions of the role of emotional intensity in meaning-making. Previously, no other concept played this role, despite impressive attempts, most notably Randall Collins' theory based on the notion of 'emotional energy.' Being intangible and metaphorical, that notion is also

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too demanding, in terms of commitment to peculiar theorizing, to provide a common ground for these developments.

Focusing on cathectic processes is crucial for understanding identity and its change. First, the emotionally colored connection of the self to a certain object or idea (a body or its part or/and their images tied to certain aesthetic conventions) lies in the core of the very idea of identity. We *identify* ourselves by means of these cathected connections.[6] Even more importantly, cathected reconfigurations of these connections are responsible for the processes of change. The examples above are quite illustrative. In his theory of resonance, Rosa stresses that change is one of the four essential features of resonance: true resonance changes us (Rosa, 2020, pp. 30–39). Opposite to shallow types of engagement with the world, genuine resonance carries features of an irreversible or even, at the extreme, life-changing event. The same is true for most social pain forms that Abrutyn describes. Social pain, itself, originates from the change—of existing attachments. Overcoming social pain, or adapting to it, often involves social change, like in the case of identity rooted in experienced trauma (Abrutyn, 2023).

Bringing in cathectic processes can lead a sociological gaze in the analysis of cosmetic surgery: focusing on them allows us to recognize how emotionally charged bodily alterations imbue the identity change.

4 | STAGED MAKEOVER

In this section, I illustrate the staged structure of the identity change based on the model of ritual of passage. I localize cathectic processes and their effects observed within my empirical case and known from existing literature. I explore how these processes connected to suffering and excitement inform emerging meanings of beauty and the emergence of the 'pragmatic truth' of the new self.

4.1 | Phase 1: Pre-liminal stage

The pre-liminal stage is also called 'separation.' It detaches a person from their life before the anticipated change: this is a preparation for the transformation. Empirically, it is marked by a sharp delimitation and separateness of the ritual time from the routines of ordinary life and discontinuity in an individual's identity (V. Turner, 1975).

These features are clearly seen in the period before the operation. Anxiety before the operation often brings people to a certain level of privacy: consider superstitious avoidance of 'putting the evil eye' on any risky forthcoming endeavor. In addition, in my case, many patients came from other towns and rented apartments in the city. They often used descriptions of their unordinary surroundings to emphasize the apartness of the extended period of going through operation from the regular course of life.

Most patients were isolated from all immediate communications and interactions, except the clinic personnel and, in some cases, the patient's closest relatives. Those patients who came to the clinic from elsewhere and rented accommodations often stressed the spatial otherness of their temporary dwelling with fascination. In this respect, these relatively low-budget trips (most rented apartments—not hotels) have much in common with the 'surgical holidays' (Elliott, 2008, pp. 102–107; Holliday et al., 2019). Elliott characterized them as exerting 'a profound emotional and personal sense of being 'outside time and space'' (Elliott, 2008, p. 107).

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Similarly, in my data, everything concerning the operation was strictly separated from the ordinary routines and filled with intense emotions of excitation and anxiety.

Setting the 'outside time and space' stage closely follows the pattern of the pre-liminal phase of the ritual of passage, described by both Van Gennep and Turner. However, the most crucial part happened at the liminal and post-liminal stages.

4.2 | Phase 2. Liminal stage

During the liminal stage, the boundaries between the sacred and profane symbolic codes are being transgressed, moral precepts violated, and essential social establishments refuted. It is a time of excitation and uncertainty that Turner characterized through the notion of 'anti-structure,' a mode of life opposed to the stability of the structured social forms. Another feature of this stage is '*communitas*,' an unstable form of emotionally intense and situational solidarity, which is purely horizontal and does not rely on any statuses and hierarchies.

Both existing literature and my data evidence these features of the liminal stage embracing both operation and recovery. During the entirety of this period, the patients felt that their bodies were imperfect and unattractive and that the desirable features had not yet been obtained. Similarly to existing descriptions in literature (Elliott, 2008, pp. 116–117; Pitts-Taylor, 2007, pp. 173–174), the forum postings were marked with fear, anxiety, descriptions of pain, the perception of danger, but at the same time, delight and excited anticipation of a new life. Negative and positive emotions not only co-exist but also transform into each other: from suffering to pride and, rarely, from hope to despair.[7]

The clinic was typically described as an almost unearthly place, filled with coziness and reliability; '*For me, that sweet and cozy atmosphere became native <...> I felt at home in the [hospital] ward*.'[8] The clinic's personnel were spoken about with deep warmth. The surgeon appeared as a sacred person who stands outside and beyond the ordinary patterns of human relationships (including their sexual aspects[9]). The metaphors are indicative. The most common metaphor is '*wizard*' (c.f. 'the magicians of beauty' in Brazil (Jarrín, 2017, pp. 4–7)). Many patients wrote that they did not want to leave this place after the operation and to return to the coldness and the unconcern of the external world (c.f. clinic as a "magical" place in Thailand, Aizura, 2011, p. 155). The operation and the recovery period were spoken of as an experience of otherness, with a changed perception and a peculiar inner logic.

This otherness was also marked linguistically. For example, in describing the surgical operation, patients used a very peculiar abbreviation '*OP*' ('*ОП*' (Rus.), from the word '*операция*' (operation (Rus.)), which is ultimately non-typical of the principles of acronym-formation in Russian.[10] Changed phonetics is often used to maintain a group's exclusivity. But, in this case, there might be an additional motive for sacralization of the operation. The widely spread use of the abbreviation led me to interpret it as an attempt to avoid the profane usage of the word, reinforcing the reference to the sacred experience. It resembles the acronym '*G-d*,' common in the Hebrew tradition, which, from all appearances, stems from the Commandment concerning the ineffable name of God.

Even though pain and fear are neither desired nor intended, they nevertheless launch powerful cathectic mechanisms that bring about new meanings. The most telling example representing a halfway, from suffering to beauty, comes from the surgical stitches and sutures. Predictably, they are vividly presented in the discussions (including uploading photos), not merely as a 'necessary evil' but as symbols of the new sense of self. They allow tracing the

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cathexis and its contribution to the emerging meanings of the new self: from intensive negative emotions (fear, suffering, and anxiety) brought by pain, violation of the integrity of the body, and the danger of surgical misadventures—to the aesthetic pleasure of the anticipated new appearance and the celebration of the new better self. Surgical sutures thus mark the fusion of the new identity's bodily, personal, and social aspects in the making.[11]

Instead of their regular social circles, the patients were involved in a very intensive and emotionally salient interaction at the forum. They formed a kind of 'eucharistic' community of those who have experienced the surgery.[12] This closely corresponds to what Turner defined as '*communitas*.' All the discussions I studied demonstrated a high level of emotional involvement and were vastly supportive:

> It's so lucky there is this forum; there's so much support! Thank you, my darling. Nobody who didn't come through it herself can understand it as you do.

The emerging solidarity is important because it contributes to changing aesthetic conventions and shaping relatively autonomous criteria of beauty. This is precisely how *communitas* works: cathecting patterns of body image with collectively produced emotions and, by means of that, creating new aesthetic and moral meanings.

This interpretation can be supported by other existing evidence. For example, Aizura describes a passionate horizontal friendship that emerges within a month-long recovery after an operation between typically rich white women who went through gender reassignment surgery and poorer Thai clinic workers. It blurred class, race, and business/friendship boundaries (Aizura, 2011, pp. 160–161) in a form specific to *communitas*. This experience, focused on embodied and enactive 'performative gender modelling' (e.g., makeup classes, etc.), eventually facilitates the 'psychic transformation towards femininity' (Aizura, 2011, pp. 147, 160).

Existing literature largely emphasizes the role of a few active agents of meaning-making in cosmetic surgery: first of all, mediatized celebrities (Elliott, 2008, Chapter 2). However, few existing studies, including mine, show that energetic communities of patients should be recognized among such active agents.

4.3 | Phase 3. Post-liminal stage

The final stage, which is sometimes called 're-aggregation' or 'incorporation,' captures the change brought by the ritual. It results in creating new meanings that are coherent, internalized, and legitimately integrated into social life. In the case I focused upon, the central metaphor representing that feeling was the metaphor of 'new life,' embracing much more than just an appearance. The new person is believed to be luckier, happier, and more successful, with even existing close relations substantially transformed. For example, one of the patients reported that after going through cosmetic surgery, she left her pestered husband. One of the commentaries is as follows:

> And the miracles are just beginning!!! Love yourself, keep and protect inside of you this feeling of the magic of what is happening! And think that since you've created such wonderful changes in your life, you must be able to do even more!!! And a decent man shall follow!

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The 'proliferation' of identity change far beyond appearance is inconvenient for the mind-body paradigm, which separates cognitive processes from the changes in the body. In contrast, the distributed models of cognition see what happens with the body as a part of broader cognitive processes. *Communitas* is an integral part of this distributed cognition. It constitutes a special gaze at the human body. In the case above of Thai gender reassignment clinics, it happens through emotionally intense joint practices where tight-knit groups of recovering patients and clinic workers shape meanings of femininity (Aizura, 2011). In my case, multiple emotionally colored discussions constitute this gaze.

Although these processes mostly remain overlooked, some researchers succeeded in recognizing them. In their analysis of cosmetic surgery in Brazil, Alvaro Jarrín stressed that perceptions of taste and patterns of beauty are not merely being transmitted, as Bourdieusians would probably expect (Jarrín, 2017, p. 84). To oppose this view, Jarrín draws on Sara Ahmed's theory of affect (Ahmed, 2004) and shows that the creation and transmission of the patterns of beauty operate through the circulation of affect that happens in multiple interactions between cosmetic surgery patients and broader society. This circulation charges certain body parts with affect and eventually creates positively valued physical features that shape the perception of beauty. In my terms, that means that body parts get cathected through discussions of patients, appearance-based practices of discrimination or humiliation that people face, gains in prestige some people enjoy based on certain features of their appearance, and many other interactions.

Focusing on cathectic mechanisms allows making the next step in understanding these processes by tracing how both positive and negative intensive emotions inform emerging meanings. In my data, a substantial part of those discussions stemmed from acute apprehensions of certain fears and risks of the operation.

One of the central themes in the discussions of breast reconstruction is the anticipated asymmetry of breasts, which technically marks an imperfection of the operation. The sensibility of discussants toward the evaluation of symmetry seems much keener than the 'layman gaze.' Being hard-won and paid out with fear, anxiety, pain, and the risk taken, a symmetry of the breasts is becoming a highly cathected aesthetic convention and the trait of beauty. This learned sensibility is well-trained in numberless discussions, observations, and careful studies of the uploaded photos. It then spreads even beyond surgically transformed bodies and, in Internet discussions, often applies to non-transformed bodies. What was usually seen as 'side effects' of operation contains cathectic mechanisms that affect identity change and broader aesthetic conventions.

5 | CONCLUSION. 'EXTRAPHYSICAL EFFECTS' OF BODILY CHANGE: SLOW, FAST, AND 'INSTANT'

In this study, I aim to reveal cultural, cognitive, and emotional mechanisms of the 'extraphysical effects' (Adams, 2010, p. 764) of bodily change exemplified by invasive cosmetic surgery experiences. We can see that operation and recovery is a journey that is made meaningful through engagement with intensive emotions, such as fear, anxiety, and hope. Overcoming the illusion brought by the 'before/after' narrative in cosmetic surgery allows us to recognize the salient emotional effects of operations and the recovery processes. Focusing on these effects allows us to understand the connection between emotions and embodiment better and explain the central role of emotions in meaning-making.

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The idea of embodiment is not new; sociologists have been studying how our bodies are both shaped by and contribute to who we think we are and how we live. However, the ongoing rise of the sociology of culture and cognition invites us to take a fresh, more profound look at the cognitive and cultural constitution of embodiment (Ignatow, 2007). In this study, I accept this invitation and examine the emotionally intensive cultural and cognitive processes within the black box of embodiment in the research site of cosmetic surgery. To pursue this task, I employ Victor Turner's model of the ritual of passage. It provides an outline of the temporal structure of operation and recovery that makes visible and accountable an emotional complex of suffering, anxiety, pain, and the types of emotions that are typically concealed within the 'before/after' framework. To zoom into these hidden processes, I introduce a sketch of the Durkheimian theory of cathexis that enables us to recognize cognitive and cultural processes and their influence on meaning-making within the ritual stages introduced by Turner and Van Gennep.

To illustrate this model, I analyze Internet forums on cosmetic surgery and some existing literature evidence. My analysis shows how patients' intense emotional experiences during and after the operation and in the accompanying interactions actively participate in meaning-making. The cathectic mechanisms I identify contribute to a fast, ritual-like change of the self and to changing broader aesthetic conventions. For example, cathecting breasts after the mammoplasty operation (including cathecting stitches, scars, and images of the cicatrizing body) with intense emotions of fear and anxiety results in the shaping of a sharpened perception of the (a)symmetry of the breasts. By the same token, 'foreign' implants quickly become 'native' during the recovery.

This study seeks to connect the emerging and growing evidence of the role of emotions and affect in cosmetic surgery to the sociology of culture and cognition. Even more importantly, this connection paves the way for cultural sociology to engage with the emotional dimension of culture. Although relationships between cognition and emotion have been extensively studied, cultural sociology largely missed the emotional dimension of social life. The outline of the theory of cathexis being strategically applied to the cosmetic surgery site contributes to filling this gap.

Although this paper focuses on cosmetic surgery, the approach I built applies to much broader phenomena. I presented a case study suggesting that individuals' projects are often made meaningful via cathexes, which connect past to present and mind to matter. It offers a general model that might apply to the broadest range of embodied experiences, such as childbirth, illness, sport, well-being, and even transformative engagement with art (Smith & Stoll, 2021). In all these, and even in less embodied practices, the goal and the outcome of transformation become meaningful through engagement with intensive emotions in the phase of transition.

Admittedly, this conceptual and empirical intervention remains limited in many ways. Future research should embrace more types of operations and a wider variety of national/cultural backgrounds. It should further investigate the specificity of revealed cathectic processes and their influence on meaning-making. In this study, I only provided examples of how cathexis affects emerging meanings, and future research can develop a much broader picture. Finally, more methods could be applied to move from building and illustrating models to bringing better evidence and accumulating knowledge.

A better understanding of embodiment and change is fundamental in the context of the contemporary tendency to turn the human body into a personal project. Cosmetic surgery is one of the most radical means of this ongoing human enhancement—the 'virus' in 'God's soft,' as Michael Taussig puts it (Taussig, 2012, p. 44). Elliott and Lemert's 'new individualism' theory

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(Elliott & Lemert, 2009) emphasizes the deep affinity of cosmetic surgery to the flexibility or even plasticity of the late-modern human identity shaped by the ever-changing reality of globalization and the new economy. Thanks to cosmetic surgery, people overcome the fate of permanent faces and bodies, which change slowly and in their own manner, even though it comes with an 'emotional price' (Elliott, 2008; Elliott & Lemert, 2009; Lemert, 2011).

Indeed, so far, social scientists have mostly engaged in revealing how long-term social practices gradually and subtly change bodies and how these changed bodies, in turn, affect these practices, the phenomena most notably grasped by the concept of habitus (Bourdieu, 1977; Mauss, 2006). It can be better understood with automatic cognition and its influence on a non-declarative culture's slow acquisition and internalization (Lizardo, 2017).

My study suggests quite a distinct type of embodiment: fast, disruptive, and emotionally intensive change, such as the one brought by a ritual-like cosmetic surgery process. Understanding it requires additional conceptual means, namely, a theory of cathexis and the model of the ritual of passage. Developing this distinction further can be an important direction for future research.

Notably, 'fast' does not mean 'instant'; it embraces temporality, which is crucial for understanding. Indeed, when it comes to the extraphysical effects of bodily change, nothing is genuinely instant; even death, in its social arrangements, is processual. The distinction I outlined between 'fast' and 'slow' bodily change can be important for better understanding the variety of processes, and a more detailed typology of the embodiment can result from further research. However, even now, it allows for making informed suggestions regarding possible changes in future invasive cosmetic surgery.

Thus, it is quite possible that, in the future, invasive cosmetic surgery and subsequent recovery will not be as painful as today. After all, if they promise to produce hangover-free alcohol (Nutt et al., 2022), why not painless surgery followed by insensible recovery? How would it change the whole experience of cosmetic surgery? This study and the distinction introduced above allow us to suggest that, in this imaginary world, the 'extraphysical effects' of cosmetic surgery will follow the slow type of embodiment of change in a way not unlike how the costume affects our inner self today. Indeed, it takes time to become a different person merely by wearing new clothes or glasses. If this is the case, then the 'magical change' of the self and the social image that cosmetic surgery customers seek and achieve today might recede into the past, and cosmetic surgery clinics could become closer to today's beauty treatment salons.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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ENDNOTES

[1] I restrain myself from addressing gender reassignment operations and those for insurance purposes to avoid introducing additional dimensions of the problem at this stage.

[2] Based on that I suggest that all the individuals whose postings I studied were young or middle-aged Russian-speaking women, who performed cosmetic surgery to improve their appearance, which did not include operations for insurance purposes.

[3] Compare with Jones' discussion of anesthesia as a 'little death' (Jones, 2008, p. 136).

[4] This statement is more specific than, say, the role of tokens in meaning-making. Thus, the fact that sacred objects often change modality from pure to impure and vice versa—the feature known as the ambiguity of the sacred (Caillois, 1959; Durkheim, 1995; Kurakin, 2015; Robertson Smith, 2002)—shows that emotional intensity attached to the sacred object is more persistent than positive or negative meanings attached to it.

[5] Abrutyn recognizes 'our capacity to develop attachments to people, things, and abstractions' as a particular trait (Abrutyn, 2023, p. 14). Unlike Durkheim, he does not leave this crucial feature unnamed. He appeals to the writings of Ralph Turner, who coined the notion of 'merger,' describing how a person's identity and sense of self engage with their social roles (R. H. Turner, 1978). Although this is a good illustration of a bonding mechanism, it is a single instance of the broader trait we both refer to. That justifies a generalistic strategy of concept formation that I employ in defining cathexis.

[6] Psychologists specify the notion of 'body cathexis' that describes various aspects of emotionally charged self-evaluation of body parts. Studies stemming from Sidney M. Jourard and Paul F. Secord's initial works show that body cathexis is closely related to the self-concept and that it powerfully affects behavior, such as, for example, choice of clothes and other fashion consumption (Mahoney & Finch, 1976; Melnick & Mookerjee, 1991; Secord & Jourard, 1953).

[7] Sometimes, outcomes do not meet expectations, and a patient is disappointed and frustrated. Not all the rituals of passage are indeed successful. It happened a few times in my dataset. In all these cases, the forum community would actively engage to cure the despair, and the patient would later perform a revision surgery. This shows that identity change can include all kinds of complications, instabilities, and non-linearities, part of which is described in Anselm Strauss' classic work on identity (Strauss, 1959, Chapter 4).

[8] Translation of all the utterances is mine.

[9] In all the cases, patients were females, and all the surgeons being discussed were males. Patients multiply stressed the absence of any sexual tension.

[10] The usual abbreviations for the word '*операция*' in Russian would be '*опер.*' or '*оп-ция,' or, as a last resort, 'О.,' but by no means 'ОП.'*

[11] Rene Almeling brings more evidence of that fusion. She found that identical IVF procedures were perceived as severe suffering by infertile women and as 'not a big deal' by donors (Almeling, 2011, Chapter 3). The model I build explains this effect; the described experience has been part of a ritual of passage only for infertile women and not for donors.

[12] The existence and role of communities of patients have already been covered in the literature (Hardey, 2002).

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