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Attitudes About Cosmetic Surgery: Gender and Body Experience

ABSTRACT

This study investigates relationships between acceptance of cosmetic surgery and several variables related to the body. A sample of 359 college students completed the Acceptance of Cosmetic Surgery Scale, as well as measures of state self-esteem, body shame, body surveillance, appearance control beliefs, and public self-consciousness. It was predicted that acceptance of cosmetic surgery would be positively related to public self-consciousness, body shame, and body surveillance. It was also predicted that acceptance of cosmetic surgery would be negatively related to appearance self-esteem and appearance control beliefs. For the most part, findings were consistent with the hypotheses; however, patterns of relationships among the variables were not identical for women and men. Results are discussed in terms of differences in the way women and men experience their bodies.



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(Photo not available)

Factors Related to Cosmetic Surgery

Social cues regarding attractiveness expectations are ubiquitous. Daily we are bombarded with advertisements and other media images that help set the standards by which we evaluate ourselves (Faludi, 1991; Fredrickson & Roberts, 1997; Itzin, 1986). These expectations for attractiveness create standards that are impossible to attain. While both women and men are often subject to impossible pressures for attractiveness, these pressures are different for women and men. Media images illustrate that in our society men are expected to appear muscular and affluent, while women are expected to be thin, yet shapely, dainty, have perfect facial features, and no wrinkles (Adams & Crossman, 1978). When dieting, makeup use, and other such strategies to achieve these standards fail, individuals may become more accepting of cosmetic surgery. The purpose of this study is to examine relationships between internalized cultural expectations for attractiveness, such as objectified body consciousness, state self-esteem, public self-consciousness, and acceptance of cosmetic surgery.

In recent years, television shows, movies, countless advertisements, and other media images have reflected a drastic increase in cultural expectations for attractiveness. Thus, it should come as no surprise that there has also been a corresponding increase in rates of cosmetic surgery. For example, from 1992 to 2000, eyelid surgery increased by 190%, liposuction by 386%, and breast augmentation by 476%. Since attractiveness expectations are higher for women, it is also not surprising that 91% of cosmetic surgery procedures are performed on women (American Society of Plastic Surgeons, 2000). However, little research exists to date that examines people's attitudes about cosmetic surgery, or how those attitudes are formed.

There are numerous factors that have the potential to influence an individual's acceptance of cosmetic surgery. While gender influences how one experiences her or his body and may influence attitudes about cosmetic surgery as a result of these experiences, other factors may also play a part in forming attitudes about cosmetic surgery. One of these factors is public self-consciousness. Fenigstein, Sheier, & Buss (1975) define public self-consciousness as an individual's awareness that she or he is being viewed and evaluated by others. Such self-awareness would be necessary in order for cultural expectations regarding attractiveness to affect the individual, and could reasonably be expected to affect attitudes about cosmetic surgery as well. Previous research has indicated that public self-consciousness is negatively correlated with self-esteem (Ickes, Wicklund, & Ferris, 1973), particularly in women who are comparing themselves to ideal standards of beauty (Thornton, & Maurice, 1999). Thus, to the extent that cosmetic surgery is viewed as having the potential to ameliorate problems related to physical appearance, it is reasonable to expect that people who are high in public self-consciousness would be more accepting of cosmetic surgery. Moreover, given the pressures for women, in particular, to be attractive, we might expect this relationship to be especially strong for women.

Women are also likely to experience higher levels of objectified body consciousness, which McKinley & Hyde (1996) define as the experience of one's own body as an object. This occurs as a result of society's tendency to objectify women's bodies. Objectified body consciousness is composed of three related constructs; body surveillance, body shame, and appearance control beliefs. McKinley and Hyde (1996) define body surveillance as the tendency to be highly vigilant of one's appearance,

body shame as the feeling of shame that results from dissatisfaction with one's body, and appearance control beliefs as how much control an individual believes she has over her body, such as body shape and weight. McKinley (1995) argues that women develop an objectified body consciousness as a result of internalizing cultural standards of attractiveness. This, in turn, leads women to increase body surveillance and to be more likely to alter their bodies in attempts to meet the cultural standards. Thus, we expect objectified body consciousness to be related to attitudes about cosmetic surgery.

State self-esteem might also be related to attitudes about cosmetic surgery. Heatherton and Polivy (1991) found that self-esteem tends to fluctuate within specific domains, and that one specific component of state self-esteem is appearance self-esteem. Given that individuals are motivated to enhance their self-esteem, those who are experiencing low appearance self-esteem might be more accepting of a variety of strategies designed to improve physical appearance. If this is the case, we should expect a negative relationship between appearance self-esteem and acceptance of cosmetic surgery. In other words, people who feel dissatisfied with their physical appearance, even if only temporarily, should have more positive attitudes about cosmetic surgery.

Therefore, it is predicted that attitudes about cosmetic surgery will be related to objectified body consciousness, public self-consciousness, and state self-esteem. Specifically, it is predicted that public self-consciousness, body shame, and body surveillance will be positively related to acceptance of cosmetic surgery. In other words, those who are high on public self-consciousness, who experience shame related to their bodies, and who frequently monitor their appearance, should have more positive attitudes about cosmetic surgery. It is

also predicted that appearance state self-esteem and appearance control beliefs will be negatively related to acceptance of cosmetic surgery. In other words, those who are low in appearance state self-esteem and those who feel they have little control over their appearance should also have more positive attitudes about cosmetic surgery. It was also expected that, consistent with past research (Henderson-King & Henderson-King, 1998), women would be more likely to consider having cosmetic surgery.

Method

Participants

A total of 359 subjects, 158 male and 201 female, participated in this study as part of an introductory psychology course requirement. The average age of the participants was 19.

Measures

Participants completed a packet consisting of demographic information and seven surveys measuring different factors believed to be associated with attitudes towards cosmetic surgery. The measures are described below. *Acceptance of Cosmetic Surgery Scale (ACSS)*. Henderson-King and Henderson-King (1998) developed the ACSS to measure acceptance of cosmetic surgery. The measure consists of 17 items on a seven-point Likert scale, ranging from 1 (disagree a lot), to 7 (agree a lot). The measure is divided into three subscales: Social, Intrapsychic, and Consider. The Social subscale investigates attitudes about the social benefits that might accrue from having cosmetic surgery (i.e., the desire to achieve cultural expectations for physical attractiveness). The Intrapsychic subscale measures attitudes related to internal emotional benefits of having cosmetic surgery. The final subscale, Consider, measures the degree to which the individual would consider having

cosmetic surgery. For each of these subscales, a high score indicates greater acceptance of cosmetic surgery. This scale demonstrates strong reliability and validity.

Self-Consciousness Scale (SCS)

Fenigstein, Scheier, & Buss (1975) created this scale to assess both private and public self-consciousness. The SCS consists of 17 items rated on a 5 point Likert scale ranging from 0 (extremely uncharacteristic), to 4 (extremely characteristic). Fenigstein et. al. (1975) defined public self-consciousness as a general awareness of the self as a social object. The items focus on individual self-awareness, such as how one believes she or he appears to others. For the purposes of this study, public self-consciousness was the relevant variable. The Self-Consciousness Scale has been found to be factorially sound, have good test-retest reliability, and good discriminant validity.

State Self-Esteem Scale (SSES)

Participants also completed the 20-item SSES (Heatherton & Polivy, 1991). Participants respond to each item using a 5-point Likert scale, ranging from 1 (not at all), to 5 (extremely). The SSES is composed of three subscales that measure social, performance, and appearance aspects of state self-esteem. For this study, we focused on appearance state self-esteem. A high score on this measure indicated high appearance state self-esteem. This is a widely used instrument with well-demonstrated reliability and validity.

Importance of Attractiveness

The importance of physical attractiveness was measured using a scale consisting of 20 items. The scale lists characteristics such as honesty, sense of humor, wealth, political and religious standings, and attractiveness. The first 10 items assess how important

it is that the participant has these traits. The second 10 items are identical to the first ten, and assess how important it is that the participant's significant other possesses the same traits. The scale for each item ranged from 1 (not at all important), to 10 (extremely important). For the purposes of this study, only the importance of attractiveness was examined as a correlate of attitudes towards cosmetic surgery. For this variable, a mean across importance of attractiveness for self and significant other was computed. A high score indicated high importance of attractiveness.

Objectified Body Consciousness Scale (OBC)

McKinley and Hyde (1996) created the OBC, which measures the internalization of cultural standards regarding women's appearance. The scale is based on the theory that women in western culture tend to internalize cultural body standards that are difficult and even impossible to achieve. The OBC has three subscales: Surveillance, Body Shame, and Appearance Control Beliefs. Body Surveillance refers to the tendency for a woman to view her body as would an external onlooker; to view her body as an object. Body Shame occurs when internalized standards of beauty are not achieved. The final scale, Appearance Control Beliefs, assesses the amount of control a woman believes she has over her appearance, such as weight and body shape. A high score on each of the subscales indicates high levels of body shame, surveillance, and appearance control beliefs. The scale consists of 24 items on a seven point Likert Scale ranging from 1 (strongly disagree) to 7 (strongly agree). McKinley and Hyde (1996) found this scale to demonstrate high reliability and validity.

Miller Cox Attitudes About Makeup Scale (MCAAMS)

Participants also completed the

MCAAMS (Miller & Cox, 1982). This scale was developed to assess women's attitudes about the use of makeup. For the purposes of this study, minor modifications were made for use with male subjects. Thus, women completed the original scale and men completed a modified version that assessed men's attitudes towards women's makeup use. The measure is a six-item inventory using a five-point Likert scale ranging from one (not at all characteristic), to five (extremely characteristic). A high score indicated more positive attitudes about the use of makeup in enhancing attractiveness. Miller & Cox (1982) found this scale to demonstrate good reliability and validity.

Procedure

Participants were tested in groups of up to thirty individuals. After all scheduled participants had arrived, they were instructed to fill out a packet of surveys designed to give the experimenter "a better understanding of a variety of issues related to the individual." Participants then filled out a packet consisting of demographic information and the scales described above. After completion of the survey, participants were debriefed.

Results

Means and standard deviations for all relevant variables can be found in Table 1. T-tests indicated that women scored significantly lower on the Social subscale, and significantly higher on the Consider subscale, of the ACSS than men did. These data indicate that, in this sample, men are significantly more accepting than women of cosmetic surgery for social reasons, while women are significantly more likely than men to consider having cosmetic surgery themselves.

Pearson correlation coefficients for subscales of the ACSS and Body Surveillance, Body Shame, Appearance

Control Beliefs, Appearance State Self-Esteem, and Public Self-Consciousness can be found in Table 2 for women, and Table 3 for men. For women, as expected, both the Social and Consider subscales of the ACSS were positively correlated with Body Surveillance, Body Shame, and Public Self-Consciousness, and negatively correlated with Appearance Control Beliefs and Appearance State Self-Esteem. The Intrapsychic subscale, however, was positively correlated only with Body Shame.

For men, as expected, the Social and Consider subscales of the ACSS were positively related to Body Surveillance, Body Shame, and Public Self-Consciousness, and negatively related to Appearance Self-Esteem. The Intrapsychic subscale was positively related to Body Surveillance and Public Self-Consciousness, and negatively related to Appearance Self-Esteem. Appearance Control Beliefs were unrelated to the ACSS.

Discussion

Findings from this study indicated that men were significantly more likely to accept cosmetic surgery for social reasons, while women were more likely to actually consider having cosmetic surgery. Typically, cosmetic surgery has been viewed as relatively normal for women when it enhances youthfulness and beauty; specifically, it is considered “normal” for a woman to have cosmetic surgery in order to become or remain attractive to the opposite sex. On the other hand, cosmetic surgery is considered more acceptable for men when it is done for more pragmatic reasons, such as to further a business career (Dull & West, 1991). The gendered construction of cosmetic surgery may explain why men are more likely to accept cosmetic surgery for social reasons, while women are more likely to actually consider having cosmetic surgery.

Correlational findings revealed both similarities and differences between women and men. As expected, for both women and men, there were similar positive relationships between the Social and Consider factors of the ACSS, and Body Surveillance, Body Shame, and Public Self-Consciousness, and similar negative relationships between the Social and Consider subscales on the ACSS and Appearance State Self-Esteem. However, analyses involving the Intrapsychic subscale revealed a different pattern of results for women and men. For men, the Intrapsychic subscale of the ACSS was positively related to Body Surveillance, Appearance State Self-Esteem, and Public Self-Consciousness. In contrast, for women, the only significant correlation for the Intrapsychic subscale was with Body Shame. It is possible that that constant exposure to ideal female images might create a situation in which women simply become accustomed to higher Body Surveillance and Public Self-Consciousness. In other words, paying attention to one’s body is more normative for women than for men. Not only are women expected to be more concerned with their physical appearance (Bartky, 1990), but this concern is translated into a good deal of time spent on body surveillance for women; for example, when applying makeup every morning, checking and re-applying makeup throughout the day, and checking their clothing in mirrors throughout the day (Dellinger & Williams, 1997). If this kind of attention to the body is, indeed, characteristic of many women, this might reduce the effects of body surveillance and public self-consciousness on attitudes about cosmetic surgery.

In summary, overall similarities in women and men’s acceptance of cosmetic surgery suggest that both women and men are affected by cultural standards for attractiveness, and that

how people feel about their bodies is related to attitudes about cosmetic surgery. Correlational data for the Social and Consider subscales point to similarities in women and men’s experience. However, data from this study also point to some sex-related differences regarding attitudes about cosmetic surgery and these should be further explored in future research. Furthermore, since all participants in this study, 90% of whom were 19 years of age, and 80% of whom were Caucasian-American, were sampled from introductory Psychology classes held at a conservative Midwestern college, this limits our ability to generalize findings. Future studies in this area should address this limitation by expanding research to populations that are more diverse in ethnicity and age, and have a wider range of political and religious views.

Table 1. Mean Scores on ACSS Subscales for Women and Men

Subscale	Women (<i>n</i> = 198)		Men (<i>n</i> = 158)		t
	M	SD	M	SD	
Intrapsychic	3.80	1.18	4.0	1.07	-1.56
Social	2.39	1.22	2.69	1.37	-2.16*
Consider	3.27	1.69	2.68	1.38	3.54**

*Significant at the .01 level
 **Significant at the .001 level

Table 2. Correlations Between Women's Scores on the ACSS and Relevant Variables

	ACSS		
	Intrapsychic	Social	Consider
Body Surveillance	.122	.244**	.290**
Body Shame	.170*	.199**	.255**
Appearance Control Beliefs	-.063	-.145*	-.145*
Appearance State Self-Esteem	-.121	-.260**	-.259**
Public Self-Consciousness	.104	.301**	.243**

**p* < .05
 ***p* < .01

Table 3. Correlations Between Men's Scores on the ACSS and Relevant Variables

	ACSS		
	Intrapsychic	Social	Consider
Body Surveillance	.258**	.349**	.362**
Body Shame	.147	.204*	.186*
Appearance Control Beliefs	-.073	-.143	-.064
Appearance State Self-Esteem	-.199*	-.262**	-.320**
Public Self-Consciousness	.322**	.371**	.463**

**p* < .05
 ***p* < .01

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