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Cosmetic Surgery Pictures: Does Type of Picture Affect Acceptance of Cosmetic Surgery and/or Body Image?

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COSMETIC SURGERY PICTURES: DOES TYPE OF PICTURE AFFECT ACCEPTANCE OF COSMETIC SURGERY AND/OR BODY IMAGE?

By

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Abstract

The researcher investigates the effect of viewing positive and negative cosmetic surgery images, with short descriptive scenarios, on acceptance of cosmetic surgery. Two hundred ninety-nine participants were assigned to view one of three conditions: positive before/after cosmetic surgery pictures and an accompanying scenario, negative pictures and scenario, or no pictures or scenario (control), followed by the Acceptance of Cosmetic Surgery Scale (ACSS, Henderson-King & Henderson-King, 2005), the Body Parts Satisfaction Scale (Berscheid, Walster, & Bohrstedt, 1973), and the Physical Self-Description Questionnaire (Marsh, Richards, Johnson, Roche, & Tremayne, 1994). There was a significant relationship between ACSS Intrapersonal subscale and picture/scenario type, specifically that the positive picture/scenario type participants had a higher Intrapersonal Acceptance of Cosmetic Surgery score. There was also a significant relationship between picture/scenario type & physicality, with four of the 11 subscales, physical activity, sport competence, strength, and endurance, being significantly related to acceptance of cosmetic surgery. Results show significant bivariate correlations between cosmetic surgery acceptance and the physicality aspect of body image as measured by the PSDQ, and total body image as measured by the BPSS. Ethnicity and gender were also significant indicators of cosmetic surgery acceptance. The researcher expects that these results could generalize to society as a whole because of the many people that view cosmetic surgery makeover shows on television. Viewing cosmetic surgery images in the media could possibly decrease body image and alter intrapersonal beliefs toward cosmetic surgery.

Cosmetic Surgery Pictures:

Does Type of Picture Affect Acceptance of Cosmetic Surgery and/or Body Image?

Cosmetic surgery seems to be a widely increasing trend in the United States today. According to the American Society for Aesthetic Plastic Surgery (ASAPS, 2007), there were about 11.7 million surgical and non-surgical cosmetic procedures in the United States in 2007 and Americans spent around $13.2 billion on those cosmetic procedures. The ASAPS also reports that there has been a 114 percent increase in surgical cosmetic procedures since 1997. We can only speculate on the many factors that might contribute to this rise in cosmetic surgery. Does America really feel that badly about their bodies? And if they do, could the barrage of cosmetic surgery media images be contributing to poor body image? Does exposure to cosmetic surgery through any means-the media, television shows, advertisements, or in this case, just the presentation of a picture and scenario about cosmetic surgery---influence men and women's acceptance of the surgery? The researcher aims to examine the effects of viewing images of positive and negative outcomes of cosmetic surgery, along with a short narrative or scenario about those pictures, on the acceptance of cosmetic surgery. Another point of interest is whether body image is affected by image/scenario type (positive or negative) and also whether acceptance of cosmetic surgery is correlated with body image.

Askegaard, Gertsen, and Langer (2002) conducted a qualitative study in which they interviewed 15 women about their own personal experiences with cosmetic surgery. The women's self-reported top reason for getting cosmetic surgery was for self-esteem,

better body image or "for yourself, not for others" (p. 802). The authors suspected that although the participants reported that their decision to have cosmetic surgery was completely personal and not related to anyone else because it conflicted with their sense of autonomy, this decision was in some way socially constructed. What others think seems to be very important to how a person feels about their body, whether they realize it or not. Askegaard, Gertsen, and Langer (2002) state that body image "is hardly a feeling that exists in a social vacuum but [is] at least partly dependent on the impression a person believes to make on others" (p. 803). In a more recent qualitative study, Viladrich, Yeh, Bruning, and Weiss (2008), held focus groups with Latina women and found that women of all weight sizes believed that the most attractive body size to men was approximately a '3' on the Body Shape Scale, which has nine different body pictures to choose from and was utilized in this study to measure four factors of body satisfaction. A '3' is on the low end of the scale and the '3" picture features both breasts and hips accentuated, with a small waist. Through group discussion, the authors revealed that these participants believed that the media has a great deal to do with how we feel about our bodies.

After considerable review of the literature, there seems to be a general consensus that 'body image' is a term that is not easily defined and varies depending on the field of work (Blood, 2005). For the purposes of this study, Sarwer and Crerand's (2004) definition of body image value is utilized, which is "the degree to which one is satisfied or dissatisfied with one's appearance" (p. 104). The present researcher would like to modify this definition to also include one's individual body parts, along with total appearance. (To get a clearer view of how participants feel about their bodies as a whole,

the researcher incorporated a measure-Body Parts Satisfaction Scale (Berscheid, Walster & Bohrstedt, 1973)-that directly measures beliefs about individual body parts.) Another related concept that the researcher focused on is the aspect of body image that depends on what we can *do* with our bodies (physicality), along with health and physical fitness. The ideas of body image origin and body satisfaction can be traced back to evolutionary perspectives (Wade & Cooper, 1999; Markey, Tinsley, Ericksen, Ozer, & Markey, 2002). These authors postulated that females with smaller waist-to-hip ratios were perceived to be healthier and more capable of reproductive success by males, which began as an unconscious adaptive strategy of competition. This brings us to how we feel about our bodies today. Does this evolutionary perspective still hold true or are there more major influences on body image currently? Are there other means of assessing whether someone is attractive now? And if other means of assessing attractiveness or reproductive success exist, what then influences how we feel about our bodies and how we look at others? Could it be that media and media messages have the foremost influence?

There have been several investigations concerning the impact of media on body satisfaction and cosmetic surgery. For example, Markey and Markey (2009) examined body dissatisfaction, internalization of media messages, and interest in cosmetic surgery. Using self-report questionnaires, they discovered that women who were not satisfied or who were unhappy with their bodies had more interest in cosmetic surgery. They also noted that body dissatisfaction had a mediating effect on weight status, internalization of media messages, reports of teasing, and cosmetic surgery interest. In another self-report study (Swami, 2009), researchers used the Consider subscale of the Acceptance of

Cosmetic Surgery Scale (also utilized in the present study), the Sociocultural Attitudes Toward Appearance Questionnaire and the Body Appreciation Scale to look at the relationship between consideration of cosmetic surgery, media influence, and body image. Swami found that body appreciation and media influence significantly predicted consideration of cosmetic surgery. More specifically, media images, advertisements and television shows affect the population and their feelings about body image and cosmetic surgery.

The negative effect that media images have on body image has been examined by several authors (e.g., Derenne & Beresin, 2006; Delinsky, 2005; Groesz, Levine, & Murnen, 2002), namely that mass media exposure was related to body dissatisfaction and a decrease in body image. A few researchers, however, discuss conflicting evidence for media effects, specifically that some are harmed and some are not by ideal media images, and also that exposure to this type of media does not consistently produce negative feelings for women (Henderson-King, Henderson-King & Hoffman, 2001; Henderson-King & Henderson-King, 1997).

Some other authors have focused their discussion specifically on how advertisements and television influence body image. For instance, Hamilton, Mintz, and Kashubeck-West (2007) examined viewing either appearance related or non-appearance related magazine advertisements with body image. Participants who viewed the appearance related ads had a lower posttest body image than those who saw the non-appearance related advertisement. Hargreaves and Tiggemann (2002) conducted a very similar study in which they utilized appearance related and non-appearance related

television commercials, and found comparable results, noting that participants has more body dissatisfaction and that confidence was lower after viewing appearance related commercials. Different aspects of television and body image are examined in other studies. One researcher found that soap opera viewing was related to a drive for thinness (Tiggemann, 2005) and another found that watching black-oriented television (shows with mainly black casts) was related to greater body satisfaction (Schooler, 2008).

Several researchers advanced the connection between media images and cosmetic surgery, and investigated how exposure to ideal-body television images is related to approval of body alteration methods like cosmetic surgery. Harrison (2003, p. 261), for instance, found that "exposure to ideal-body television images was positively related to women's approval of breast surgery, liposuction...and [that] exposure to ideal-body television images significantly predicted men's approval of breast augmentation and liposuction" In a study by Henderson-King and Henderson-King (2005), researchers suspected that discontent with how you look was correlated with higher acceptance of cosmetic surgery. With this thought, they developed the Acceptance of Cosmetic Surgery Scale, or the ACSS (utilized in the present study). They found that the lower a person's physical appearance and social self-esteem were, the more likely the person was to be accepting of cosmetic surgery. The researchers also discuss how people's feelings of unhappiness with attractiveness are more related to external motivations (for instance the media images that we are constantly surrounded by) for cosmetic surgery than their internal feelings.

Researchers have also attempted to explain the rise in cosmetic surgery with external motivations. Sarwer and Crerand (2004) present the idea that cosmetic surgery is increasing because advertisements for the cosmetic procedures resemble fashion magazines and promise higher self-esteem and a brand new look. If images are presented to people in this manner, it might be reasonable to assume that those with lower body image would view this as an easy way to achieve a more enhanced, attractive version of themselves. Mazzeo, Trace, Mitchell, and Gow (2006) examined one reality television show's effect on self-esteem. In this study, women who watched the cosmetic surgery transformation show, *The Swan* (an extreme makeover program in which participants were given cosmetic surgery procedures and other extreme measures to look more attractive and were later judged as to who best achieved the swan-like transformation), had lower self-esteem afterward and reported that they felt more pressure from society and the media to have the ideal body. This suggests that viewing positive images of cosmetic surgery transformations might influence men and women to believe that they, too, need to alter their bodies and that society would be more accepting of them if they used cosmetic surgery to achieve that idealized body. Another television show, E!'s *Dr. 90210*, which features interviews with patients, showed detailed footage of surgery, and a before and after explanation of how the patient feels about their body, could have a substantial influence on how the show's viewers feel about their bodies. Viewing these positive results of cosmetic surgery could positively influence many peoples' beliefs about wanting to have surgery to change their *own* bodies. One might also postulate that watching a show about the negative outcomes of cosmetic surgery would influence

viewers to oppose cosmetic surgery. These postulations serve as the rationale and basis of the current research.

The main purpose of this study was to examine the effect that viewing positive and negative images of cosmetic surgery has on acceptance of cosmetic surgery. As this study examines the connections between pictures of cosmetic surgery and beliefs about one's body, the researcher hopes to add to the literature on the association between body image and acceptance of cosmetic surgery, and on the relationship between viewing pictures of cosmetic surgery and body image. The researcher hopes that these basic pictures of cosmetic surgery can generalize to the images we see daily in the media. In the past, researchers have examined acceptance of cosmetic surgery and body image, and also body image and viewing of media (television shows, commercials, and print advertisements), but never the three in collaboration. The present study was designed to look at the relationship between these three. This study was unique in that it included positive and negative before and after pictures of cosmetic surgery along with a scenario about that person to supplement the pictures. Adding this positive or negative scenario helps to clarify to the participant that the outcome is good or bad, and thus helps the researcher make a more direct connection between the positive versus negative scenario and acceptance of cosmetic surgery. The hypotheses were as follows: Hypothesis 1) Participants who view the positive pictures and scenario will be more accepting of cosmetic surgery, Hypothesis 2) Picture/scenario type (positive, negative, or control) will have an effect on body image, that the positive condition will negatively affect body image, Hypothesis 3) Body image scores and acceptance of cosmetic surgery scores will

be negatively correlated (lower body image score predicts higher ACSS score) and Hypothesis 4) Ethnicity and gender will have an effect on acceptance of cosmetic surgery, most likely that Caucasians will have lower body image than other ethnicities and in turn be more accepting of cosmetic surgery, and that women will have lower body image than men and have higher acceptance of cosmetic surgery scores.

Method

Participants

Participants were 299 students at a mid-sized southeastern university. Participants were between the ages of 18 and 60, with the majority of participants (84%) falling into the age range of 18-24. The participant sample consisted of 68% Caucasian, 11% African American, 8% Hispanic/Latino, 7% Asian/Pacific Islander, 2% Middle Eastern, 2% Other, and 1% Multiracial. Participants were 82% female and 17% male. Participation was completely voluntary and extra credit in psychology courses was given as compensation.

Design

The design was a quasi-experimental, between-subject design comparing three conditions: positive cosmetic surgery scenario and pictures, negative cosmetic surgery scenario and pictures, and a control condition. Participants' responses to the Acceptance of Cosmetic Surgery Scale, (ACSS, Henderson-King & Henderson-King, 2005), the

Body Parts Satisfaction Scale (BPSS, Berscheid, Walster & Bohrstedt, 1973), and the Physical Self-Description Questionnaire (PSDQ, Marsh, Richards, Johnson, Roche, & Tremayne 1994) were the dependent variables.

Materials

All questionnaires were completed using the online psychology research participation system, SONA, and the questionnaires were hosted through EFM Community on a Vovici Enterprise website, both of which were linked to the university and IRB approved.

Scenarios and pictures. Positive: Samantha was a beautiful child. The only imperfection she saw in herself was her large nose. She was always teased and made fun of. Kids even called her Toucan Sam. She grew to have very poor body image. When she turned eighteen, she decided to undergo a rhinoplasty (or nose job). The surgery was a complete success. Sam says it was a life altering experience that gave her confidence that she never imagined she could have. (See Figure 5 for corresponding positive picture.)

Negative: Samantha was a beautiful child. The only imperfection she saw in herself was her large nose. She was always teased and made fun of. Kids even called her Toucan Sam. She grew to have very poor body image. When she turned eighteen, she decided to undergo a rhinoplasty (or nose job). There were complications with the surgery and Sam's nose looks even worse than it previously did. Sam now feels much worse about herself than she did before the surgery and says that she wishes she never went through with it. (See Figure 6 for corresponding negative picture.)

Control: These participants complete only the body image scales, acceptance of cosmetic surgery scale, and demographics questionnaires with no pictures or scenarios.

Measures. All participants completed a demographics questionnaire that consisted of basic questions about age, gender, ethnicity, year in college, etc. The demographics questions were followed by one of the three conditions described previously, followed by the three main questionnaires. Participants first completed the Acceptance of Cosmetic Surgery Scale (Henderson-King & Henderson-King, 2005), which consists of 15 items using a 6-point Likert scale, describing feelings from strongly agree (5) to strongly disagree (0). Participants responded to items like, "It makes sense to have minor surgery rather than spending years feeling bad about the way you look" and "If I knew there would be no negative side effects of pain, I would like to try cosmetic surgery". A higher score reflects more acceptance of cosmetic surgery. The scale has 3 subscales: Intrapersonal, Social, and Consider. The Intrapersonal scale measures whether cosmetic surgery can offer inner benefits like improved body image or self-satisfaction. The Social dimension measures social reasons for considering cosmetic surgery and the Consider scale asks direct questions about whether the participant would actually consider having cosmetic surgery if it were possible for them. Henderson-King and Henderson-King (2005) showed that the ACSS has good internal reliability (.88), good test-retest reliability (.74), and good construct validity. For the current study, internal consistency estimates of reliability, Cronbach's alphas, were as follows: Acceptance of Cosmetic Surgery Scale was .94, ACSS Intrapersonal Subscale was .89, ACSS Social Subscale was .89, and ACSS Consider Subscale was .93.

Next, participants completed a portion of the Body Parts Satisfaction Scale (BPSS, Berscheid, Walster & Bohrstedt, 1973), which was the first 25 questions of the scale, measuring body satisfaction of each body part using a multiple choice answer ranging from extremely satisfied (1) to extremely dissatisfied (6). A lower score on the BPSS equates to a higher body image, whereas a lower score would mean a higher body image. The BPSS measures two underlying constructs, Satisfaction with Body and Satisfaction with Face. Petrie, Tripp, and Harvey (2002) report internal consistency data of Body (.89) and Face (.74), with a moderate correlation of .56, along with showing support for construct validity and concurrent validity. The internal consistency estimate of reliability for the Body Parts Satisfaction Scale in this study was a Cronbach's coefficient alpha of .92.

Next, the participants completed the Physical Self Description Questionnaire (PSDQ, Marsh, Richards, Johnson, Roche, & Tremayne, 1994). The PSDQ consists of 70 items on a 6- point Likert scale ranging from false (1) to true (6), with a higher score relating to a better view of one's physicality. The Physical Self-Description Questionnaire measures 10 aspects of physicality (one unique aspect of body image referring to what the body can do) and also global self-esteem. There are 11 subscales: Strength, Body Fat, Physical Activity, Endurance/Fitness, Sport Competence, Coordination, Health, Appearance, Flexibility, General Physical Self-Concept, and Self-Esteem. The PSDQ has demonstrated excellent reliability (.97 for the total test with subscales ranging from .81 to .93). Item-item correlation had at a mean of .52 (Fletcher & Hattie, 2004). For the current study, internal consistency estimates of reliability, the

Cronbach's alphas are as follows: Physical Self-Description Questionnaire is .92, PSDQ Health Subscale is .17, PSDQ Coordination Subscale is .91, PSDQ Physical Activity Subscale is .95, PSDQ Body Fat Subscale is .95, PSDQ Sport Competence Subscale is .97, PSDQ Self-Concept Subscale is .96, PSDQ Appearance Subscale is .02, PSDQ Strength Subscale is .73, PSDQ Flexibility Subscale is .70, PSDQ Endurance Subscale is .94, PSDQ Self-Esteem Subscale is .008.

Procedure

Students in university psychology classes gained access to the SONA research participation website by creating a user account and choosing the course for participation in which they wished to receive extra credit. After choosing the study entitled "Body Image and Cosmetic Surgery", they were linked to the EFM website. All participants first viewed an informed consent screen, which gave general information about the questionnaires that were to follow, gave contact information for the researcher, university counseling center, and university IRB. They were notified that by reading the informed consent and completing the following questionnaires, they were agreeing to participate in the study. The participants then completed the following in the order specified: demographics, viewing of a scenario and the before and after cosmetic surgery pictures (either positive, negative, or control-which did not include a scenario or pictures), Acceptance of Cosmetic Surgery Scale, Body Parts Satisfaction Questionnaire, and the Physical Self Description Questionnaire. The questionnaires were followed by a debriefing page, which completely explained the study in depth and included contact information of the researcher, IRB, and counseling center. Please note that all participants

received all of the questionnaires in the same, specific order as indicated above. This order was pre-determined because the researcher wished to ascertain the participants' acceptance of cosmetic surgery as influenced directly by the viewing of the pictures (either positive or negative, versus control), and then determine the body image/physicality after the participants had several minutes to reconcile their beliefs about their body with the pictures that they viewed.

Results

In order to get a clear picture of the main constructs, a few basic statistical techniques were employed. A preliminary descriptive statistics table was computed to display the means, standard deviations, minimum values, maximum values, and ranges of the relevant constructs in the present study (ACSS, BPSS, PSDQ, and all subscales of those measures). Please refer to Table 1. Next, a correlation matrix is presented with the main constructs of the study (Scenario/Picture Type, ACSS, BPSS, PSDQ, Intrapersonal subscale of ACSS, Social subscale of ACSS, and Consider Subscale of ACSS). Refer to Table 2. Significant findings are indicated with asterisks.

The researcher hypothesized that the participants who viewed positive pictures and read the positive scenario would be more accepting of cosmetic surgery (Hypothesis 1). A one-way analysis of variance was conducted to evaluate the relationship between picture/scenario type and acceptance of cosmetic surgery, and the researcher determined that the three conditions were not significantly different from each other in terms of acceptance of cosmetic surgery, $F(2, 296) = .84$, $MSE = 270.49$, $p = .43$, $\eta^2 = .01$, *n.s.*. Using the Acceptance of Cosmetic Surgery subscales, however, particularly the

Intrapersonal subscale, the one way ANOVA was significant $F(2, 296) = 3.79$, $MSE = 24.63$, $p < .05$, $\eta^2 = .03$. Please refer to Figure 1. The relationship between picture/scenario type and the Consider subscale was not significant $F(2, 296) = .13$, $MSE = 56.06$, $p = .88$, $\eta^2 = .00$, *n.s.* The relationship between picture/scenario type and the Social subscale was also not significant $F(2, 296) = .65$, $MSE = 36.67$, $p = .56$, $\eta^2 = .00$, *n.s.*.

The second hypothesis states that picture/scenario type (positive, negative, or control) would have an effect on body image, namely that the positive condition would negatively affect body image (Hypothesis 2). A one-way analysis of variance was conducted to examine the relationship between picture/scenario type and physicality as measured by the Physical Self-Description Questionnaire. The one-way ANOVA of picture/scenario type and the Physical Self-Description Questionnaire was significant $F(2,296) = 4.45$, $MSE = 1595.40$, $p < .01$, $\eta^2 = .03$. With this result, we can determine that participants that viewed the positive picture/scenario type had a significantly lower view of their physicality than the participants that viewed the negative picture scenario type, or participants in the control condition. Please refer to Figure 2. Subsequent ANOVA analyses were conducted to examine each of the eleven subscales of the Physical Self-Description Questionnaire with picture/scenario type. The ANOVAs for 4 of the 11 subscales were significant: Physical Activity $F(2, 296) = 3.54$, $MSE = 306.65$, $p < .05$, $\eta^2 = .02$, Sport Competenee $F(2, 296) = 3.03$, $MSE = 281.33$, $p < .05$, $\eta^2 = .02$, Strength $F(2, 296) = 3.39$, $MSE = 109.03$, $p < .05$, $\eta^2 = .02$, and Endurance $F(2, 296) = 3.16$, $MSE = 252.66$, $p < .05$, $\eta^2 = .02$. The ANOVA examining picture/scenario type and body image

as measured by the Body Parts Satisfaction Scale was not significant, though $F(2, 296) = .70$, $MSE = 284.56$, $p = .50$, $\eta^2 = .01$, *n.s.*.

With the third hypothesis, the researcher stated that body image scores and acceptance of cosmetic surgery scores would be negatively correlated. Specifically, a lower body image score would predict a higher ACSS score. A bivariate correlation was conducted to examine this relationship. The researchers specifically examined the correlations between acceptance of cosmetic surgery and body image, measured with the Body Parts Satisfaction Questionnaire and also physicality with the Physical Self-Description Questionnaire. Acceptance of cosmetic surgery was significantly correlated with physicality, as measured by the PSDQ, $r = -.25$, $p < .01$, and with body image, as measured by the BPSS $r = .38$, $p < .01$.

It was hypothesized that ethnicity and gender would have an effect on acceptance of cosmetic surgery (hypothesis 4). A multiple linear regression was conducted to evaluate this relationship, with gender, ethnicity, and age as predictors of cosmetic surgery acceptance. The combination of these three demographic measures was significantly related to acceptance of cosmetic surgery $R^2 = .05$, $F(3, 295) = 5.50$, $p < .01$. Both gender ($\beta = .19$, $p < .01$) and ethnicity ($\beta = .11$, $p < .05$) demonstrated significant effects for acceptance of cosmetic surgery scores, although age did not ($\beta = .07$, $p = .26$, *n.s.*). The sample multiple correlation coefficient $r = .23$ indicating that approximately 5% of cosmetic surgery acceptance can be accounted for by the combination of these three demographics measures. In addition, a one-way analysis of variance was conducted to assess the relationship between acceptance of cosmetic

surgery and gender. The ANOVA was significant, which indicated that acceptance of cosmetic surgery was significantly related to gender, $F(2, 296) = 6.01$, $MSE = 261.41$, $p < .01$, $\eta^2 = .04$. See Figure 3. Another analysis of variance was conducted to look at the relationship between acceptance of cosmetic surgery and ethnicity. This ANOVA was also significant, which indicated that ethnicity and acceptance of cosmetic surgery were significantly related, $F(2, 292) = 3.20$, $MSE = 258.73$, $p < .01$, $\eta^2 = .06$. See Figure 4. Tukey's post hoc test was computed to determine the specific differences between ethnicities, indicating that the mean score for the African Americans ($M = 43.59$, $SD = 17.16$) was significantly different than the mean score for the Caucasians ($M = 54.34$, $SD = 15.62$) where $p < .01$. All other post-hoc comparisons were non-significant. A one-way analysis of variance was conducted to assess the relationship between acceptance of cosmetic surgery and age, which was not significant $F(4, 294) = 2.29$, $MSE = 265.62$, $p = .06$, $\eta^2 = .03$, *n.s.*.

A multiple linear regression was also conducted to evaluate whether gender, ethnicity, and age group would have an effect on the Intrapersonal aspect of acceptance of cosmetic surgery. The combination of these three demographic measures was significantly related to the Intrapersonal subscale of the ACSS $R^2 = .03$, $F(3, 295) = 2.73$, $p < .05$. Ethnicity demonstrated significant effects for acceptance of cosmetic surgery ($\beta = .11, p < .05$) whereas age ($\beta = .07, p = .20$) and gender ($\beta = .10, p = .10$) did not. The sample multiple correlation coefficient was .16, indicating that approximately 3% of Intrapersonal Acceptance of Cosmetic Surgery can be accounted for by these demographic measures.

Discussion

The purpose of this study was to look at the relationship between viewing pictures of cosmetic surgery and acceptance of cosmetic surgery. The researcher hypothesized that participants who viewed the positive picture/scenario type would be more accepting of cosmetic surgery (hypothesis 1). The results showed that the Intrapersonal Subscale of the ACSS was significantly related to picture/scenario type. This makes sense in the present context because the participants that viewed the positive pictures and scenario had a higher Intrapersonal Acceptance of Cosmetic Surgery score, that is, that they saw the positive outcome of the cosmetic surgery transformation and felt internally accepting of the act of cosmetic surgery. Participants who saw something positive happen to Samantha, read that she felt better about herself, and therefore felt that they could accept the process of cosmetic surgery because it had *internal* benefits. The positive picture/scenario that the participant saw could be assumed to *only* be a social influence, but the accompanying scenario seems to tell of the positive benefits for Samantha's self-concept, not just to impress someone etc, relating to the Intrapersonal aspect we observed here. This finding is consistent with Henderson-King and Henderson-King's (2005) study in which they discuss participants reporting greater acceptance of cosmetic surgery for intrapersonal, rather than social, reasons. They assume this could be due to our Western, individualistic culture. This result shows support that people internalize their beliefs about the images they see on television etc., feeling bad about themselves without knowledge of the source (the media), and crave cosmetic procedures as a result.

The researcher also hypothesized about picture/scenario type and body image, specifically that those participants who viewed the positive picture and scenario would have a lower body image when tested. This relationship was significant when using the Physical Self-Description Questionnaire, used to measure the physicality aspect of body image, but not the Body Parts Satisfaction Scale. The connection between a lower physicality score (measured by PSDQ) and the positive scenario/condition might also be explained by social comparison. The happy conclusion to the scenario along with the favorable pictures might have influenced the participants to consider that their lives do not quite measure up to this ideal result, leading them to feel worse about their bodies afterward. The researcher did not find a significant result utilizing the Body Parts Satisfaction Scale, which probably indicates that the Physical Self-Description Questionnaire and the Body Parts Satisfaction scale measure different aspects of body image, as assumed. The Body Parts Satisfaction Scale only includes questions pertaining to how one feels about each individual body part and not how body parts can work together to make one feel as a whole, as the PSDQ does. The PSDQ measures many aspects of self-concept all relating directly to the body, including physical fitness and how one can move one's body and so forth. The researcher also observed significant relationships with picture/scenario type and the Sport Competence subscale, the Physical Activity subscale, the Strength subscale, and the Endurance subscale of the PSDQ. Results showed that those participants in the control condition (those that viewed no pictures or scenarios) had a higher/more positive view of their own sport competence, physical activity ability, strength, and endurance abilities. According to Richman and

Shaffer (2000), these four subscales of the Physical Self-Description Questionnaire might indicate how people feel about what they can *do* with their bodies, not just the outward attractiveness components assessed in typical body image measures. This is an exciting result to note because it signifies that viewing these cosmetic surgery picture results actually affected not only how one feels about how their body looks, but what they can *do* with their bodies. This result is surprising because pictures of cosmetic surgery outcomes are seemingly unrelated to how one might feel about their sport abilities or endurance issues (i.e., how far one might be able to run, or if sports are easy for you). Original hypotheses were based around body image as a singular issue, but these results indicate that physicality is entirely independent of body satisfaction. Further investigation is needed to examine this trend.

Working from hypothesis 3, a significant negative correlation was found between physicality and acceptance of cosmetic surgery (using the PSDQ) and body image (measured with the BPSS) and acceptance of cosmetic surgery. This finding adds support to what has been found in previous literature. Low body image has been found to be one of the main reasons someone might consider cosmetic surgery (Markey & Markey, 2009; Askegaard, Gertsen, & Langer, 2002).

The researcher also hypothesized that acceptance of cosmetic surgery might be predicted by gender, age, and ethnicity, and the results lend support to this. As Figure 3 indicates, females have higher levels of acceptance of cosmetic surgery than males. Women undoubtedly feel more pressure to look a certain way, which probably began with the desire for a smaller waist-to-hip ratio and other evolutionary motives as

previously discussed (Wade & Cooper, 1999; Markey, Tinsley, Ericksen, Ozer, & Markey, 2002). If women are feeling more pressure to look a certain way, they are most likely going to accept cosmetic surgery as an easy way to achieve that ideal. As the Tukey's comparison and Figure 4 shows, Caucasians (the majority of participants in this study) are more significantly more accepting of cosmetic surgery than African Americans. (Please note that the Middle Eastern, the Multiracial, and the Other groups are notably underrepresented in the present sample, which is most likely why they show such extreme levels of acceptance of cosmetic surgery.) As discussed in Schooler (2008) and Viladrich, Yeh, Bruning, and Weiss (2008), there are cultural differences between Caucasians, and African Americans and Hispanics. Caucasian women are often pressured to be thin with large breasts, whereas in other cultures, a larger waist-to-hip ratio is generally accepted and encouraged.

Relevance of the study

This study has definite implications for society as a whole. Extrapolating from these findings, one can generalize viewing pictures in these experiments to media images that America is exposed to every day. Viewing images such as these on television and in magazines, consequently affects women's and men's self-concept. As seen in Mazzeo, Trace, Mitchell, and Gow's study (2006), viewing cosmetic surgery transformations (either positive or negative) can affect body image and other aspects of self-concept. Watching a positive depiction of cosmetic surgery, one like E!'s *Dr. 90210*, will probably lead to more acceptance of cosmetic surgery at an internal level, such as the positive picture/scenario condition seen here. On the other side of the coin, watching those

cosmetic surgery horror stories on television will probably be related to lower acceptance of, and more negative intrapersonal feelings toward cosmetic surgery. In addition, the same body image effects that were observed in this study would probably exist in a real world setting too: people will compare themselves to the ideal images in the media and feel worse about their bodies.

Strengths/Limitations of the Study and Recommendations for Future Research

This study has a unique design, including positive and negative before and after pictures of cosmetic surgery along with a descriptive scenario to supplement the pictures. Adding the description helps to clarify to the participant that the outcome is good or bad, and thus promotes an understanding the benefits or drawbacks to cosmetic surgery. The large sample size of almost 300 participants assists in generalizing to our population as a whole. Also, using more than one measure of body image helps in the understanding that body image is probably affected at a more global level, including aspects like physicality (using the PSDQ) rather than just examining feelings about individual body parts (as in the BPSS).

There were few limitations to the current study. The current sample was not sufficiently representative of all ethnic groups and this could have slightly affected the results. Future studies could focus on making specific comparisons between ethnic groups in the areas of body image, the kind of scenario they are exposed to, and the impact on their acceptance of cosmetic surgery. The short time between viewing the pictures and scenario, and then responding to the body image and acceptance of cosmetic surgery measures might not have given the participants enough time to fully consider

their feelings about what they saw, and future studies could monitor that participants spend enough time to reflect on the scenarios and visual stimuli. Also, the researchers failed to address whether participants had personally undergone cosmetic surgery in the past. This one piece of information could have skewed the participants' view on cosmetic surgery and future research should control for this variable, or even compare groups of participants that have had cosmetic surgery, with those who have not.

In the future, a follow-up study might delve into more long-term exposure to these types of images. A longitudinal study in which participants watch either a positive or negative cosmetic surgery makeover television show over a period of a few weeks or a few months might find more stable results that would generalize to the population. Future research might also utilize other measures of body image to add support to the current findings.

The images of cosmetic surgery available to us, whether positive or negative, can affect whether deep inside, in our intrapersonal selves, cosmetic surgery is acceptable to us. Moreover, body image-feelings about the body as a whole, one's individual body parts, physical health of the body, and what we can do with our bodies-is affected by these images also, which is important for people in society to realize due to the media images that are streamed to us each and every day.

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Table 1.

Descriptive Statistics of Relevant Constructs.

Construct	Range	Minimum	Maximum	Mean	Std. Deviation
Total ACSS	75.00	15.00	90.00	52.5853	16.43786
Total BPSS	94.00	24.00	118.00	58.1237	16.85194
Total PSDQ	215.00	110.00	325.00	239.1873	40.40182
ACSS Intrapersonal Subscale	25.00	5.00	30.00	19.7157	5.00900
ACSS Social Subscale	25.00	5.00	30.00	14.2943	6.04849
ACSS Consider Subscale	25.00	5.00	30.00	18.5753	7.46559
PSDQ Health Subscale	25.00	12.00	37.00	21.2341	3.79315
PSDQ Coordination Subscale	29.00	7.00	36.00	26.1472	6.78864
PSDQ Physical Activity Subscale	31.00	5.00	36.00	20.6756	9.39255
PSDQ Body Fat Subscale	30.00	6.00	36.00	16.7224	9.28518
PSDQ Sports Competence Subscale	30.00	6.00	36.00	21.2943	9.69884
PSDQ General Physical Self-Concept Subscale	30.00	6.00	36.00	25.1873	7.73979
PSDQ Appearance Subscale	15.00	14.00	29.00	21.7090	2.73781
PSDQ Strength Subscale	25.00	6.00	31.00	20.8194	5.71946
PSDQ Flexibility Subscale	29.00	7.00	36.00	23.5686	5.51245
PSDQ Endurance Subscale	30.00	6.00	36.00	19.5552	9.00407
PSDQ Self-Esteem Subscale	24.00	13.00	37.00	22.2742	3.03199

Table 1.

Table 2.

Correlation Matrix of Relevant Constructs.

Construct		Condition	PSDQ	Intra-personal Subscale	Social Subscale	Consider Subscale
Condition	Pearson Correlation	1	.161**	-.125*	-.059	-.029
	Sig. (2-tailed)		.005	.031	.308	.615
	N	299	299	299	299	299
PSDQ	Pearson Correlation	.161**	1	-.215**	-.232**	-.221**
	Sig. (2-tailed)	.005		.000	.000	.000
	N	299	299	299	299	299
Intra-personal Subscale	Pearson Correlation	-.125*	-.215**	1	.650**	.650**
	Sig. (2-tailed)	.031	.000		.000	.000
	N	299	299	299	299	299
Social Subscale	Pearson Correlation	-.059	-.232**	.650**	1	.717**
	Sig. (2-tailed)	.308	.000	.000		.000
	N	299	299	299	299	299
Consider Subscale	Pearson Correlation	-.029	-.221**	.650**	.717**	1

	Sig. (2-tailed)	.615	.000	.000	.000	
	N	299	299	299	299	299
BPSS	Pearson Correlation	-.069	-.513**	.249**	.400**	.349**
	Sig. (2-tailed)	.237	.000	.000	.000	.000
	N	299	299	299	299	299
ACSS	Pearson Correlation	-.073	-.251**	.839**	.892**	.916**
	Sig. (2-tailed)	.208	.000	.000	.000	.000
	N	299	299	299	299	299

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 2.

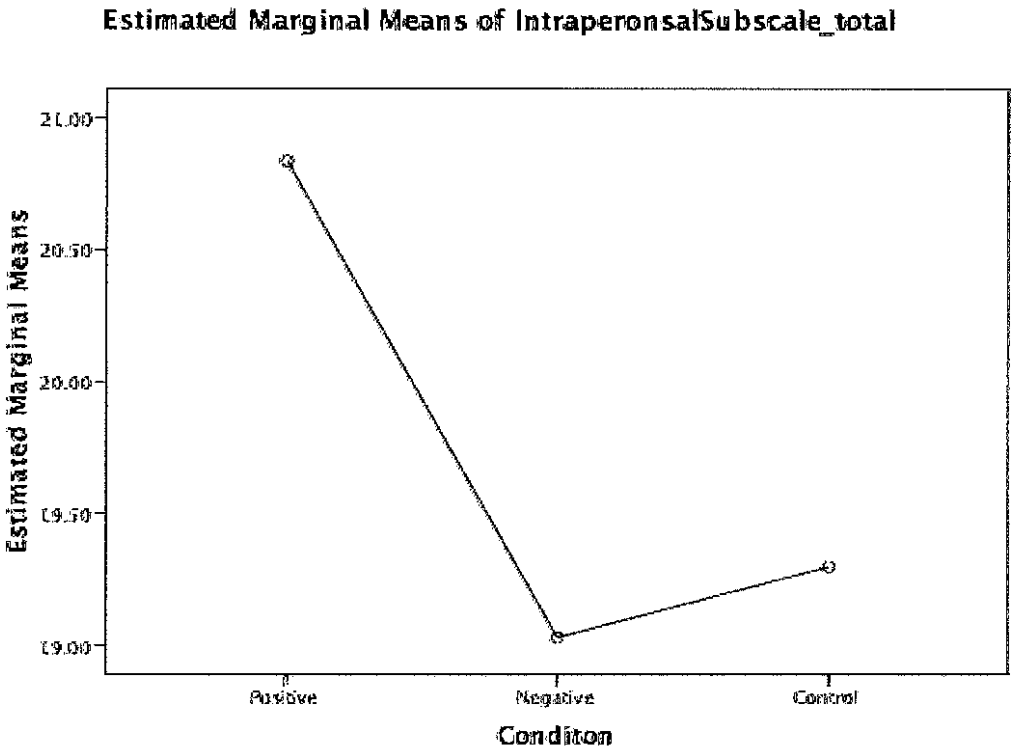

Figure 1. Profile Plot of Condition (Picture/Scenario Type) as a Function of Intrapersonal Acceptance of Cosmetic Surgery.

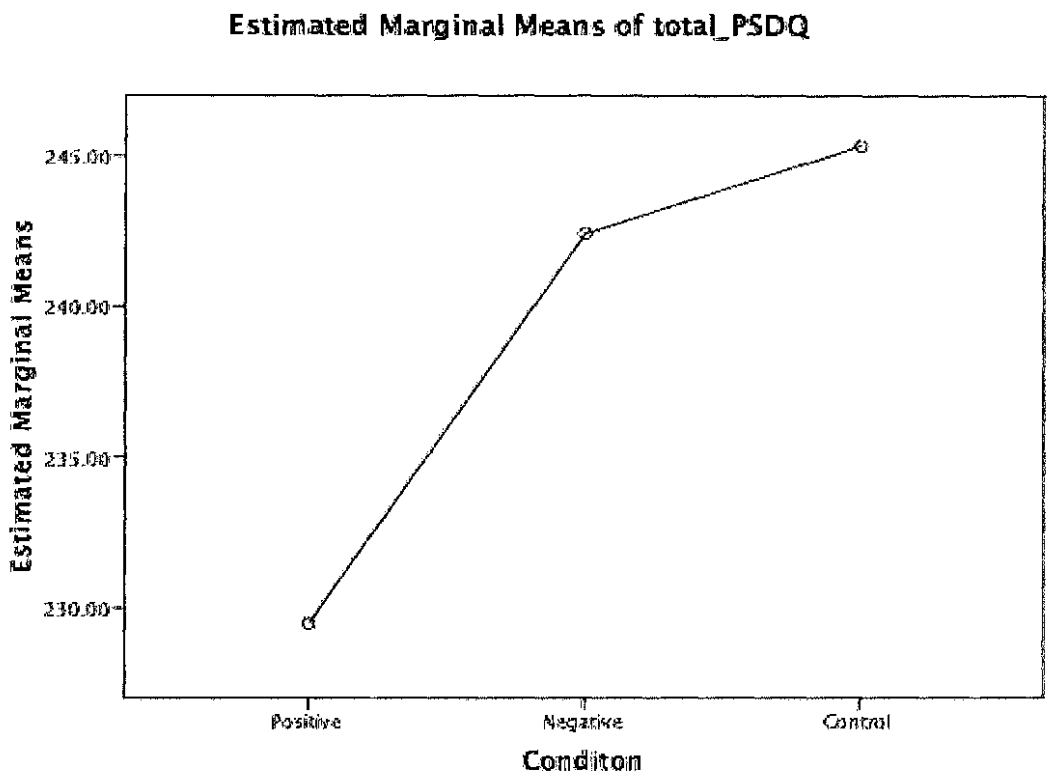

Figure 2. Profile Plot of Condition (Picture/Scenario Type) as a Function of Body Image As Measured by the Physical Self-Description Questionnaire.

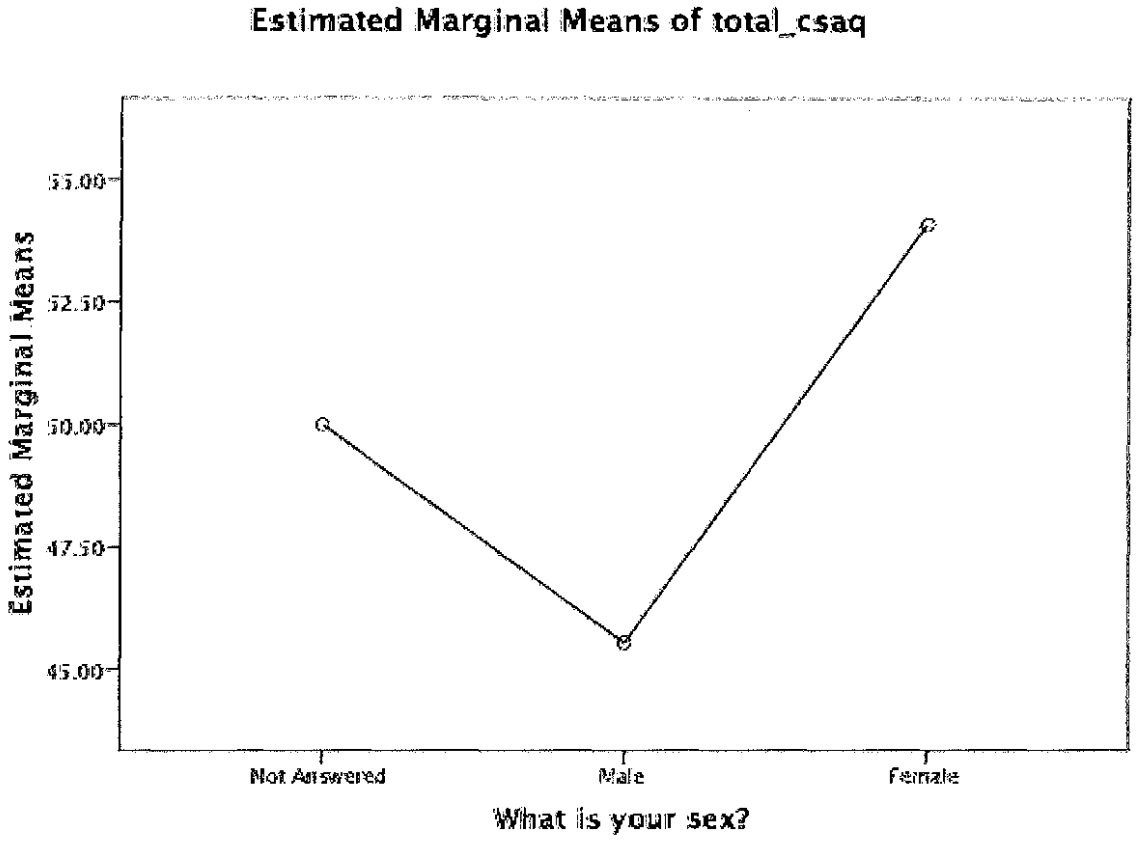

Figure 3. Profile Plot of Sex/Gender as a Function of Total Acceptance of Cosmetic Surgery

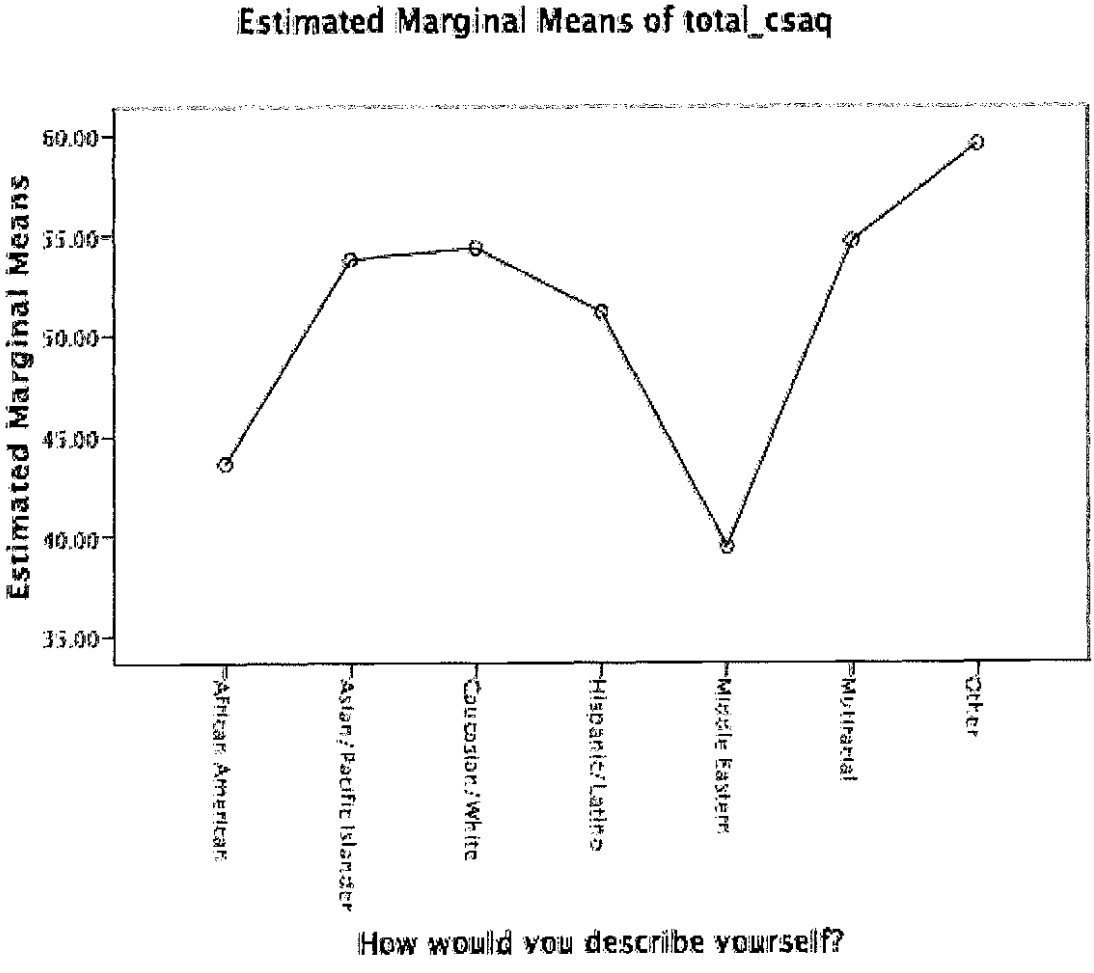

Figure 4. Profile Plot of Ethnicity (%) as a Function of Acceptance of Cosmetic Surgery.

Figure 5. Positive Picture Set.

Figure 6. Negative Picture Set.

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