MATERIALISM, SOCIOCULTURAL APPEARANCE MESSAGES, AND PATERNAL ATTITUDES PREDICT COLLEGE WOMEN’S ATTITUDES ABOUT COSMETIC SURGERY

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Rates of cosmetic surgery procedures have increased dramatically over the past several decades, but only recently have studies of cosmetic surgery attitudes among the general population begun to appear in the literature. The vast majority of those who undergo cosmetic surgery are women. We examined cosmetic surgery attitudes among 218 undergraduate women, most of whom were White. Specifically, we examined their acceptance of cosmetic surgery and expressed desire to undergo cosmetic surgery procedures, and several potential predictors: appearance attitudes of mothers, fathers, and friends; awareness and internalization of sociocultural appearance messages; and materialism. Multiple regression analyses indicated that materialism and internalization of sociocultural messages consistently emerged as significant predictors of acceptance of cosmetic surgery and desire for cosmetic surgery procedures. Paternal attitudes positively predicted acceptance of cosmetic surgery for social reasons and desire for cosmetic surgery; nonmaterialism negatively predicted considering cosmetic surgery and the desire for cosmetic surgery procedures.

Cosmetic surgery is a highly gendered activity (Dull & West, 1991). Women are more likely to consider having cosmetic surgery (Henderson-King & Henderson-King, 2005), and although rates are increasing for men, women continue to significantly outnumber men in the patient population (American Society of Plastic Surgeons, 2008). Most psychological research related to cosmetic surgery has focused on individuals’ psychological candidacy for cosmetic surgery procedures and their response to surgical outcomes. More recently, psychologists have begun to study cosmetic surgery attitudes among the general public and to develop an understanding of the factors that predict such attitudes. In this article, we focus specifically on cosmetic surgery attitudes among women. We extend what is currently known about predictors of such attitudes by examining the relationships between cosmetic surgery attitudes and appearance-related attitudes of close others, the internalization of broader sociocultural messages about appearance, and materialist aspirations.

Decades of work by feminist social scientists, philosophers, and social critics have documented the social pressures for physical attractiveness on girls and women (e.g., Adams & Crossman, 1978; Bartky, 1990; Brumberg, 1997; Fallon, 1990; Faludi, 1991; Freedman, 1986; Wolf, 1991). More than is the case for men, women and girls are socialized to attend to and enhance their physical appearance and are evaluated by others on the basis of their attractiveness. Thus, activities designed to enhance appearance are highly gendered, as is the motivation to engage in them. Based in part on the work of Bartky (1990), Fredrickson and Roberts (1997) developed objectification theory to articulate how girls and women come to objectify their own bodies as a result of gendered socialization and to explicate some of the psychological implications of self-objectification. Women internalize the objectified gaze that they encounter in their interactions with others and in media images of women’s bodies and, consequently, learn to relate to their bodies as objects and to closely monitor the appearance of their bodies. Moreover, when women’s bodily experience is characterized by objectification and surveillance, heightened susceptibility to anxiety about appearance and to body shame are likely.
According to Bartky (1990), objectification is likely to result not only in the tendency to monitor the body and its various parts, but also in behaviors designed to enhance attractiveness. The gaze of “the Other” (de Beauvoir, 1953) can manifest itself as the gaze of an important figure in a woman’s life (e.g., a parent or a romantic partner), or it may represent what Bartky (1982) refers to as the fashion-beauty complex: the extensive network of corporations, media conglomerates, celebrities, and techniques that together create and support an ideology of feminine beauty and narcissism. Though the apparent goal of the fashion-beauty complex is to glorify the female body and to provide women with the tools they need to maximize their beauty potential, one actual effect is that women are made to feel deficient and in constant need of improvement. Thus, the female body becomes not only an object, but also a project, an object to be worked upon (see Brumberg, 1997, for an historical analysis of how girls and young women have come to view their bodies as personal projects). Because the external gaze of the Other is internalized, women become their own bodily disciplinarians (Bartky, 1988), taking it upon themselves to learn and utilize a wide variety of techniques that promise the achievement of feminine beauty (e.g., Bartky, 1990; Crossley, 2005; Freedman, 1986). Accordingly, compared to men, women in contemporary Western societies spend much more time attending to their bodies, and to specific parts of their bodies, and engaging in techniques designed to improve their appearance. For example, Western women change their hair color, remove body hair, diet and exercise to sculpt their bodies, go to tanning salons to achieve the glow of a suntan, and use anti-wrinkle creams to counteract the aging effects of exposure to sunlight and tanning booth lights. In addition, women are much more likely than men to undergo cosmetic surgery.

Although the practice of cosmetic surgery initially was developed largely in response to the reconstructive needs of wounded male soldiers (Gilman, 1999; Haiken, 1997), it is now constructed primarily as a feminine pursuit (Davis, 1995; Davis, 2003; Dull & West, 1991; Morgan, 1991). According to the most recent available statistics, women constitute the vast majority of cosmetic surgery patients (American Society of Plastic Surgeons, 2008). In the year 2007, women made up approximately 90% of all cosmetic surgery patients in the United States and were thus much more likely than men to face the health risks associated with any surgical procedure. Breast augmentation was the most popular procedure in 2007 (347,524 procedures, a 64% increase since 2000). Among minimally invasive procedures, the most popular for women was Botox injections (4,329,150 procedures, an increase of 525% since 2000).

Henderson-King and Henderson-King (2005) have distinguished between two broad motives regarding cosmetic surgery: social motives and intrapersonal motives (for a discussion of social and intrapersonal factors related to the psychology of appearance more generally, see Cash, 1987; Cash & Fleming, 2002; Cash, 2002). Sociocultural messages about the importance of attractiveness often emphasize the social and material gains to be had by enhancing attractiveness; indeed, there is a great deal of evidence that attractive individuals accrue financial and social benefits (Langlois et al., 2000). Thus, one motive for undergoing cosmetic surgery might be to enhance one’s attractiveness in the eyes of others to improve one’s social and career prospects. Another motive for improving appearance is relatively intrapersonal. Decisions are frequently motivated by self-esteem needs (e.g., see Kunda, 1990), and feeling better about oneself is a commonly stated reason to engage in a variety of appearance-enhancing practices, including cosmetic surgery. Thus, people may choose to have cosmetic surgery in order to enhance their self-esteem or diminish psychological suffering. We acknowledge that social and intrapersonal motives for cosmetic surgery, as for other behaviors, may coexist and interact. For example, feeling unattractive in the eyes of important others could have a negative impact on self-esteem, and an individual might undergo cosmetic surgery to address one or the other of these concerns, or both simultaneously. Indeed, social and intrapersonal motives may be difficult, if not impossible, to disentangle completely. However, these two basic motives are conceptually distinct, and evidence from people seeking cosmetic surgery indicates that intrapersonal concerns (e.g., wanting to alleviate body dissatisfaction or enhance one’s self-image) and social concerns (e.g., wanting to appear more attractive to one’s partner or look younger for social or business reasons) both contribute to the desire to have cosmetic surgery (e.g., Davis, 1995; Puzinisky & Edgerton, 1990). We contend that acceptance of cosmetic surgery may depend, in part, on perceptions of the motivations to have it. For instance, an individual may be more accepting of someone’s decision to have cosmetic surgery when they believe it was undertaken to diminish suffering than when they think it was an attempt to gain the social rewards associated with attractiveness.

Given gender differences in the rates of actual cosmetic surgery procedures, it is not surprising that women are more likely than men to consider having cosmetic surgery (Henderson-King & Henderson-King, 2005; 2008). Interestingly though, women are not more accepting of the practice of cosmetic surgery for social reasons or for intrapersonal reasons than are men (Henderson-King & Henderson-King, 2005; 2008). To date, very little research has been conducted on the predictors of cosmetic surgery attitudes. However, previous research has shown that women are generally more accepting of cosmetic surgery if attractiveness is important to them (Henderson-King & Henderson-King, 2008), if appearance is a contingency of their self-worth (Delinsky, 2005), and if they fear becoming unattractive (Henderson-King & Henderson-King, 2005). Henderson-King and Henderson-King (2008) also found that women’s attitudes about cosmetic surgery were positively correlated with their attitudes about the use of makeup. Our intention in the current research is to
further examine the predictors of women’s cosmetic surgery attitudes.

**Appearance-Related Attitudes of Close Others**

The degree to which girls and women internalize social standards of attractiveness should be related to attitudes about their appearance in general (Bartky, 1990; Fallon & Bozin, 1985; Fredrickson & Roberts, 1997) and, we think, to attitudes about cosmetic surgery. One mechanism through which the internalization of standards of attractiveness is likely to happen is through the influence of close others, such as mothers, fathers, and friends. Parents and friends transmit messages about the importance of physical attractiveness through their own appearance-related attitudes and behaviors and through appearance-focused conversations and commentary (Thompson, Heinberg, Altabe, & Tanleff-Dunn, 1999). These appearance subcultures provide a critical context for the development of girls’ and young women’s attitudes about their own physical appearance. Negative body evaluations and attempts to lose weight to better conform to societal standards of thinness have been linked to the attitudes and actions of parents (Leung, Schwartzman, & Steiger, 1996; Smolak, Levine, & Schermer, 1999) and peers (Dohnt & Tiggeman, 2006; Jones, 2004; Jones, Vigfusdottir, & Lee, 2004) in girls as young as elementary school age. Although no research to date has examined parental and peer influences on cosmetic surgery attitudes, family influences are related to intentions to suture, an activity aimed at improving physical appearance that, like cosmetic surgery, carries a health risk (Cafri et al., 2006). We expected that the more that women’s parents and friends focused on physical appearance, the more positive women would be toward cosmetic surgery.

**Sociocultural Appearance Messages**

Another vehicle through which girls and women internalize social standards of attractiveness is via media representations of women and other media messages about attractiveness. Such internalization begins in childhood (Murnen, Smolak, Mills, & Good, 2003), but, of course, continues beyond these formative years (Cassumano & Thompson, 1997; Morry &aska, 2001). Previous research has provided evidence that being exposed to messages emphasizing female attractiveness can result, at least for some girls and women, in lower levels of body-esteem and body satisfaction (Clark & Tiggeman, 2006; Henderson-King, Henderson-King, & Hoffman, 2001; Henderson-King & Henderson-King, 1997; Jones et al., 2004; Morry & Saska, 2001). Moreover, women who are exposed to appearance-related messages and those who internalize such messages are at greater risk of eating disorders (Snyder, 1997; Stice & Shaw, 1994; Tylka & Hill, 2004). Previous research also indicates that women who have been exposed to televised ideal-body images are more likely to say they would engage in a variety of methods to alter their body shape and size, including wearing either a padded or minimizing bra to create the illusion of having an ideal breast size; they are also more likely to say they would have liposuction and breast surgery to more permanently change their bodies (Harrison, 2003). In the current study, we examined the degree to which women had internalized sociocultural messages about attractiveness. We expected to find that the internalization of social standards of attractiveness would predict more positive attitudes toward cosmetic surgery.

**Materialism**

In her articulation of women’s bodily experience, Bartky (1982) asserts that it is capitalist patriarchy in which the fashion-beauty complex is rooted; thus, it is not just sexism, but also capitalism that underlies Western women’s alienation from their own bodies. Capitalism relies on the creation of a consumer culture and consumptive behavior to produce profits that maintain the system. Thus, Western women’s objectified body consciousness occurs within a larger context that profits from the sale of goods and services designed to meet needs that are created by the system itself. By promoting a view of the female body as both an object and a project, capitalist patriarchy fosters a consumer culture in which the body itself, in addition to the products and services that can increase the value of the body, becomes a commodity. Of course, individuals differ in the degree to which they subscribe to the materialist values that a consumer culture promotes, and it is to these individual differences that we turn our attention next.

Though the denial of material pleasures may be psychologically unhealthy (Belk, 1986) and the pursuit of materialist goals may not be necessarily good or bad (Deci & Ryan, 1985), there is a great deal of evidence that materialist values are associated with poorer psychological outcomes (Deci & Ryan, 1985; Kasser, 2002; Richins & Dawson, 1992). According to Kasser and Ryan (1996) and Kasser (2002), materialist values are exhibited in aspirations toward financial success, high social status, and appealing physical appearance. To the extent that individuals pursue materialist aspirations, rather than more intrinsic, nonmaterialist aspirations such as self-acceptance, relationships, and a sense of community, the lower they are on various measures of mental health, including subjective well-being. Why would this be so? Kasser (2002) makes the case that the satisfaction of achieving materialist goals is likely to be impermanent. Highly materialist individuals are likely to cycle through feelings of dissatisfaction and yearning that they try to ameliorate with the purchase of consumer goods. People buy what they assume will make them happy, but once the novelty and excitement of the purchase has worn off and the goods themselves become dated, they begin to once again yearn for something more. We contend that materialist individuals are likely to relate to their bodies as they might relate to other objects. Thus, the allure of new products and techniques for altering one’s appearance may
be more appealing to those who have a materialist, rather than nonmaterialist, orientation. We expected that women with strong materialist values would be more positive toward cosmetic surgery.

**Overview**

We surveyed undergraduate women and examined their attitudes about cosmetic surgery. In addition to examining the inclination to have cosmetic surgery, we were interested in individuals’ general acceptance of cosmetic surgery based on social and intrapersonal motives. Thus, in this study, four cosmetic surgery attitude variables were under consideration: acceptance of cosmetic surgery for intrapersonal reasons, acceptance of cosmetic surgery for social reasons, the degree to which respondents would consider having cosmetic surgery themselves, and the desire for cosmetic surgery procedures. We also considered several variables that we expected would positively predict such attitudes: women’s assessments of the appearance-related attitudes of close others, sociocultural messages about appearance, and materialist aspirations. In contrast, we expected that nonmaterialist aspirations would be a negative predictor of all the cosmetic surgery variables. Our intention was to examine the combined effects of the predictor variables. Moreover, because body weight is a source of dissatisfaction for many women (Rodin, Silberstein, & Striegel-Moore, 1984), we also controlled for body mass index (BMI).

**METHOD**

**Participants**

Participants were 218 female undergraduate students who were fulfilling a research requirement in their introductory Psychology course. Participants ranged in age from 17 to 26; the mean was 18.4 (SD = 1.23). The majority of participants (86%; n = 187) identified themselves as White, 7% (n = 15) identified as African American, 2% (n = 4) identified as Latina, 2% (n = 4) identified as Asian American, and 4% (n = 8) identified as other than any of these (percentages add to over 100% due to rounding). Only three of the young women in this sample had undergone a cosmetic surgery procedure. Analyses were conducted both with and without these participants; because there was no difference in the findings when these three participants were not included, we chose to include all of the participants.

**Materials and Procedure**

Questionnaires were completed in group sessions that typically included 10 to 20 participants. Questionnaires included measures of demographic variables such as age and race, and each of the following.

**Cosmetic surgery attitudes.** The Acceptance of Cosmetic Surgery Scale (ACSS), developed by Henderson-King and Henderson-King (2005), was used as a measure of attitudes toward cosmetic surgery. The scale includes 15 items that constitute three 5-item subscales: Intrapersonal, Social, and Consider. The Intrapersonal subscale measures how much individuals accept cosmetic surgery as a way for people (themselves and others) to achieve greater personal satisfaction or to ameliorate appearance-related psychological distress. A sample item of the Intrapersonal subscale is: “If cosmetic surgery can make someone happier with the way they look, then they should try it.” The Social subscale measures how much individuals accept cosmetic surgery as a way for people to enhance their social lives and career opportunities. Sample items are: “If it would benefit my career I would think about having cosmetic surgery” and “I would seriously consider having cosmetic surgery if my partner thought it was a good idea.” The Consider subscale assesses how much participants would consider having cosmetic surgery themselves. A sample item is: “I have sometimes thought about having cosmetic surgery.” The ACSS uses a response scale that ranges from 1 (disagree a lot) to 7 (agree a lot). Mean scores for each subscale were obtained so that higher scores reflected stronger acceptance of cosmetic surgery. Previous research has demonstrated convergent and discriminant validity of the ACSS, as well as good internal reliability (Cronbach’s alphas ranged from .84 to .95 for the three subscales across four studies) and test-retest reliability (see Henderson-King & Henderson-King, 2005, for further detail). In the current sample, Cronbach’s alpha coefficients were .87 for Intrapersonal, .83 for Social, and .92 for Consider.

**Desired cosmetic surgery procedures.** Participants were asked if they would like to have a variety of cosmetic surgery procedures, including rhinoplasty, eyelid/eye lift, breast reduction, breast augmentation, breast reconstruction, tummy tuck, liposuction, facelift, hair implants, and dermabrasion/facial peel. In addition, they were asked if they would like any other procedures and, if so, to specify those procedures. To quantify the desire for cosmetic surgery, we calculated the total number of procedures in which participants reported interest. Scores in this sample ranged from 0 to 7.

**Maternal, paternal, and friends’ appearance-related attitudes.** We developed eight items to measure mothers’ emphasis on weight and physical appearance, both personally and with respect to their daughters, during the daughter’s formative years. Sample items include “My mother stressed the importance of wearing fashionable clothes” and “My mother encouraged me to diet,” in reference to the time period in which the respondent was growing up. A 5-point response scale was used, ranging from 1 (never) to 5 (always). A Maternal Attitudes scale score was obtained by calculating the mean across the 8 items, with higher scores indicating mothers’ greater emphasis on appearance. Paternal attitudes were assessed by substituting “father” for
Attitudes About Cosmetic Surgery

“mother” in each of the 8 items and by changing the item to be gender appropriate. For example, “My mother applied makeup before leaving the house” was changed to “My father checked his appearance before leaving the house.” In addition, we developed 9 items to assess appearance-related activities and emphasis among respondents’ friends. Sample items include “My friends comment on my appearance often” and “My friends spend a great deal of time getting ready to go out.” Items are rated on a 5-point scale, with response options ranging from 1 (completely disagree) to 5 (completely disagree). The items were averaged to calculate a Friends’ Attitudes scale score, with higher scores indicating friends’ greater appearance emphasis. Internal consistencies for the current sample demonstrated good internal reliability for the Maternal (alpha = .80), Paternal (alpha = .79), and Friends’ (alpha = .83) Attitudes scales.

Sociocultural appearance messages. The Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ) developed by Heinberg, Thompson, and Stormer (1995) was also administered. The SATAQ assesses the degree to which respondents: (a) are aware of the societal emphasis on physical appearance and (b) internalize current societal standards of physical appearance. Thus, there are two subscales: A sample item for the 6-item Awareness subscale is “People think that the thinner you are, the better you look in clothes,” and a sample item for the 8-item Internalization subscale is “I tend to compare my body to people in magazines and on TV.” Response options for the SATAQ range from 1 (completely disagree) to 5 (completely agree), and we calculated the mean score across items for each subscale so that higher scores are interpreted as stronger awareness and internalization. Cronbach’s alpha coefficients for the current sample were .66 for Awareness and .90 for Internalization.

Materialism. The Aspiration Index (Kasser & Ryan, 1996; Kasser, 2007) was designed to assess both extrinsic (i.e., materialist) and intrinsic (i.e., nonmaterialist) aspirations. It measures seven categories (5 items per category) of aspirations; three of these (financial success, social recognition, and attractive appearance) are extrinsic in nature, and three (self-acceptance, affiliation, and community feeling) are relatively intrinsic. The seventh category in this version of the Aspiration Index is physical fitness, but this does not load clearly on either the intrinsic or extrinsic factors and is not included in our analyses. The full Aspiration Index asks respondents to indicate the personal importance of each of 35 life goals as well as the likelihood of achieving and degree to which they have already achieved each goal; however, administration and analysis of components of the scale is flexible. We used an abbreviated version of the index, asking participants to rate only the importance of these 35 life goals using the standard 7-point response format (1 = not at all; 4 = moderately; 7 = very). We obtained mean scores across the three extrinsic categories as a measure of Materialism and across the three intrinsic categories as a measure of Nonmaterialism. Cronbach’s alphas were .89 for items measuring Materialism and .79 for items measuring Nonmaterialism.

BMI. We used participants’ reports of their height and weight to calculate BMI (kg/m²) scores for each individual.

RESULTS

Table 1 presents means and standard deviations for all variables. Pearson correlations for all predictor and outcome variables are also in Table 1. With regard to the desired number of cosmetic surgery procedures, the total number of desired procedures for each participant served as one of the key outcome variables. However, we also examined the level of interest in specific procedures. Three procedures were desired by more than 10% of the participants: 26 participants (11.9%) said they would like to have breast augmentation; 26 (11.9%) said they would like to have dermabrasion/facial peel; 31 (14.2%) said they would like to have liposuction.

We conducted four linear multiple regression analyses with the ACSS Intrapersonal, Social, and Consider subscales and the number of surgical procedures desired as the dependent variables. In each analysis, we included Maternal Attitudes, Paternal Attitudes, Friends’ Attitudes, SATAQ Awareness, SATAQ Internalization, and Materialism and Nonmaterialism as predictor variables. In addition, we controlled for body weight by including BMI. All variables, including BMI, were entered simultaneously. Regression results are presented in Table 2.

Acceptance of Cosmetic Surgery for Intrapersonal Reasons

Regression results indicated that SATAQ Internalization and Materialism positively predicted scores on the Intrapersonal subscale of the ACSS. Thus, the more women internalized societal standards of attractiveness and the more materialist they were, the more accepting they were of the use of cosmetic surgery for internal psychological reasons.

Acceptance of Cosmetic Surgery for Social Reasons

SATAQ Internalization and Materialism also positively predicted scores on the Social subscale of the ACSS, indicating that the more women internalized societal standards of attractiveness and the more they pursue materialist goals, the stronger is their acceptance of cosmetic surgery as a way of enhancing social and career prospects. Paternal Attitudes also predicted Social scores; the more appearance focused their fathers were, the more women accepted cosmetic surgery for social reasons.
## Considering Cosmetic Surgery

SATAQ Internalization and Materialism both positively predicted scores on the Consider subscale of the ACSS, indicating that women who internalize sociocultural messages of attractiveness and those who pursue materialist goals are more likely to consider having cosmetic surgery themselves. BMI was also a positive predictor; heavier women were more likely to say they would consider having cosmetic surgery. In addition, Nonmaterialism negatively predicted Consider scores, that is, the more nonmaterialist women were, the less likely they were to consider having cosmetic surgery.

### Desired Procedures

SATAQ Internalization and Materialism were positive predictors of the number of cosmetic surgery procedures women said they would like to have. Paternal Attitudes and BMI were also positive predictors, indicating that the more appearance-focused their fathers were, and the heavier they were, the greater number of cosmetic surgery procedures the participants said they would like to have. Nonmaterialism was a negative predictor of the number of desired procedures; thus, women who reported pursuing nonmaterialist goals expressed a desire for fewer cosmetic surgery procedures.

### Summary of Regression Findings

Women who were higher on internalization and materialism were more likely to accept cosmetic surgery for intrapersonal reasons and for social reasons, to consider having cosmetic surgery, and to report a desire for more cosmetic surgery procedures. In addition, women who reported higher levels of appearance focus in their fathers were more accepting of cosmetic surgery for social reasons and expressed a desire for more cosmetic surgery procedures. Participants who scored higher on nonmaterialism were less likely to consider having cosmetic surgery and reported an interest in fewer cosmetic surgery procedures. Finally, heavier women were more likely to consider having cosmetic surgery, and they reported wanting a higher number of cosmetic surgery procedures.

## DISCUSSION

Findings from this study demonstrate that internalization of social standards of attractiveness is also related to acceptance of the use of surgical techniques designed to enhance attractiveness. Regression analyses indicate that women who had internalized societal standards more were more accepting of cosmetic surgery for both intrapersonal and social reasons. Furthermore, they were more likely to consider having cosmetic surgery, and they reported desiring a higher number of cosmetic surgery procedures. However, awareness of sociocultural messages did not emerge as a
predictor of any of the cosmetic surgery variables. Thus, it seems that women who are aware of messages about the importance of attractiveness vary in the degree to which they internalize those messages. Awareness could be linked to heightened sensitivity for some women, but inoculation or resistance for others. What appears to be important in the acceptance of cosmetic surgery is whether women believe in and accept the content of the sociocultural messages. We also note, though, that the internal reliability of the SATAQ Awareness subscale was low (.66), thus mitigating its potential to predict the outcome variables.

The findings regarding parental attitudes reveal that reports of their fathers’ appearance-related attitudes predicted the degree to which women accepted cosmetic surgery for social reasons and also the number of cosmetic procedures they desired. Perhaps, relative to the messages that young women receive from their mothers, fathers’ modeling and encouragement of attention to appearance is interpreted as a more accurate indicator of the importance of appearance in the real world (i.e., to male romantic partners and employers). That cosmetic surgery attitudes are related to fathers’ appearance attitudes is partially supported as well by research demonstrating a relationship between parental attitudes and other appearance-related factors, such as body satisfaction and weight-related attitudes and behaviors (van den Berg, Thompson, Oremuski-Brandon, & Coover, 2002; Wertheim, Martin, Prior, Sanson, & Smart, 2002). Moreover, consistent with the current findings, a recent study found a unique role for fathers in influencing daughters’ preoccupation with thinness (Agras, Bryson, Hammer, & Kraemer, 2007). It is also notable that fathers’ attitudes are positively related to acceptance of cosmetic surgery for social reasons, but not for intrapersonal reasons. It may be that, in their relationships with their daughters, fathers who transmit messages about the importance of physical appearance tend to do so in a way that highlights the extrinsic rewards that attractiveness can draw. In doing so, fathers may be attempting to enhance their daughters’ social capital, but at the same time they may be (intentionally or not) increasing the likelihood that their daughters will look to cosmetic surgery as a way to achieve this goal.

Interestingly, appearance attitudes among participants’ friends did not predict attitudes about cosmetic surgery. This finding may be explained by the fact that we examined the predictive power of attitudes of current friends, whereas research showing a relationship between friends’ appearance culture and individual body attitudes or dieting behaviors has focused on preadolescents and adolescents (e.g., Clark & Tiggemann, 2006; Jones et al., 2004) or has used retrospective reports of peer influences during those years (van den Berg et al., 2002). Perhaps peer influences in young adulthood are less important for fostering appearance attitudes than the peer cultures women participate in before they reach college. Alternatively, it could be that friends’ attitudes specifically about cosmetic surgery may be better predictors of young women’s acceptance of cosmetic surgery than the more general construct of friends’ appearance focus. The role of preadolescent peer culture, as well as that of friends’ attitudes specifically about cosmetic surgery, should be addressed in future studies.

There is now a substantial literature demonstrating that weight dissatisfaction is normative among women. Women, even when they are normal in weight, are motivated to lose weight, and heavier women tend to be least satisfied with their bodies (Connor-Greene, 1988; e.g., see Rodin et al., 1984). A recent comparison of men and women who wanted to lose weight found that women use more weight loss strategies, such as dieting, using laxatives, and purging, than their male counterparts (Kashubeck-West, Mintz, &

### Table 2

Results of Regression Analyses for Predicting Intrapersonal, Social, and Consider Subscales of the Acceptance of Cosmetic Surgery Scale (ACSS) and Desired Procedures

<table>
<thead>
<tr>
<th>Predictors</th>
<th>ACSS intrapersonal</th>
<th>ACSS social</th>
<th>ACSS consider</th>
<th>Desired procedures</th>
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<td>b</td>
<td>β</td>
<td>b</td>
<td>β</td>
</tr>
<tr>
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<td>−.07</td>
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<td>.09</td>
<td>.34</td>
<td>.22**</td>
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<td>−.10</td>
<td>.07</td>
<td>.05</td>
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<td>−.08</td>
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<td>.10</td>
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<td>.38</td>
<td>.34***</td>
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<td>Materialism</td>
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<td>.32***</td>
<td>.23</td>
<td>.19**</td>
</tr>
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<td>Nonmaterialism</td>
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<td>−.26</td>
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<td>.24***</td>
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<td>.19***</td>
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*p < .05, **p < .01, ***p < .001. BMI = body mass index; SATAQ = Sociocultural Attitudes Towards Appearance Questionnaire.
Weigold, 2005). Our findings indicate that young women’s body weight is also related to their interest in having cosmetic surgery. BMI positively predicted both the degree to which participants said they would consider having cosmetic surgery and, in addition, the number of procedures they would like to have. Thus, although BMI was unrelated to women’s general acceptance of cosmetic surgery, for either intrapersonal or social reasons, heavier women were more likely to entertain the notion of using cosmetic surgery to alter their appearance. Future research should focus on heavy women, in particular, and variables, such as body-esteem, that might mediate the relationship between body weight and cosmetic surgery attitudes. In a culture that idealizes thinness, women who consider themselves to be overweight may be especially susceptible to the risks of a variety of relatively extreme body modification techniques, including cosmetic surgery.

In the current study, we found that materialism positively predicted cosmetic surgery attitudes. Women with higher materialist aspirations were more accepting of cosmetic surgery and reported an interest in having a higher number of procedures. Moreover, nonmaterialist aspirations negatively predicted the degree to which women would consider having cosmetic surgery and the number of procedures they desired. Interestingly, these findings are consistent with a commonly held perception of cosmetic surgery patients; research participants most frequently used the term “materialistic” to describe those who had undergone cosmetic surgery (Delinsky, 2005). Our findings are also consistent with Bartky’s (1990) analysis of capitalist patriarchy and with Kasser’s (Kasser & Ryan, 1996; Kasser, 2002) work on materialism. Those who are motivated by materialist aspirations, rather than intrinsic concerns, are, we would argue, more likely to experience the body as a project; our findings indicate that they are more likely to see cosmetic surgery as a useful way to enhance their attractiveness.

We are not arguing here that cosmetic surgery is necessarily to be avoided. Cosmetic surgery, like other body modification techniques, does have the potential to enhance physical attractiveness and increase the likelihood of acquiring the associated social and financial benefits, to boost self-esteem, and to ameliorate psychological distress. The decision to undergo cosmetic surgery is a personal decision, and we believe that this is a decision that should rest with the individual. However, in a culture that encourages the acquisition and consumption of material goods and the pursuit of extrinsic aspirations, those who succumb to these pressures may be more likely to see the body itself as a commodity and to have more positive attitudes about cosmetic surgery, including a stronger desire for such procedures. Thus, those who are high on materialism may be more likely to accrue the rewards associated with physical attractiveness, but they may also be at greater risk of incurring some of the possible costs of cosmetic surgery. Surgical procedures can involve significant monetary expense and, although prospective patients may focus on the promise of enhancements to their appearance, results are sometimes disappointing and irreversible. Moreover, for individuals high on materialism, the same sort of cycle that can result from the pursuit of consumer goods might also occur with attempts to heighten one’s physical attractiveness. Such attempts are unlikely to result in ongoing satisfaction because body alterations tend to be impermanent and because there is always more that can be done. Physical perfection is an elusive goal.

Although we support the right of individuals to make decisions about their bodies, it is important to note that elective surgical procedures are not without risk. In the case of cosmetic surgery, it is primarily women who face the short- and long-term physical and psychological health risks associated with negative surgical outcomes. Moreover, it may be the case that women are more likely to experience the pressure to undergo cosmetic surgery for occupational reasons, at least in certain professions such as modeling and acting. The decision to alter one’s body may be an individual one, but the highly gendered construction of body alterations generally, and cosmetic surgery in particular, casts a political light on this issue as well. Bodily self-objectification is particularly pronounced in women (Bartky, 1990; Fredrickson & Roberts, 1997). Advertisements and promotions of cosmetic surgery are aimed primarily at women, and women continue to make up the vast majority of the patient population.

Psychological research on cosmetic surgery attitudes and the predictors of these attitudes is still in its infancy; however, it is crucial to further our knowledge about such attitudes in more diverse samples than we were able to obtain in the current study. Future research should seek to examine cosmetic surgery attitudes among women of color and older women as well as among men and noncollegiate samples. A major limitation of the current study is the age of the sample. Women in this young age group are much less likely to have had cosmetic surgery and to know others who have undergone it. Thus, the lack of an effect for friends’ attitudes may be due, at least in part, to the youthfulness of the participants in this study. It may be that, as women age, they are less influenced by parental attitudes and increasingly influenced by friends’ attitudes about physical appearance. Moreover, rates of cosmetic surgery procedures are higher among women over 40 (American Society of Plastic Surgeons, 2008), and older women are more likely to know other women who have had such surgeries. A more age-diverse sample would allow for a comparison of women who have had cosmetic surgery with those who have not as well as an examination of the effect of knowing others who have undergone cosmetic surgery.

In the current study, we found that the number of desired procedures was related to each of the ACSS variables, thus providing further evidence of construct validity for the ACSS. It is especially noteworthy that there was a correlation of .61 between the degree to which individuals said they
would consider having cosmetic surgery and the number of procedures they said they would like to have. We asked participants specifically about a small subset of relatively popular procedures conducted by cosmetic surgeons, but future research should examine attitudes toward a broad array of cosmetic surgery procedures, as well as other body modification techniques, and the relationships among such attitudes. In particular, a more detailed analysis of attitudes and behaviors related to both invasive and non-invasive cosmetic surgery procedures would extend our understanding of individuals’ latitude of acceptance of procedures that vary widely in terms of potential risk, cost, and permanence.

Research is also needed on how to foster a climate in which girls and women can make informed choices about their bodies, specifically in relation to cosmetic surgery and other body modification techniques. Previous research has found limited effectiveness of media literacy campaigns in inoculating girls against the negative effects of exposure to ideal media images (Irving & Berel, 2001; Levine, Smolak, & Schermer, 1996). Findings from this study suggest that another way to counter the pervasive messages about the importance of physical attractiveness might be through an emphasis on nonmaterialist aspirations. Thus, encouraging young girls to adopt relatively intrinsic aspirations may have the effect of buffering them from the risks of self-objectification and the internalization of a commodified view of female bodies. Our findings also indicate that fathers may play an important role in helping to deemphasize the importance of physical attractiveness in their daughters’ formative years.

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