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Attitude towards Cosmetic Surgery and Perceived Attractiveness of Cosmetic Surgery  
Consumers in Lebanon

Nadine Zebian

Signature

A Thesis submitted to the Faculty of Social & Behavioral Sciences in partial fulfillment of the requirements for the Master of Arts degree in Psychology – Emphasis Counseling at Haigazian University

Beirut – Lebanon

June 25<sup>th</sup>, 2010

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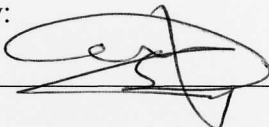
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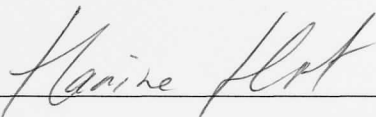
Cosmetic Surgery Acceptance and Attractiveness Ratings of Lebanese Cosmetic Surgery  
Consumers

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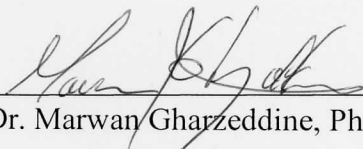
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## CHAPTER 1

## Cosmetic Surgery Acceptance and Perceived Attractiveness of Cosmetic Surgery viii

## Cosmetic Surgery Abstract

The present research was divided into two parts; the first details the findings of a public survey with a total of 234 university students in Lebanon to study the acceptance of cosmetic surgery and the factors playing into this acceptance such as gender, watching cosmetic surgery programs, having peers and mothers who use cosmetic surgery, and body weight of the participants. The 15-item Acceptance of Cosmetic Surgery Scale was used. Acceptance of cosmetic surgery was higher in females than in males. In females, acceptance was related to body weight, to having peers who use cosmetic surgery, but was not related to having mothers who use this surgery. Acceptance of cosmetic surgery was higher in all participants who watch programs on cosmetic surgery. The second part of the research had a total of 60 females who rated the attractiveness of a female consumer of cosmetic surgery. A black and white photo of a young woman was used. Results indicated that in comparison with others, consumers of cosmetic surgery perceived other consumers as more physically attractive.

Cosmetic surgery is one of the two components of the more comprehensive term called plastic surgery (Rankin, 2006). The term plastic has its origin in the Greek "plasto's"

**Keywords:** Cosmetic surgery; attractiveness; acceptance of cosmetic surgery. a surgery, as well as cosmetic or aesthetic surgery which constitutes the topic of the present study. The term "cosmesis" has its origin in the Greek language, meaning to order or décor (Hernandez-Pérez & Khawaja, 2003).

Cosmetic surgery aims at the maintenance and restoration of a person's physical appearance through a surgical procedure (Hernandez-Pérez & Khawaja, 2003). It is performed to enhance the form of a body organ in order to improve the psychological health and the self-image of a person (Rankin & Borch, 2006).

## CHAPTER 1

**Cosmetic Surgery Acceptance and Perceived Attractiveness of Cosmetic Surgery****Consumers in Lebanon**

The present thesis is a report on people's attitudes towards cosmetic surgery in Lebanon. The thesis is divided into two parts. The first part is based on surveys conducted at universities in Beirut to study the attitude of Lebanese youth towards cosmetic surgery and the factors related to this acceptance such as gender, body mass index (BMI), watching cosmetic surgery programs, and having peers or mothers who have done cosmetic surgery. As we were conducting the first part of our study, we received comments about cosmetic surgery consumers seen as unattractive after surgery. We took the study further in the second part to study how this population is perceived. The second part of the study is based on photo ratings by female cosmetic surgery consumers at a beauty clinic in Beirut. This part studies how cosmetic surgery consumers perceive the physical attractiveness of other consumers of this surgery.

**Background of the Study**

Cosmetic surgery is one of the two components of the more comprehensive term called plastic surgery (Rankin, 2006). The term plastic has its origin in the Greek "plasto's" meaning to shape or mold. Plastic surgery includes reconstructive or corrective surgery, as well as cosmetic or aesthetic surgery which constitutes the topic of the present study. The term 'cosmesis' has its origin in the Greek language, meaning to order or décor (Hernández-Pe'rez & Khawaja, 2003).

Cosmetic surgery aims at the maintenance and restoration of a person's physical appearance through a surgical procedure (Hernandez-Pe'rez & Khawaja, 2003). It is performed to enhance the form of a body organ in order to improve the psychological health and the self- image of a person (Rankin & Borah, 2006).

Cosmetic surgery as we know it today goes back to 700BC. A Hindu physician called Sushrutta described the details of restoring a nose since tradition back then required that noses be amputated as punishment for infidelity. Cosmetic surgery kept being practiced in later ages, but major improvement in this field took place during World War One as many had severe injuries and deformities that needed to be attended to (Bhattacharya, 2008). Developments continued to be made in the field and today cosmetic surgery is a well-advanced medical specialty rapidly gaining popularity (Meisler, 2000).

Beauty is constantly promoted in our current times, and cosmetic surgery only aims at achieving this beauty. Messages of what is beautiful and how to achieve beauty reside imposingly in our homes, pose elegantly on our roads, and are stacked on shop shelves to help us hide certain signs, highlight certain features, or merely add a touch of glamour to what is already “beautiful”. We turn on the television, skim through a magazine, walk down the road, and receive messages of the importance and the necessity of being beautiful, youthful, and hence successful. Beauty has become a daily obsession in our current times and people, especially women, are now keener than ever on looking their very best. Many women spend hours grooming, use many kinds of beauty products, have minor aesthetic procedures done, and some undergo painful and costly surgeries to enhance their physical appearance (Cooper, 2007).

Cosmetic surgery is sought when there is dissatisfaction with one or multiple features of the body. With the high number of people dissatisfied with their physical appearance comes a high number of cosmetic surgeries performed each year (Nowak, 2006). When stoic acceptance of appearance doesn't work, cosmetic surgery can come in handy for many (Sharma, 2002). According to one survey in the United States of America, almost 50 percent of men and women are dissatisfied with their appearance, and “that dissatisfaction motivates a whole host of behaviors such as weight loss, cosmetic and fashion purchases and cosmetic

surgery". Even when a cosmetic procedure carries with it risks and complications, many patients still insist on having it done in order to feel better about how they look (Nowak, 2006).

The role of physical beauty in our daily life has been extensively studied in social psychology. Researchers found that people of all ages attribute more positive personality characteristics to those who are considered more "beautiful". In many social interactions, people who are considered more physically beautiful are treated more positively than those less beautiful. Physical appearance can have an effect on the individual's social, professional, and personal life. People who are considered less attractive seek cosmetic surgery enthusiastically and report that their aim from such procedures is either interpersonal- such as gaining a romantic partner, getting a better job, or having more friends- or intrapersonal: being more satisfied with how they look and enhancing their self-esteem- and some aim at enhancing both the intrapersonal and the interpersonal (Sarwer, Magee, & Clark, 2003).

Hence, with the strong effect of beauty on people's daily lives, it becomes clear why cosmetic surgery- a surgical procedure enhancing physical beauty (Shiffman, 2001) - has been gaining much popularity. Cosmetic surgery is one option of a big range of cultural practices that alter the body into one that is seen as more symmetrical, more youthful, and healthier- that is to say one that is more privileged and approved of in society (Huss-Ashmore, 2000).

While some view cosmetic surgery as the "ultimate invasion of the human body" (Gimlin, 2000) and do not approve of it, others believe it is just another method to enhance someone's confidence and improve their quality of life (Sarwer et al., 2003). A body of research in the United States has shed light on the acceptance of cosmetic surgery by the general public. A survey conducted by the American Society of Plastic and Reconstructive Surgeons in 1998 showed that more than 30 percent approved of cosmetic surgery for



themselves and others, and another 30 percent approved of surgery for others but not for themselves (Huss-Ashmore, 2000). In another article it was found that from 2003 to 2007, more than half of the Americans in the United States had a general accepting attitude towards cosmetic surgery (Cooper, 2007). The rise in the number of cosmetic surgeries performed year after year is not solely an American phenomenon (Brown, Furnham, Glanville, & Swami, 2007). Cosmetic surgery continues to gain acceptance across the continents. For example, in Britain, men and women are following the cosmetic surgery trend (Thorpe, Ahmed, & Steer, 2004). The British Association of Aesthetic Plastic Surgeons reported a 34.6 percent increase in the procedures done by its members alone in the year 2005 (Brown et al., 2007).

Since more people have become accepting of cosmetic surgery, the number of cosmetic surgeries increased. In the year 2003, Americans underwent 8.3 million cosmetic surgery procedures, a number considered very high in comparison to previous years (Elliott, 2004). The American Society of Plastic Surgery reports a 444 percent increase of elective cosmetic surgical procedures between 1997 and 2007 (Cooper, 2007) and an 846 percent increase in these procedures from 1980 to 2009 (Essig, 2009).

In Lebanon, cosmetic surgery became much more common in recent years. The Lebanese Society of Plastic, Reconstructive and Aesthetic Surgery had six surgeons in the year 1965, and the number rose to 40 by the year 1999 in direct proportion to demand. Since 2006, there has been a 20 percent increase in cosmetic procedures in this country. Although a lot of the cosmetic surgery clients in Lebanon come from other countries, Lebanese clients still account for 60 percent, and they are mostly women as one major plastic surgery clinic in Beirut reports (Renahan, 2007).

### **Statement of the Problem**

There is substantial literature reporting women to represent most cosmetic surgery

patients each year (Essig, 2009). Many factors play into women being more accepting of cosmetic surgery. Women are known to be more conscious about their appearance and less satisfied with their body than men are. Also, in comparison with men, women are more affected by their peers' and parents' appearance-related attitudes, and are more accepting of appearance-enhancement behaviors if they are over-weight (Markey & Markey, 2009).

The existing literature on cosmetic surgery addressed the growing acceptance of this surgery in many countries. However, in Lebanon, despite the growing popularity of cosmetic surgery, there is still no academic research addressing its acceptance among the Lebanese population and the factors related to this acceptance.

Also, in other countries, the out-group perception of cosmetic surgery consumers has been studied, but there is a literature gap on how cosmetic surgery consumers perceive one another. Theories of identification state that we usually categorize ourselves into groups of people with whom we have common behaviors, beliefs, or values, and this plays into our perception of these people for we tend to assign to them positive characteristic and judge them more positively than others do (Stets & Burke, 2000). Hence, the second part of our research studies the attitude of female cosmetic surgery consumers in Lebanon toward consumers of this kind of surgery.

### **Purpose of the Study**

The rise in the number of cosmetic surgeries in Lebanon is interesting and implies that there are more people here who now accept cosmetic surgery as a form of self-care and another practical and rational solution for enhancing looks. Hence, with cosmetic surgery gaining so much popularity worldwide and in Lebanon in particular, researching public views on this type of surgery, the demographics of those who consider it, and the reasons behind their attitude towards cosmetic surgery has been overdue. The first part of our research addresses the out-group perception of cosmetic surgery in Lebanon, and the second part takes

the study further to focus on how consumers of cosmetic surgery are perceived regarding attractiveness.

### Hypotheses

Based on the purpose of the first part of our study, we examined the acceptance of cosmetic surgery among the Lebanese youth, while taking into consideration factors such as gender, the presence of peers and parents who are cosmetic surgery consumers, and watching programs about this kind of surgery. For the first part of our study, the following five hypotheses were tested:

Based on the fact that women account for most cosmetic surgery procedures worldwide (Markey & Markey, 2009), and that women are much more willing to undergo cosmetic surgery in comparison to men (Swami, Chamoro-Premuzic, Bridges, 2009), we hypothesized that females would have higher acceptance towards cosmetic surgery than men would. Hence, our first hypothesis stated that acceptance of cosmetic surgery would be higher among females than it would be among males.

Since previous research mentions that the vicarious experience of women- and not of men- via women's peers and parents increases the probability that they will themselves have cosmetic surgery (Brown et al., 2007), our second hypothesis stated that women whose peers had undergone cosmetic surgery would be more accepting of cosmetic surgery than women whose peers had not undergone such surgery. Also, our third hypothesis stated that women whose mothers had undergone cosmetic surgery would be more accepting of this surgery than those whose mothers had not.

Previous studies have shown a significant relation between media exposure and attitude towards cosmetic surgery especially in women (Brown et al., 2007). Viewing television programs on cosmetic surgery is related to the attitude towards cosmetic surgery of an individual (Swami et al., 2009). Thus, we assumed that there would be a relation between

the attitude women have towards cosmetic surgery and their interest in viewing programs about this topic. Therefore, our fourth hypothesis was that women's interest in watching programs about cosmetic surgery would be related to their acceptance of it.

Research also reports that women who are considered overweight are less satisfied with their body and they engage in more beauty-enhancement practices such as cosmetic surgery than average-weight women do (Henderson-King & Brooks, 2009). Hence, our fifth hypothesis was that there would be a positive correlation between women's BMI and their acceptance of cosmetic surgery.

To summarize, our hypotheses for part one of the study were:

1. Acceptance of cosmetic surgery will be higher among females than it will be among males.
2. In comparison with other women, those whose peers had undergone cosmetic surgery would be more accepting of this surgery.
3. In comparison with other women, those whose mothers had undergone cosmetic surgery would be more accepting of this surgery.
4. In comparison with others, people who watch programs about cosmetic surgery will be more accepting of it.
5. Women's scores on BMI will be positively correlated with their acceptance of cosmetic surgery.

Based on the identification theory discussed earlier, we assumed that women who had undergone cosmetic surgery would feel they share a common behavior with other women who had undergone this kind of surgery. Hence, cosmetic surgery consumers will identify with one another and this identification will affect their perception of one another regarding attractiveness. Hence, our sixth hypothesis was that in comparison with other women, a woman who has undergone cosmetic surgery will rate another higher on attractiveness if that

woman has also undergone cosmetic surgery. We also assumed that identification would be highest when a woman rates another woman who has had cosmetic surgery the same area (face/body). Hence, our seventh hypothesis stated that in comparison with other women, a woman who has undergone cosmetic surgery will rate another highest on attractiveness if she has undergone cosmetic surgery in the same area (face or body).

Hence, the two hypotheses tested for this part are:

6. In comparison with other women, a woman who has undergone cosmetic surgery will rate another higher on attractiveness if that woman has also undergone cosmetic surgery.
7. In comparison with other women, a woman who has undergone cosmetic surgery will rate another highest on attractiveness if she has undergone cosmetic surgery in the same area (face or body).

### **Significance of the Study**

In line with the rise in the number of cosmetic surgeries in Lebanon and the lack of proper empirical research on this topic in this country, the first part of this thesis comes as one of the very first to study the attitude of Lebanese youth towards cosmetic surgery. This part of the study is the first to give practitioners in the field of psychology insight into who accepts and considers cosmetic surgery in Lebanon, factors that can contribute to this acceptance, and reasons behind considering this kind of surgery. As counselors, if we know the factors that play into the acceptance of cosmetic surgery as a method of appearance enhancement, we would address them with candidates of this surgery.

The ending section of our literature review about risks and complications of cosmetic surgery, factors affecting the decision to have this surgery such as personality disorders, and post-surgery psychological effects are also issues that counselors may address with a client who is considering or has already undergone cosmetic surgery.

The second part of the study sheds light on how others perceive cosmetic surgery consumers as more attractive or less attractive depending on different factors. It would be important to know if there is a difference between how a cosmetic surgery consumer and non-consumer differ in perceiving others' attractiveness.

### **Nature of the Study**

The first part of the study is an empirical descriptive correlational study using a qualitative design. The Acceptance of Cosmetic Surgery Scale (ACSS) was administered to 234 university students in Beirut to study their acceptance of this kind of surgery. The ACSS is a 15-item measure with three component: (1) Intrapersonal, measuring attitudes related to self-oriented benefits, (2) Social, measuring attitudes motivated by society, and (3) Consider, measuring the extent to which one will consider cosmetic surgery considering the factors that may play a role in this decision. Previous studies showed that this scale has a high internal reliability and good divergent and convergent validity (Swami et al., 2009).

The second part of the study is of a qualitative experimental nature. Forty women who had undergone cosmetic surgery in the face or in the body were recruited at a cosmetic surgery clinic, and 20 others who were non-cosmetic surgery consumers were recruited at a regular medical clinic in the same area in Beirut. All 60 women at the two clinics were asked to rate the attractiveness of a young lady in a photo who allegedly had undergone cosmetic surgery in the face or in the body. The same photo of the lady was originally administered to a random group of 20 women also at the medical clinic so as to obtain a reference score of attractiveness of the lady.

### **Definition of Terms**

This section defines some important terms used in the review of literature of this study.

*Plastic Surgery*: the term plastic has its origin in the Greek “plasto’s”, meaning to shape or mold (Herna’ndez-Pe’rez & Khawaja, 2003). Plastic surgery is a medical procedure aiming at restoring the function and form of a certain body part or organ. It contains two parts: body modification and reconstructive surgery (Online Free Dictionary).

*Cosmetic Surgery*: the term cosmetic comes from cosmesis which has its origin in the Greek language as “cosme’s”, meaning to order or décor. Cosmetic surgery is a specialty in plastic surgery that aims at the maintenance and restoration of an individual’s physical appearance through surgical procedure (Hernandez-Pe’rez & Khawaja, 2003). It is performed to improve the psychological health of a patient, and his or her self- image (Rankin & Borah, 2006).

*Rhinoplasty*: a surgical procedure where the shape of the nose is changed or restored. The approaches used are: removing, resizing, or reshaping underlying bone or cartilage or adding to it through using Silastic implants (Sharma, 2003).

*Breast augmentation*: a surgical procedure aimed at implanting a solid called “silicone” to enlarging of the breasts (Wikipedia).

*Liposuction*: a cosmetic surgical procedure aiming at removing excess fatty tissue from a certain body area, such as the thighs or abdomen, by means of suction. It can also be referred to as suction lipectomy (The Free Dictionary by Farlex).

*Narcissistic personality disorder*: according to the DSM-IV-TR™ definition, this personality disorder is “a pattern of grandiosity, need for admiration, and lack of empathy” (Malick, Howard, & Koo, 2008).

*Histrionic personality disorder*: “a pattern of excessive emotionality and attention seeking”

Histrionic personality disorder is observed in 9.7 percent of cosmetic surgery patients (Malick et al., 2008).



*Body dysmorphic disorder*: also known as dysmorphophobia and is defined as “the preoccupation with an imagined or exaggerated defect in physical appearance” (Malick, et al., 2008). It is associated with vanity, deception and violence (Woodstock, 2001).

### **Delimitations**

A limitation to the first part of our study is that the population consisted solely of university students. Future research can study the acceptance of cosmetic surgery among other age-groups of different backgrounds.

In the second part of the study, one limitation is that cosmetic surgery patients at the clinics were all females. Future research can study how male cosmetic surgery consumers in Lebanon view other male consumers of such surgery.



## CHAPTER 2

**Review of Literature**

This chapter starts with an overview of how cosmetic surgery developed to become as we know it today, will discuss reasons for undergoing cosmetic surgery and factors contributing to such choice, and will conclude with important considerations for cosmetic surgery patients and specialists.

**History of Cosmetic Surgery**

Cosmetic surgery, which is a branch of what is now known as plastic surgery is not a new practice. The term “cosmetic” has its origin in the term *cosmesis* which comes from the Greek language, meaning to order or décor (Hernandez-Pe’rez & Khawaja, 2003). Cosmetic surgery is performed to improve the shape of a body organ in an attempt to enhance the psychological health and the self- image of the cosmetic surgery patient. The aim of cosmetic surgery is to help the individual achieve a more attractive physical appearance which in terms can increase his or her psychological well-being (Rankin & Borah, 2006).

Plastic surgery is a very old medical field comprising both corrective and cosmetic surgery (Herna’ndez-Pe’rez & Khawaja, 2003). Despite the fact that cosmetic surgery was not known as it is today until around a century ago, it actually goes back to 700BC (Bhattacharya, 2008). At that time, a Hindu physician called Sushrutta described how a nose can be restored *in form and function since there were many people who had their noses* amputated as punishment for infidelity. In the middle ages, cosmetic surgical procedures were practiced by monks in monasteries. In the medieval times, surgery was not a specialty that was allowed to be taught or practiced, so it was performed secretly. Cosmetic surgery continued to be practiced throughout the ages, and with time, a lot of improvements were done in the field (Bhattacharya, 2008).

Wars offered the greatest advancements and trainings in the plastic surgery field. Advancements started ever since the Napoleonic Wars and continued to be made in the successive wars. Treatment of burns and facial injuries somewhat restored a normal image to injured warriors (Sheldon, 1994). However, the period when cosmetic surgery had most improvements was during World War One. During that time, Jacques Joseph, a doctor in the plastic surgery field, and who is now referred to as the “father of aesthetic surgery”, was faced with challenges in the field due to the severe injuries caused by the weapons used during World War One. Joseph was committed to taking plastic surgery further to help restore the function and form of organs of injured people. Even when the organ was functioning well but and was only deformed, Joseph believed in the need to restore its form. Joseph was among the first medical doctors to believe that treating the patient’s psychology is not less important than treating his or her physical ailment. To him, restoring the form of body organs is important in itself as it affects the psychology of the person (Bhattacharya, 2008).

Also after World War One, plastic surgeries in the nose were very common since many American Jews and Italians wanted to conceal their identity so as to increase their career options and economical status. By reshaping their noses and hiding their ethnic background, these minorities that were discriminated against could have better career opportunities (Brumberg, 1997). After World War Two, the cosmetic surgery business was booming and magazines started reporting new innovations in the field that were addressing a larger population (Gimlin, 2000).

However, cosmetic surgery as a specialty did not gain recognition up until the 1940’s. During all its stages, its practice mainly aimed at correcting congenital defects, burns and injuries. It took until the 1960’s for this specialty in medicine to be really developed. However, some of its specialists were still often regarded as iconoclasts. Later, with the

advances in technology, more complex procedures became possible in response to consumer demand. Now, cosmetic surgery continues to gain popularity as a method that enhances physical beauty (Dolsky, 1999).

Even though now more than ever people feel the need to be beautiful (Sharma, 2003), the obsession with appearance is not a new story (Herna'ndez-Pe'rez & Khawaja, 2003).

## **Physical Beauty**

### **Human Quest for Beauty**

It was said that “Since Narcissus first saw his reflection in a pool of water, humankind has been obsessed with appearance” (Herna'ndez-Pe'rez & Khawaja, 2003). This quote echoes mankind's ever existing engagement with being beautiful and maintaining attractive looks (Cooper, 1997). Man pursues knowledge, progress, and evolvment on different levels, and improving physical appearance is only another human strive for self-fulfillment (Herna'ndez-Pe'rez & Khawaja, 2003). People have always sought beauty and ‘the beautiful’ through decorating their homes, their belongings, as well as their bodies (Sharma, 2003). However, women have been and still are the ones that spend a considerable time of their day attending to their beauty (Sarwer et al., 2003).

### **Gender Differences**

In ancient Egypt, women used to apply cosmetics from natural substances and plants to care for their skin. Egyptian papyri tell of how women back then used very harsh procedures to maintain beautiful looks (Figuerola, 2003). Studies have shown that women have always been under much more pressure to look beautiful and proportional. In the sixteenth century, they had to squeeze their bellies into corsets all day to reach the waste measurement considered normal at the time. In the eighteenth century, women in the United States used ceruse, a toxic type of paint to have a nice skin color. Chinese girls had their feet bound at a very young age so they would grow up having small feet which were considered

attractive in China (Ruel, 2007). These examples and many others show how females have always been more pressured than males to comply with societal standards of beauty.

In the past and the present, social pressure on girls and women to look beautiful begins in childhood. With a culture stressing on beauty and youth and addressing beautification practices primarily to females, women start considering more complicated options to live up to the standard of beauty expected of them. Most women want to look younger and more beautiful and cosmetic surgery is an option that can help in this area (Essig, 2009).

### **Women and Weight**

Studies show that in comparison with men, women are more conscious about their appearance, have less body satisfaction, and a more negative body image (Markey & Markey, 2009). A common reason for body dissatisfaction in women is body weight. Women whose body mass index (BMI) indicates that they are overweight have higher acceptance of appearance-enhancement behaviors. Nowadays, even some women with normal weight continue to be dissatisfied with their body and engage in weight-loss behaviors (Henderson-King & Brooks, 2009). Weight is sometimes a factor encouraging some women to alter their bodies more frequently and more drastically (Markey & Markey, 2009).

That we live in a society that idealizes feminine beauty, we would expect that many “ordinary-looking women” would feel ugly if they cannot achieve the norm of beauty (Thorpe et al., 2004). Thus, it is not surprising that females represent 90 percent of cosmetic surgery patients in the United States (Essig, 2009). Women also account for the majority of cosmetic surgeries performed in Lebanon. Dr. Fleihan, a Lebanese surgeon states that women in Lebanon feel the need to “compete” and achieve an “ideal” image more than men do. A plastic surgeon to the Lebanese celebrities says that even though the number of men seeking

cosmetic surgery is increasing, women still represent most cosmetic surgery patients (Renahan, 2007).

However, the societal stress on beauty and youth and the effect of someone's appearance on his or her career opportunities has also led some men to become self-conscious about their looks (Essig, 2009). Males are increasingly seeking cosmetic surgery procedures and they nowadays represent 25 percent of cosmetic surgery patients while in the past they used to account for a very small percentage (Meisler, 2000). In the United Kingdom for example, 8 percent of cosmetic surgery patients in 2004 were men, and in the following year this number rose to 11 percent. In the United States, from 1997 until 2005, there was a 5,668 percent rise in Botox injections, thigh and buttocks lifts for men. This number outdid the number of the same procedures that women underwent in those years (Shapiro & Springen, 1992). In Lebanon, the number of men seeking cosmetic procedures is also on the rise, says Dr. Fleihan (Renahan, 2007).

Is beauty a mere product of socialization, or do beauty standards reveal a deeper evolutionary purpose that was ever-existing?

### **The Evolutionary Viewpoint**

Some hold that the pressure on women to look their best has its valid evolutionary purpose. Men are not as pressured in this aspect because women have different reproductive concerns and tend to place more emphasis on a man's strength than on his beauty. From the viewpoint of evolution, women focus on the ability of a man to find resources to support her and her offspring during and after pregnancy, and this is why females may find muscular males most attractive. So the pressure on men is not to look beautiful, but to look strong, or in our current times it is to be financially-strong, for money replaces muscles as a symbol of strength that can support and protect women (Sarwer et al., 2004). Hence, men have more

tendency to achieve strength as a symbol of reproductive value, where as women have more tendency to achieve physical beauty (Ruel, 2007).

Beauty has been often described as being “in the eye of the beholder” (Sarwer, Grossbart, & Didie, 2003), and the mind of the beholder is certainly subjective and influenced by certain cultural standards and evolutionary selective criteria (Huss-Ashmore, 2000).

Whether beauty standards are the product of socialization or whether they hold an evolutionary purpose, the fact remains that physical beauty has a big impact on the lives of people, and mainly on women’s (Sarwer et al., 2003).

### **Effect on Daily Life**

Beauty has tremendous effects on people’s daily interactions (Sarwer et al., 2003). Our beauty-based assessment starts ever since early infancy. Studies show that infants of three months old prefer looking at attractive faces than looking at unattractive faces, interact better with attractive strangers, and play for a longer period of time with attractive dolls (Huss-Ashmore, 2000).

Beauty can affect learning outcomes and can play a role in how students perceive teachers and vice versa. Students believe that if they are taught by a good-looking teacher, their learning outcomes will be better (Sarwer et al., 2003). Teachers rate “beautiful” children as more “intelligent, honest, sociable, popular, and pleasant” and tend to be more caring towards them (Ruel, 2007).

In the professional world, physical appearance also plays a big role. There is a positive correlation between height and occupational status. The taller an individual is, the more powerful he or she is in the workplace. Employees with beautiful appearance have more frequent promotions, better salary rates, and more bonuses in comparison with employees who are considered less beautiful. Beauty can be a winner even in court. The relationship

between physical appearance and criminal behavior has also studied in several places in the world. Less attractive people are more likely to be caught committing a crime, and are less likely to get help and support when they need it (Sarwer et al., 2003).

Hence, with the increasing effect of beauty on people's lives comes an increase in the percentage of those accepting cosmetic surgery (Huss-Ashmore, 2000).

### **Attitude towards Cosmetic Surgery**

Cosmetic surgery has gained more popularity in recent years and now many view it as an acceptable method of achieving better looks (Huss-Ashmore, 2000). In many cases, people overlook the risks and complications involved in cosmetic surgery and insist on having a certain procedure done in order to feel better about themselves (Nowak, 2006). Even though some disapprove of cosmetic surgery and view it as the "ultimate invasion of the human body" (Gimlin, 2000), many view it as a beneficial method to enhance someone's self-esteem and confidence (Ruel, 2007).

The American Society of Plastic and Reconstructive Surgeons reports that in 1998, 30 percent of people in the United States approved of cosmetic surgery as a method that they would use (Huss-Ashmore, 2000). However, since 2003, more than 50 percent of Americans in the United States have reported acceptance of cosmetic surgery (Cooper, 2007), and more acceptance leads to a higher number of cosmetic surgeries performed each year (Brown et al., 2007).

### **Increase in Cosmetic Surgery**

Studies show that the number of cosmetic surgeries performed each year has been on the rise (Brown et al., 2007). The American Society of Plastic Surgery reports a 444 percent increase of elective cosmetic surgical procedures from 1997 to 2007 (Cooper, 2007) and an 846 percent increase in these procedures from 1980 to 2009 (Essig, 2009). In the year 2005



only, the British Association of Aesthetic Plastic Surgeons reported a 34.6 percent increase in the procedures done by its members alone (Brown et al., 2007).

In Lebanon, more cosmetic surgeries are performed each year, and people come from other countries on what is called by some “a beauty pilgrimage” to get a liposuction, a nose job. The number of cosmetic surgeons in the country is also on the rise (Renahan, 2007).

As the number of cosmetic patients in many countries has increased, studies have been done to learn about patients’ motivations for cosmetic surgery.

### **Motivation for Cosmetic Surgery**

#### **Intrapersonal Motivators**

Previous research on cosmetic surgery has tackled intrapersonal factors as motivators for considering cosmetic surgery. People may consider a cosmetic surgery procedure because they feel inadequate in terms of their physical appearance (Henderson-King & Henderson-King, 2005).

Studies show that many women seek cosmetic surgery to satisfy internal needs and desires. In one study, women considering breast augmentation were more likely to have this surgery for personal reasons such as feeling more attractive and being more proportional (Henderson- King & Henderson-King, 2005). Some women seek altering their appearance in order to be more confident and have better self-esteem. Studies show that there is a strong and direct negative correlation between levels of self-esteem and cosmetic surgery. Cosmetic surgery patients between the ages of 18 and 70 who were assessed for depression and quality of life showed improvement in these aspects one month and six months after surgery (Kohl, 2000).

However, some cosmetic surgery patients seek surgery to improve their social life (Thorpe et al., 2004).



## Interpersonal Motivators

Many people interested in cosmetic surgery have interpersonal reasons such as gaining a romantic partner or pleasing an already-existing one, having more friends and social contacts, or increasing their chances at finding a job or improving a current one (Thorpe et al., 2004). Studies show a relationship between appearance and occupational status. Having beautiful physical appearance is related to receiving more promotions and getting higher salaries (Sarwer et al., 2003).

Since we are likely to regard attractive individuals as smarter, healthier, and more likeable than unattractive individuals, people become more encouraged to have cosmetic surgery to make more friends, have a more active social life, and to improve their chances at gaining romantic partners (Sarwer et al., 2003). This is in line with studies showing that good-looking people have better social skills and more sexual experiences (Ruel, 2007). However, it is notable to say that when the primary motivation for cosmetic surgery is to improve relationships, surgery leaves the patient unsatisfied, since rarely does undergoing cosmetic surgery improve relationships that are not working (Thorpe et al., 2004).

In summary, when people improve their physical appearance, they get more positive treatment from others and this in turn plays a role in improving their quality of life. A study done by Dutch researchers and the Adolescence Plastic Surgical Research Group showed that after cosmetic surgery, patients gained body satisfaction and many burdens related to appearance satisfaction, whether physical, social, or psychological, were improved considerably (Figueroa, 2003).

We will now discuss some of the prominent factors that are related to people's acceptance of cosmetic surgery.

## Appearance-Related Messages

The theory of objectification claims that girls and women receive messages that their

body is like an object, and these messages are mostly received from the media and from interactions with others. The objectified gaze that women see in the media and social interactions later becomes internalized and they relate to their bodies as mere objects. The body that is seen as an object then becomes a project in need of continuous renovation and reconstruction. The objectified gaze of “the Other” can be the gaze of a mother, a father, a romantic partner, or a friend (Henderson-King & Brooks, 2009).

### **Messages via Parents and Peers**

Parents and friends can send messages about the importance of physical attractiveness through their appearance-enhancing behaviors. Research has shown the effect of mothers’ and fathers’ attitudes towards appearance on the body satisfaction and weight-related attitudes and behaviors of girls. In one study, the appearance attitude of fathers was positively correlated with women’s acceptance of cosmetic surgery for interpersonal reasons and the number of cosmetic procedures they wanted to have (Henderson-King & Brooks, 2009).

Peers’ attitude towards appearance, their appearance-enhancing practices, and their comments and conversations about looks affect the appearance-related attitudes of girls. A study showed the effect of peers’ attitude towards looks in the sun-tanning behavior of girls (Henderson-King & Brooks, 2009). In comparison with males, the vicarious experience in relation to appearance-related behaviors is stronger in females. As mentioned earlier, appearance-related messages that women receive are partly from media images of women’s bodies.

### **Messages via the Media**

Media has enormously contributed to the rise in number of cosmetic surgeries performed in the recent years (Swami et al., 2009). Media provides knowledge and familiarity with beautification methods, one of which is cosmetic surgery, and this familiarity increases people’s acceptance of cosmetic surgery. Previous studies show that more media

exposure predicts higher acceptance of and the likelihood of having cosmetic surgery. Media coverage of these surgeries allows people to see how they can positively affect people's lives, and people become more encouraged to try them (Tait, 2007).

Some argue that whether mass media (internet, movies, magazines, television) promotes ideals of beauty or whether it merely reflects the ideals that the public prefers, it still exploits these ideals and sends messages that they are associated with success (Sarwer et al., 2003).

Since clearly most women are unlikely reach the beauty standards reflected in movies and magazines by natural means, it is no wonder that they become dissatisfied with the way they look, and that they seek medical procedures to reach these standards (Sarwer et al., 2003).

Television is viewed as a domesticator of cosmetic surgery. Some television programs that discuss this topic publicize its practice. Many makeover shows imply that changing our physical appearance changes who we are as individuals (Jewel, Morton, & Schnaufer, 1996). According to the American Society for Aesthetic Plastic Surgery (ASAPS), there was a 44 percent rise in cosmetic surgeries in the United States between 2003 and 2004. Both the ASAPS and the American Society of Plastic Surgeons (ASPS) attribute the rise in the number of cosmetic procedures done in the United States of America in 2004 to some television programs promoting beautiful appearance (Tait, 2007).

In the presence of so many advertisements assuring improved attractiveness with cosmetic surgery (Henderson-King & Henderson-King, 2005), with cosmetic surgery magazines discussing the latest technologies in the field (Granatstein, 2004), and numerous television programs promoting cosmetic makeovers (Henderson-King & Henderson-King, 2005), people are more encouraged to have cosmetic surgery.

We will now discuss the effect of cosmetic surgery on people's psychological health.

## **Cosmetic Surgery and Psychological Benefits**

Health is defined by the World Health Organization (WHO) as “not only the absence of sickness” but rather “a state of full well-being: physical, mental, and social”. Hence, when patients seek cosmetic surgery, they may be physically healthy, but their self-esteem might be suffering, and this is reason enough to consider them unhealthy (Herna'ndez-Pe'rez & Khawaja, 2003).

About forty years ago, even mental health specialists did not consider beauty as a factor affecting people's psychology, and when they did, they generally saw it as a false effort at raising self-esteem. Cosmetic surgery patients were not viewed positively and were seen as superficial and trying to fix the external instead of working on their internal emotional conflicts. However, research in social psychology proved that appearance does matter and shed light on its effect on our life (Sarwer et al., 2003). Cosmetic surgery can be a method of “psychological healing and cultural empowerment”. The more attractive people are, the less stressed and the more satisfied they are, and the more balanced their life is (Ruel, 2007).

In this light, cosmetic surgeons are sometimes viewed as “psychiatrists with a scalpel” (Marshall, 2001), face lifts are viewed as “psychological lifts” (Nowak, 2006) cosmetic surgery loans become a “life raft” for many (Eid, 2008), and “cosmetic rehabilitation” (Rayner, 2000) gives the person the chance to heal psychological wounds and start all over again. Some specialists hold that relieving the psychological distress of a person is sometimes as important or even more important than relieving the person's physical pain (Bhattacharya, 2008), and cosmetic surgery can serve this purpose.

## **Cosmetic Surgery and Teenagers**

Adults are not the only ones seeking cosmetic surgery. In recent years, more adolescents have been going under the knife (Simis, Verhulst, & Koot, 2001). In 2000,

306,000 under-aged in the United States had cosmetic surgery and the number rose up to 335,000 only three years later. However, there is a lot of controversy about whether teenagers should be allowed to have such surgeries or not (Kaitlyn & Tiffany, 2008).

Some specialists argue that it is teenagers' right to feel good about how they look, and if cosmetic surgery can improve their self-esteem level then they should undergo it (Kaitlyn & Tiffany, 2008). They argue that if teenagers have access to information about the procedure and its risks, they should be able to make their choice of having cosmetic surgery. They even consider a cosmetic procedure medically necessary if it will make a teenager feel good about him or herself and improve daily activities and functioning (Marcus, 2000).

Other specialists hold that since teenagers' bodies are still not fully developed, the changes they do to their physical appearance at this age may not remain the same when they move into adulthood (Kaitlyn & Tiffany, 2008). Hence, they oppose cosmetic surgery for people who are still physically and mentally developing and who may not be aware that what they are doing to their bodies will have a permanent effect. They argue that procedures not aiming at making a specific organ function better should not be done to a child or teenager (Marcus, 2000).

### **Cosmetic Surgery and Religion**

Up to the twentieth century, most religions opposed cosmetic surgery. Even in the case of deformity, the deformed was considered as someone undergoing divine punishment. It was prohibited to fix what God has created. Nowadays, many religions have a crisis in connecting knowledge and faith and applying some of their ethics in the twenty first century that has tremendous technological advances (Atiyeh, Kadry, Hayek & Musharafieh, 2007).

The Islam religion regulates the life of Muslims, and the rule in Islam is that people should be satisfied with how God or "Allah" has created them. However, although changing "Allah's" creation is unlawful, Islam does not absolutely object to cosmetic surgery. It

considers science to be a responsibility given to human beings who should apply it to better the life of mankind and reduce misery and suffering. Rules provided by Islamic scholars or what is known in Arabic by “Fatwa’s” state that God has imposed no hardship on people in religion, so if surgery is done to fix an unusual defect in the body that causes psychological or physical pain and embarrassment, then it would be allowed. However, there is still ambiguity in Islam as to when cosmetic surgery is considered necessary or to what is causing pain to the individual- which is clearly relative- and there are diverse views in bioethical matters (Atiyeh et al., 2007).

### **Necessary Considerations for Specialists**

Almost half of cosmetic surgery patients meet criteria for a mental disorder. Up to 15 percent of cosmetic surgery patients have Body Dysmorphic Disorder (BDD) defined as “the preoccupation with an imagined or exaggerated defect in physical appearance” (Malick et al., 2008). Those with this personality disorder do not benefit from cosmetic surgery and operating on this population only makes the symptoms worse (Pavan, Vindigni, Semenzin, 2006) because the defect they see is either imagined or very exaggerated, and when fixed another will certainly arise and the patient will seek to fix it (Mackley, 2005).

Histrionic Personality Disorder, which is defined as “a pattern of excessive emotionality and attention seeking” is present in 9.7 percent of cosmetic surgery patients. These patients have unrealistic expectations about themselves and the outcomes of the cosmetic surgery they undergo. Patients with this personality disorder won’t be satisfied with their surgery even when the results are excellent (Malick et al., 2008).

Studies show that 25 percent of cosmetic surgery patients suffer from Narcissistic Personality Disorder, which is a pattern of grandiosity and need for admiration. People with this disorder do not benefit from cosmetic surgery because they would keep seeking perfect

looks in order to be more admired by others. If a person with this disorder is operated on, his or her condition usually becomes worse (Malick et al., 2008).

In a research done on 415 patients seeking cosmetic surgery in Japan, 47.7 percent turned out to be suffering from a mental disorder, such as schizophrenia, depressive episode, neurotic disorders, paranoid personality disorders, histrionic personality disorder, and persistent delusional disorders. More than half of the participants in that research were suffering from disturbance in social functioning (Rankin & Borah, 2006).

Also, operating on someone who is not screened for depression leads to the depressive state becoming more severe. Post-surgery disappointment, sleep disorders, and anxiety arise as psychological complications of people who undergo cosmetic surgery while in a state of depression. Post surgery complications may increase the anxiety and depression level of the patient (Woodstock, 2007).

In summary, operating on a psychologically unstable patient is risky because such patients are more likely to be dissatisfied with their surgery results, and in some countries many have taken legal action against what they believed were unsuccessful surgeries (Lane, 2006). Implications of the findings above are that cosmetic surgeons, counselors, and in case of the under-aged, parents and educators, should learn about the complications and the consequences of cosmetic surgery (Rankin & Borah, 2006), as well as a possible existing psychological disorder behind the choice of undergoing this surgery. In many cases, people would benefit much more from psychotherapy or medication than from cosmetic surgery (Meisler, 2000). We will end this chapter with an important note on what patients presenting to cosmetic surgery should consider before undergoing this medical procedure.

### **Necessary Considerations for Patients**

There is more criticism on cosmetic surgery than there are cosmetic surgery procedures (Gimlin, 2000). Cosmetic surgery, the only medical procedure that cuts up a



perfectly healthy body (Shute, 2004), carries with it many risks and complications (Gimlin, 2000).

As in the case of all medical operations, there are some risks and complications that may arise during or after surgery. Among the risks in a surgical procedure such as Rhinoplasty, or what is commonly known as nose job, are bleeding, a pinched or a drooping nose tip, and since the nose is an organ used for breathing, difficulties and complications in this area may arise. The most unfortunate result is the fact that the healing process of Rhinoplasty is not predictable and some end up having severe scars (Sharma, 2003).

Breast augmentation has profound side effects in almost 50 percent of the cases. These include swelling, deformation, scars, and much pain (Gimlin, 2000). Also, among other risks is the hardening of breast and the decrease or loss of sensitivity in that area of the body (Shapiro & Springen, 1992). Also, the body may react to the implants by forming fibrous tissue around them, which would have to be removed in a very painful procedure that in some cases also fails (Gimlin, 2000). In case the silicon implanted leaks into other areas of the body, the body's whole immune system will be affected (Shute, 2004).

Permanent nerve damage can follow a facelift, leaving the face numb for good. Blood clots, fluid depletion, and death are also some risks that can be caused by some cosmetic surgery procedures. In some cases an unsuccessful face-lift may leave the patient with a face void of expression (Gimlin, 2000).

After a liposuction procedure, pain, numbness, bruising, depigmentation, and an uneven texture in the skin are among the possible complications (Gimlin, 2000). This procedure is one of the most dangerous in cosmetic surgery as it may cause blood clots traveling to the lungs, infection, and other complications that can lead to death. On this note, in 2001, the death rate from liposuction procedures in the United States was 20 per 100,000 (Shute, 2004).



Although cosmetic surgery carries with it complications and risks that in some cases lead to death, the choice to undergo cosmetic surgery stays a personal one (Yoho, Romaine & O'Neil, 2005). However, cosmetic surgery is a medical procedure in the end, and like all medical procedures, it carries short-term and long-term risks of physical and psychological nature that should not be overlooked or underestimated.

We will restate the hypotheses of both parts of our study before proceeding. The 5 hypotheses of the first part of our study that will be tested are the following:

1. Acceptance of cosmetic surgery will be higher among females than it will be among males.
2. In comparison with other women, those whose peers had undergone cosmetic surgery would be more accepting of this surgery.
3. In comparison with other women, those whose mothers had undergone cosmetic surgery would be more accepting of this surgery.
4. In comparison with others, people who watch programs about cosmetic surgery will be more accepting of it.
5. Women's scores on BMI will be positively correlated with their acceptance of cosmetic surgery.

The hypotheses of the second part of our study, which is to examine the out-group and in-group perception of attractiveness of cosmetic surgery consumers in Lebanon, are the following:

8. In comparison with other women, a woman who has undergone cosmetic surgery will rate another higher on attractiveness if that woman has also undergone cosmetic surgery.

9. In comparison with other women, a woman who has undergone cosmetic surgery will rate another highest on attractiveness if she has undergone cosmetic surgery in the same area (face or body).

The first part of our research studied the acceptance of cosmetic surgery in the Lebanese youth and the reasons underlying this acceptance. We took into consideration factors related to the attitude towards cosmetic surgery such as gender, the presence of cosmetic surgery consumers in the participants' environment such as peers or mothers, and watching programs about cosmetic surgery.

Setting

The first part of the study took place in 4 private universities and one public university in Beirut. Participants were either sitting in the university cafeteria or in various places on campus.

Participants

Respondents at the five universities ranged in age from 17 to 38 and the mean age in this sample was ( $M = 20.69$ ). Participants who completed the questionnaire were 234, females ( $N = 139$ ) and males ( $N = 95$ ). Within this sample, 74.3 percent identified themselves as Muslim, 12.8 percent identified themselves as Christian, and 12.8 percent identified themselves as Druze.

Materials/Instruments

The questionnaire administered was the Acceptance of Cosmetic Surgery Scale (ACSS; Henderson-King & Henderson-King, 2005). It is a scale that consists of 15 items measuring aspects of an individual's attitudes about cosmetic surgery. It is rated on a 2-point scale (1 = strongly disagree, 2 = strongly agree). The attitudes measured had three dimensions: (1) intrapersonal (five items that represent attitudes related to the self-oriented benefits of cosmetic surgery; sample item: 'In the future, I could end up having some kind of

CHAPTER 3

Method

Part One

The first part of our research studied the acceptance of cosmetic surgery in the Lebanese youth and the reasons underlying this acceptance. We took into consideration factors related to the attitude towards cosmetic surgery such as gender, the presence of cosmetic surgery consumers in the participants' environment such as peers or mothers, and watching programs about cosmetic surgery.

Setting

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Participants

Respondents at the five universities ranged in age from 17 to 38 and the mean age in this sample was ( $M = 20.69$ ). Participants who completed the questionnaire were 234, females ( $N = 159$ ) and males ( $N = 75$ ). Within this sample, 74.3 percent identified themselves as Muslim, 12.8 percent identified themselves as Christian, and 12.8 percent identified themselves as Druze.

Materials/Instruments

The questionnaire administered was the Acceptance of Cosmetic Surgery Scale (ACSS; Henderson-King & Henderson-King, 2005). It is a scale that consists of 15 items measuring aspects of an individual's attitudes about cosmetic surgery. It is rated on a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*). The attitudes measured had three dimensions: (1) Intrapersonal (five items that represent attitudes related to the self-oriented benefits of cosmetic surgery; sample item: 'In the future, I could end up having some kind of

cosmetic surgery’); (2) Social (five items that measure social motivations for undergoing cosmetic surgery; sample item: ‘If it would benefit my career, I would think about having plastic surgery’), and; (3) Consider (five items that assess the likelihood that a participant would consider having cosmetic surgery; sample item: ‘If I could have a surgical procedure done for free I would consider trying cosmetic surgery’).

### **Reliability and Validity of Scale**

Previous research showed high internal consistency of the ACSS, good test–retest reliability after three weeks, and good convergent and discriminant validity. In one study, Cronbach's  $\alpha$  is very high for all three subscales: Intrapersonal .92, Social .90, Consider .90 (Henderson-King & Henderson-King, 2005).

### **Procedure**

The Acceptance of Cosmetic Surgery Scale (ACSS) was administered to students in five universities in the west side of Beirut. The questionnaires were administered between March 8<sup>th</sup> and April 29<sup>th</sup>, 2010.

Participants at the universities were recruited from different places on campus and from universities’ cafeterias. They were invited to take part in a study on cosmetic surgery, provided that they had not themselves undergone cosmetic surgery. They were informed of the purpose of the study and participated voluntarily. They were informed verbally that they were free to terminate their participation in the study at any time or omit answering any question they were uncomfortable with. Before responding to the attitudinal items, participants indicated their gender, age, educational and religious background, height and weight, whether their mother or any of their peers had undergone cosmetic surgery, and whether they watch programs on cosmetic surgery or not.

The researcher stayed with the participants all the time and answered questions they asked as they completed the questionnaires. All participants completed the entire study, and

none withdrew or terminated prematurely. At the end, participants were thanked for their participation and were given the researcher's contact mail in case they wanted to ask about the results.

## Part Two

In this part of the research, we studied the out-group perception of cosmetic surgery consumers, and we filled a gap in the cosmetic surgery literature regarding the in-group perception of consumers of cosmetic surgery. We will discuss the background theory behind this part of the study prior to discussing the method.

Many factors affect our perception of others whether regarding personality traits or physical appearance, and identification is one of these factors. The concept of social identification is related to someone's sense of belonging to a group or to an organization. This concept comes from the social psychology field. Social Identity Theory was originally developed by Tajfel and Turner in 1979 to explain the psychological basis of discrimination and bias among groups. It is known that people tend to favor in-group to out-group members (Stets & Burke, 2000).

People have a "personal," or individual identity, and a "social," or group, identity (Newman, Keough, & Lee, 2009). In social identity theory, people categorize and name themselves according to social categories. We know that we belong to a certain group when we share similarities and characteristics with its members. These members are then labeled the 'in-group', while others are the 'out-group'. This 'self-categorization' is known as 'identification'. It is through the process of identification that we come to form our identity. Human beings categorize each other, consciously and sometimes subconsciously, into a set of groups. Describing people as businessmen, housewives, or physically disabled are examples of how we categorize others in society (Stets & Burke, 2000).

After categorizing oneself into a group, the person forms comparisons between the group to which they belong and the out-group. They quest positive distinctiveness and they define themselves in terms of 'we'. Our categorizations play into our perception of others. We generally want to create favorable comparisons which make the groups we belong to appear better (Stets & Burke, 2000).

When we categorize ourselves into groups or identify with others, we highlight the likeness between ourselves and the other group members. We accentuate certain dimensions that we have in common with the groups such as behavior, attitudes, and values because this in turn serves to enhance our self-esteem (Stets & Burke, 2000).

In line with this, we sometimes hold negative views of consumers of cosmetics and cosmetic surgery (Cooper, 2007). This negative stereotype influences our perception of these consumers. A study showed that although make up is known to enhance looks, some non-users of make-up perceive people who wear makeup negatively both on physical attractiveness and on personality traits as they attribute it to superficiality or fakeness. In a study about this topic, university females and males were shown photos of women wearing make-up and other women not-wearing make-up. Raters viewed the make-up users with a negative lens and attributed less favorable characteristics to them (Huguet, Croizet, & Richetin, 2004).

In relation to cosmetic surgery, studies show that despite of the increasing acceptance of cosmetic surgery, non-consumers of such surgery hold stigma against its consumers and this affects their perception of these consumers. This is one reason why in many cases people who undergo cosmetic surgery do not disclose it to others and tend to keep it a secret (Crocker & Major, 1989). So, bias exists when we identify with others and view them more positively than they are, and it also exists when we do not identify with others and attribute negative characteristics to them. Based on this background, we formulated our two

hypotheses for this part stating that women who had cosmetic surgery would perceive others who also had such surgery higher on attractiveness than would other women, since they will have higher identification with them.

We will now go over the method used in the second part of the study.

### **Participants**

Participants at the cosmetic surgery clinic and at the medical clinic were all females ( $N = 60$ ), ranging in age from 18 to 60 years ( $M = 35.63$ ), recruited from a selective convenient sample. Of the women, around 93.3 percent ( $N = 56$ ) identified themselves as Muslim, around 5 percent ( $N = 3$ ) identified themselves as Druze, and 1.6 percent ( $N = 1$ ) identified themselves as Christian. Half of the women ( $N = 30$ ) had post-school education.

### **Material**

A photo of a young lady was shown to women visiting a beauty clinic in Beirut for a regular post-cosmetic surgery follow up. The photo was in black and white to reduce the effect colors may have on people's ratings, and it depicted a young woman in casual clothing. It was chosen after it received average ratings on attractiveness in a pilot study ( $M = 3.00$ ). The photo was administered to the participants along with a rating scale of attractiveness ranging from 'strongly disagree' to 'strongly agree' that the woman is attractive, where '0' indicates that the participant strongly disagrees and '6' indicates that the participant strongly agrees that the lady in the photo is attractive.

### **Procedure**

Participants at the cosmetic surgery clinic in Beirut were a convenient sample selected and referred by the cosmetic surgeon himself. They were visiting the clinic for a post-surgery follow-up. The 40 women in this sample were divided into two groups each consisting of twenty women: a group who has undergone cosmetic surgery in the face, and another that has undergone cosmetic surgery in the body. Each of these two groups was in turn divided into

two groups: one rated the lady in the photo as someone with facial cosmetic surgery, and one rated her as someone who had cosmetic surgery in the body. Hence, we had 4 groups each consisting of ten women.

The control group at the regular medical clinic in Beirut also consisted of female patients ( $N = 20$ ) who were visiting the clinic for a regular check up. This group reported being non-consumers of cosmetic surgery and was in turn divided into two groups each consisting of ten women. Each of these groups was given the same photo used with the women at the cosmetic surgery clinic and was asked to rate the lady in the photo according to a different given: that the lady had undergone facial cosmetic surgery, or that she had undergone cosmetic surgical procedure in the body.

In order to have a reference score of attractiveness of the lady in the photo, at the beginning of our study, we administered the photo and the rating scale to 20 women at the medical clinic so as to know what the attractiveness rating of the lady is independently of any given.

At both clinics, the photo to be rated was also administered to each woman individually in a separate room at the clinic along with the attractiveness rating scale form. Patients participated voluntarily after being informed about the purpose of the study. The procedure took less than 5 minutes to complete.



Chapter Four

Results

Part One

Following are the results of the first part of our study about the acceptance of cosmetic surgery in Lebanon.

Acceptance of Cosmetic Surgery

To test the difference in acceptance of cosmetic surgery between males and females, an independent samples t- test was conducted on the groups. Scores showed a significant difference in scores between males ( $M = 47.13$ ) and females ( $M = 60.75$ ). Females showed higher acceptance of cosmetic surgery than did males. Hence, hypothesis 1 is accepted (see table 1).

Further analysis of results showed a significant difference in acceptance of cosmetic surgery between males and females on all three subscales of the Acceptance of Cosmetic Surgery Scale. On the “Social” subscale, which measures the acceptance of cosmetic surgery for social reasons, females scored higher ( $M = 16.62$ ) than males ( $M = 10.43$ ), on the “Intra” subscale, which is a subscale measuring the acceptance of cosmetic surgery for personal reasons, females also scored higher ( $M = 24.47$ ) than males ( $M = 21.60$ ). Results also showed that females scored higher on the third subscale “Consider” ( $M = 19.67$ ), than males did ( $M = 15.11$ ), and this subscale measures the degree to which participants consider undergoing a cosmetic surgical procedure (see table 1).

Watching Programs		N	Mean	Std. Deviation	t	Sig. (2-tailed)
ACSS	No	98	49.35	17.300	-4.628	.000
	Yes	136	61.46	22.708		

Table 1

Difference between Males and Females in Acceptance of Cosmetic Surgery

Gender		N	Mean	Std. Deviation	t	Sig. (2- tailed)
ACSS	male	75	47.13	16.839	-5.210	.000
	female	159	60.75	22.014		
Social	male	75	10.43	6.506	-5.681	.000
	female	159	16.62	9.950		
Intra	male	75	21.60	7.809	-2.680	.008
	female	159	24.47	7.548		
Consider	male	75	15.11	5.938	-5.218	.000
	Female	159	19.67	6.833		

Viewing Cosmetic Surgery Programs

To test the difference in acceptance of cosmetic surgery in males and females who watch programs about cosmetic surgery and those who do not, an independent samples t- test was conducted. Results showed a significant difference in scores between participants who watched such programs ( $M = 61.46$ ), and those who did not ( $M = 49.35$ ). People who watch programs about cosmetic surgery have higher acceptance of it. Hence, H2 is accepted (see table 2).

Table 2

Acceptance of Cosmetic Surgery and Viewing of Cosmetic Surgery Programs

Watching Programs		N	Mean	Std. Deviation	t	Sig. (2-tailed)
ACSS	No	98	49.35	17.300	-4.628	.000
	Yes	136	61.46	22.708		

**Peers and Cosmetic Surgery**      A Pearson Spearman correlation was conducted. Results

shows To test the difference in cosmetic surgery acceptance in females who have peers that had cosmetic surgery and those who did not, an independent samples t- test was conducted. Results showed a significant difference in scores for participants that had peers who had undergone cosmetic surgery and those who did not. These results were in line with our third hypothesis. Hence, H3 is accepted (see table 3).

Table 3      Further analysis of variance (ANOVA) was conducted on the religion of participants

and the      Acceptance of Cosmetic Surgery and Having Peers Who Had Surgery      not related to

Peer Surgery	N	Mean	Std. Deviation	t	Sig. (2-tailed)
No	48	47.27	18.043	-5.953	.000
Yes	68	21.088			

**Mothers and Cosmetic Surgery**      Summary of Results

To test the difference in cosmetic surgery acceptance in females whose mothers had cosmetic surgery and those whose mothers did not, an independent samples t- test was conducted. Results did not show a significant difference in scores of the two groups. These results contradicted our fourth hypothesis stating that a woman’s attitude towards cosmetic surgery would be related to the fact that her mother had undergone cosmetic surgery (see table 3). Hence, H4 is not accepted (see table 4).

Table 4

Participants’ Acceptance of Cosmetic Surgery and Having Mothers Who Had Surgery

Mother and Cosmetic Surgery	N	Mean	Std. Deviation	t	Sig. (2-tailed)
ACSS	No	207	55.64	-1.480	.140
	Yes	27	62.11		

**Body Mass Index**      The results showed no relation between men and women’s general

acceptance To test the relationship between women’s body mass index (BMI) and their

acceptance of cosmetic surgery, a Pearson Spearman correlation was conducted. Results showed a positive correlation between women's (BMI and their acceptance of cosmetic surgery  $r(159) = .208, p < .009$ . Hence, H5 is accepted.

There was also positive correlation between women's BMI and their scores on the "Social" scale  $r(159) = .210, p < .008$ , and their scores on the "Consider" scale  $r(159) = .241, p < .002$ .

Further analysis of variance (ANOVA) was conducted on the religion of participants and their acceptance of cosmetic surgery. Acceptance of cosmetic surgery was not related to the participants' religious backgrounds: Muslim, Christian, and Druze.

As to the Acceptance of Cosmetic Surgery Scale (ACSS) used in this study, reliability statistics were conducted and the Cronbach's Alpha of the scale was very high: 0.931

### Summary of Results

In comparison with men, women had higher acceptance of cosmetic surgery, considered it more, and accepted it for both intrapersonal and social reasons.

Women who had peers that were consumers of cosmetic surgery were more accepting of this type of surgery.

The higher the BMI of a woman the more accepting she was of cosmetic surgery for social reasons and the more she considered having a cosmetic surgical procedure done in the future.

Results did not show any relation between women's acceptance of cosmetic surgery and having mothers who were consumers of this kind of surgery.

Both men and women who reported watching programs about cosmetic surgery were more accepting of it.

On another note, results showed no relation between men and women's general acceptance of cosmetic surgery and their religious background.

Part Two

For the second part of our study, Analysis of Variance (ANOVA) was conducted on ratings of attractiveness. In comparison with other women, those who had undergone cosmetic surgery rated the lady who had allegedly undergone cosmetic surgery higher on attractiveness. This was in line with our sixth hypothesis stating that consumers of cosmetic surgery would rate other consumers of such surgery higher on attractiveness than would non-consumers. Hence, hypothesis six was accepted. However, results contradicted our seventh hypothesis. Women did not rate the lady higher on attractiveness when they were told that she had undergone cosmetic surgery in the same area as they had. Hence, our seventh hypothesis was not accepted (see table 5).

Table 5  
Means of Ratings of Lady's Attractiveness by the Three Groups of Raters

Ratee's Surgery	Rater's Surgery			
	Body	Face	None	
	Body	5.70	4.30	3.30
	Face	4.10	5.20	3.00

An independent samples t-test was conducted on scores on attractiveness given by non-cosmetic surgery consumers who rated the attractiveness of the lady knowing that she had undergone cosmetic surgery and those non-cosmetic surgery consumers who rated her independent on any given. Results showed that non-consumers of cosmetic surgery would not rate a woman any differently on attractiveness when they learn that she is a cosmetic surgery consumer (see table 6).

Table 6

Ratings of Lady’s Attractiveness By Non-Consumers of Cosmetic Surgery

	N	Mean	Std. Deviation	t	Sig.(2-tailed)
NS	20	3.30	.943	-1.48	.140
NN	20	3.45	1.059		

\*NS: Women who didn’t do surgery but were told lady to be rated had surgery

\*NN: Women who didn’t do surgery and were not told anything about lady to be rated

It’s noteworthy that all 3 groups of women: those who had cosmetic surgery in the face, those who had cosmetic surgery in the body, and those who did not have cosmetic surgery (control group at the regular medical clinic), consistently rated the lady higher when they were told she had undergone surgery in the face (see figure 1).

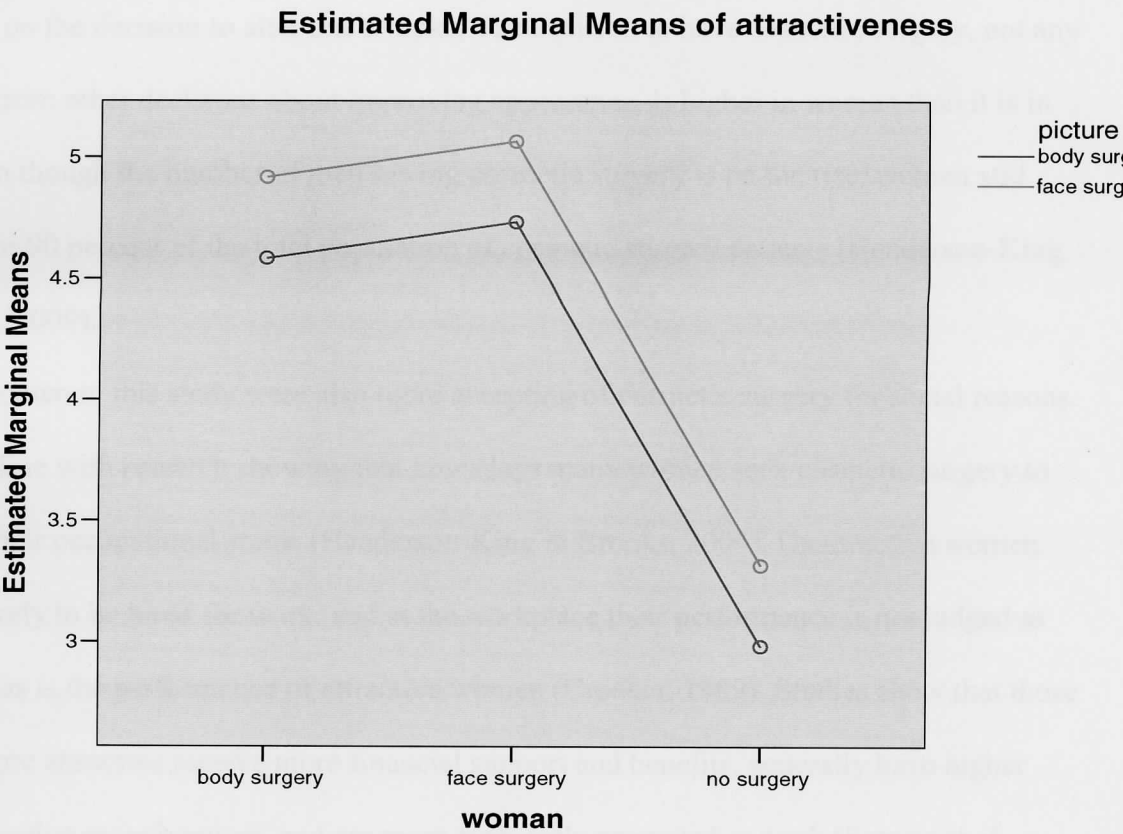


Figure 1

Ratings of Attractiveness of Lady in Photo by the 3 Groups of Women

## CHAPTER 5

**Discussion****Part One**

Findings from the first part of our study indicate that women are more accepting of cosmetic surgery than men are. This is in line with previous studies demonstrating the social pressure on females to look their very best. This social pressure is related to women's acceptance of using surgical techniques to achieve a more beautiful appearance. Girls and women are much more likely to feel shameful of their bodies and to be anxious about appearance than are boys and men (Henderson-King & Brooks, 2009). Hence, females represent most cosmetic surgery patients nowadays (Essig, 2009).

Our results also indicate that women are more likely than men to consider having a cosmetic surgery procedure sometime in their life. This is in line with studies about the effect of gender on the decision to alter one's looks. The decision to have cosmetic surgery, not any different from other decisions about improving appearance, is higher in women than it is in men. Even though the number of men having cosmetic surgery is on the rise, women still account for 90 percent of the total population of cosmetic surgery patients (Henderson-King & Brooks, 2009).

Women in this study were also more accepting of cosmetic surgery for social reasons. This is in line with research showing that nowadays many women seek cosmetic surgery to improve their occupational status (Henderson-King & Brooks, 2009). Unattractive women are less likely to be hired for work, and at the workplace their performance is not judged as favorably as is the performance of attractive women (Crocker, 1989). Studies show that those seen as more attractive receive more financial support and benefits, generally have higher salaries, receive more bonuses, and are more frequently promoted at work (Sarwer et al., 2003). When asked if occupational status would be improved if people improved their looks,

66 percent of women thought it would (Starch, 2001). People also have better social relationships in general when they improve their appearance. In many social interactions, those who are more beautiful are treated more positively than those who are less considered less beautiful. Those who are viewed as attractive tend to have better romantic relationships and have more sexual experiences in comparison to those considered less attractive (Sarwer et al., 2003). Hence, it is understandable why women would seek cosmetic surgery for interpersonal reasons.

Women in this study were also more accepting of cosmetic surgery for intrapersonal reasons. This is in line with studies showing that some seek cosmetic surgery in order to improve how they feel about their looks. Enhancing appearance in various behaviors including cosmetic surgery can improve one's self-esteem and decrease psychological distress. However, it is notable to say that the intrapersonal and the social interact, and a person with better social life feels better about him or herself, and vice versa (Henderson-King & Brooks, 2009).

In our study, having peers who had undergone cosmetic surgery was related to women's acceptance of cosmetic surgery. This is in line with previous studies reporting that appearance related-attitudes of peers predict women's acceptance of cosmetic surgery. We are generally affected by our peers and their attitude towards looks, and in our sample, participants were college-aged, which makes them even more susceptible to being influenced by what their peers do (Henderson-King & Brooks, 2009). Also, this can be due to witnessing the positive effect cosmetic surgery had on their peers' relationships and social life. Studies show how cosmetic surgery can have positive changes on the social life and the self-esteem of an individual (Thorpe et al., 2004). Also, if many people in our surroundings continuously improve their physical appearance, the "norm" of beauty in our social circle will change. Those who were considered "attractive" or "beautiful" will no longer be seen as attractive if



many people around them are engaging in behaviors aiming at achieving “ideal” appearance. People will have to compete with the so many more attractive people around them, and this may push them to consider cosmetic surgery to live up to the beauty standards existing around them.

Studies demonstrate how the attitude of parents towards appearance is related to girls’ appearance-enhancing behaviors. In one study, the attitude of fathers towards appearance predicted college female’s acceptance of cosmetic surgery (Henderson-King & Brooks, 2009). However, in our study, having mothers who had undergone cosmetic surgery was not related to women’s acceptance of cosmetic surgery. Reasons for this can be that the women’s mothers had unsuccessful surgeries, which is understandable considering many low-cost and lower-quality surgeries done in Lebanon. The mothers may have had post-surgery complications or may have ended up having worse appearance, which made their daughters less encouraged about cosmetic surgery. Another explanation for this is that mothers may have had unrealistic expectations about surgery and might have had it for the wrong reasons, and were hence feeling worse off than they had been before surgery (Thorpe et al., 2004).

Background literature shows how media is a contributing factor to our internalization of beauty standards. Since very young age, we are exposed to messages of what is beautiful and how to achieve it. There is substantial literature demonstrating the effect of media on our beauty-seeking behaviors such as using cosmetics, following fashion trends, and undergoing surgical procedures to enhance physical appearance (Henderson-King & Brooks, 2009). Results in our study were in line with this, since they showed a relationship between watching programs and documentaries about cosmetic surgery and participants’ acceptance of and considering having such surgery. In recent years, many Lebanese channels have started showing documentaries and live programs of how cosmetic procedures are performed, talk shows about the topic, and makeover programs that change appearance and improve the

life of individuals. This might have contributed to people's increasing acceptance of such type of surgery in Lebanon.

In our sample of college women, as the BMI increased, the acceptance of cosmetic surgery increased, and so did considering surgery in the future. This is in line with studies showing that weight is a reason for women to be dissatisfied with their body and a predictor of more engagement with appearance-related behaviors (Henderson-King & Brooks, 2009). In a survey in the United States, 28 percent of women reported considering a cosmetic surgery procedure such as liposuction in order to lose weight. Women in our sample who were overweight were also more accepting of cosmetic surgery for social reasons. Studies show that women who are more attractive have better interpersonal relationships, better professional and romantic life (Ruel, 2007), and being over-weight is not favored in the current beauty standards. Some studies show that nowadays even when women have normal weight, they continue to be dissatisfied with their body and engage in weight-loss behaviors (Henderson-King & Brooks, 2009).

On another note, our results showed no difference in acceptance of cosmetic surgery among people from the Islamic religion although this religion is known to forbid cosmetic surgery unless it is a case of congenital defects or burns and deformity due to accidents (Atiyeh et al., 2007).

Implications of this study are that more women in Lebanon will go under the knife in the coming years. Future research can tackle the personality traits of the women accepting cosmetic surgery in Lebanon.

## Part Two

Women who had undergone cosmetic surgery in the face or the body rated cosmetic surgery consumers in general higher on attractiveness than did non-consumers of such surgery. This is in line with our hypothesis which we based on the social identification

theory. This theory states that people categorize themselves into groups with whom they share certain attitudes and behaviors. Then group members identify with one another and accentuate the dimensions they share as this serves to enhance their confidence and self-esteem (Stets & Burke, 2000). Hence, in our sample, cosmetic surgery consumers identified with one another. The in-group perception of attractiveness of the lady in the photo was better when compared to the perception of the out-group. However, the identification was not higher when the rater had undergone cosmetic surgery in the same area as the lady being rated. The fact that the lady had surgery was reason enough for raters to identify with her, regardless of the type of surgery she had undergone.

All raters perceived the lady as more attractive whether they were told that she had undergone surgery in the face or in the body. There might have been a confounding factor playing into that rating. The face of the lady in the photo might have been perceived as more attractive than her body.

Research shows that non-consumers of cosmetic surgery hold negative views of consumers of this surgery (Cooper, 2007). People sometimes hold negative stereotype against these consumers which affects their perception of them (Huguet et al., 2004). In our sample, this was not present since results showed that ratings of non-consumers of the lady's attractiveness did not differ from the ratings she originally received. This means that in our sample, Lebanese women did not hold bias against cosmetic surgery consumers but accepted this method of appearance enhancement.

Implications of our results are that women with cosmetic surgery perceive others who undergo these surgeries as more attractive. They may identify with this population and hence overrate the results of cosmetic surgery. Also, those who have cosmetic surgery are not viewed differently regarding attractiveness. Women should not keep their surgery a secret fearing that people would view them as less attractive because their beauty is not natural but

acquired. Future research may tackle how the out-group and the in-group perceive cosmetic surgery consumers regarding personality traits.

### **Conclusion: Part One and Part Two**

In the first part of our research, we studied the out-group perception of cosmetic surgery, how the Lebanese youth perceive this kind of surgery, which gender is more accepting of it, reasons behind this acceptance such as intrapersonal and social reasons, factors that are related to the acceptance of cosmetic surgical procedures such as having peers and parents who are consumers of this surgery. The second part addressed how consumers of cosmetic surgery were perceived by consumers as well as non-consumers of this surgery.

General results concerning the out-group perception of cosmetic surgery and the out-group and in-group perception of consumers of this surgery showed the following:

- Young Lebanese females are more accepting of cosmetic surgery than are young Lebanese males. Among the factors related to this acceptance in both males and females is watching programs on this topic. Factors related to females' acceptance is their body weight and their having peers who undergo cosmetic surgery.
- Older Lebanese females do not hold bias against other female users of cosmetic surgery.
- Older Lebanese females who use cosmetic surgery perceive results of cosmetic surgery in a better light.

## References

- Atiyeh, B., Kadry, M., Hayek, S., & Musharafieh, R. (2007). Aesthetic surgery and religion: Islamic law perspective. *Aesthetic Plastic Surgery*
- Bhattacharya, S. (2008). Jacques Joseph: Father of modern aesthetic surgery. *Indian J Plastic Surg Supplement*, 41, S3-S8.
- Brown, A., Furnham, A., Glanville, L., & Swami, V. (2007). *Aesthetic Surgery Journal*, 27, 501- 508.
- Brumberg, J. (1997). Silicon valley. *The Nation*. December 29, 1997, 38-40.
- Cooper, L. (2007). Nursing students' perceptions of clients undergoing elective cosmetic surgery. *Plastic Surgical Nursing*, 27, 157-161.
- Crerand, C., Infield, A., & Sarwer, D. (2007). Psychological considerations in cosmetic breast augmentation. *Plastic Surgical Nursing*, 27, 146-154.
- Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self protective properties of stigma. *Psychological Review*, 96, 608-630.
- Dolsky, R. (1999). Cosmetic surgery in the united states: Its past and present. *Dermatol Surg*, 25, 886-89.
- Eid, G. (2008). First national bank's plastic surgery loan: Beauty is no more a luxury. Retrieved on April, 2010 from <http://www.iloubnan.info/business/interview/id/25884/titre/First-National-Bank-s-Plastic-Surgery-Loan:-beauty-is-no-more-a-luxury%E2%80%A6>
- Elliott, C. (2004). Putting Your Best Face Forward. *Psychology Today*, 48-49.
- Essig, L. (2009). Ordinary ugliness. *Chronicle of Higher Education*, 55, B10-B11.
- Figueroa, C. (2003). Self-esteem and cosmetic surgery: Is there a relationship between the two? *Plastic Surgical Nursing*, 23, 21-24.
- Gimlin, D. (2000). Cosmetic surgery: Beauty as a commodity. *Qualitative Sociology*, 23, 77-

- 98.
- Granatstein, L. (2004). Knife Life. *Media Week*, 14, 32-35.
- Henderson- King, D., & Henderson- King, E. (2005). Acceptance of cosmetic surgery: Scale development and validation. *Elsevier*, 2, 137-149.
- Henderson-King, D. & Brooks, K. (2009). Materialism, sociocultural appearance messages, and parental attitudes predict college women's attitude about cosmetic surgery. *Psychology of Women Quarterly*, 33, 133-142.
- Hernández-Pérez, E. & Khawaja, H. (2003). Praise for cosmetic surgery. *International Journal of Cosmetic Surgery and Aesthetic Dermatology*, 5, 207-211.
- Huss-Ashmore, R. (2000). 'The real me': Therapeutic narrative in cosmetic surgery. *Expedition*, 42, p26, 12p.
- Ishigooka, J., Iwao, M., Suzuki, M., Fukuyama, Y., Murasaki, M., & Miura, S. (1998). Demographic features of patients seeking cosmetic surgery. *Psychiatry and Clinical Neurosciences*, 52, 283-287.
- Kaitlyn, A., Tiffany, L. (2008). Teens under the knife. *Current Events*, 108, p7-7, 1p.
- Kisely, S., Morkell, D., Allbrook, B., Briggs, P., & Jovanovic, J. (2002). Factors associated with dysmorphic concern and psychiatric morbidity in plastic surgery outpatients. *Australian and New Zealand Journal of Psychiatry*, 36, 121-126.
- Kohl, M. (2000). Cosmetic surgery benefits more than just appearance. *Ophthalmology Times*, 25, Issue 9.
- Lane, C. (2006). Psychological elements contributing to cosmesis. *Orbit*, 25, 259-260.
- Mackley, C. (2005). Body dysmorphic disorder. *Dermatol surg*, 31, 553-558.
- Malick, F., Howard, J., & Koo, J. (2008). Understanding the psychology of cosmetic surgery patients. *Dermatologic therapy*, 21, 47-53.
- Marcus, M. (2009). What children will do to look 'normal'. *USA Today*,

- Markey, C. & Markey, P. (2009). Correlates of young women's interest in obtaining cosmetic surgery. *Sex Roles*, 61, 158-166.
- Marshall, S. (2001). The restoration age. *Crain's New York Business*, 17, p3, 2p, 1bw.
- Meisler, J. (2000). Conversation with the experts. Toward optimal health: The experts discuss cosmetic surgery. *Journal of Women's Health & Gender-Based Medicine*, 9, 13-18.
- Newman, L., Keough, K., & Lee, R. (2009). Group identification and college adjustment: The experience of encountering a novel stereotype. *The Journal of Social Psychology*, 149(6), 694-708.
- Nowak, R. (2006). When looks can kill. *New Scientist*, 192, Issue 2574.
- Pavan, C., Vindigni, V., Semenzin, M., Mazzoleni, F., Gardiolo, M., & Simonato, M. (2006). Personality temperament and clinical scales in an Italian plastic surgery setting: What about body dysmorphic disorder? *International Journal of Psychiatry in Clinical Practice*, 10(2), 91-96.
- Rankin, M. & Borah, G. (2006). Psychological complications: National plastic surgical nursing survey. *Plastic Surgical Nursing*, 26, 178-183.
- Rayner, V. (2000). Cosmetic rehabilitation. *Dermatology Nursing*, 12, p267, 5p.
- Renahan, A. (2007). Facing extinction: The lebanese nose-plastic surgery is gaining popularity. Retrieved on April 2010, from [http://almashriq.hiof.no/lebanon/600/610/617/lebanese\\_nose.html](http://almashriq.hiof.no/lebanon/600/610/617/lebanese_nose.html)
- Ruel, M. (2007). Vanity tax. *The Journal of Legal Medicine*, 28, 119-134.
- Sarwer, D., Grossbart, T. & Didie, E. (2003). Beauty and society. *Seminars in Cutaneous Medicine and Surgery*, 22, 79-92.
- Sarwer, D., Magee, L., & Clark, V. (2004). Physical appearance and cosmetic medical treatments: physiological and socio-cultural influences. *Journal of Cosmetic Dermatology*, 2, 29-39.



- Shapiro, L., Springen, K. (1992). What is it with women and breasts? *Newsweek*, 119, issue 3.
- Sharma, V. (2002). Changing faces: Patient information on cosmetic surgery part 1. *International Journal of Cosmetic Surgery and Aesthetic Dermatology*, 4, 269-278.
- Sharma, V. (2003). Changing faces: Patient information on cosmetic surgery-Part 3. *International Journal of Cosmetic Surgery and Aesthetic Dermatology*, 5, 13-22.
- Shiffman, M. (2001). Beauty in cosmetic surgery. *International Journal of Cosmetic Surgery and Aesthetic Dermatology*, 3, 233-234.
- Shute, N. (2004). The price of beauty. *Economist*, 322, issue 7741.
- Shute, N. (2004). Makeover Nation. (cover story). *U.S. News & World Report*, 136, 52-63.
- Simis, K., Verhulst, F., & Koot, H. (2001). Body image, psychosocial functioning, and personality: How different are adolescents and young adults applying for plastic surgery? *Child Psychology and Psychiatry*, 42, 669-678.
- Swami, V., Chamoro-Premuzic, T. Bridges, (2009). Cosmetic surgery no longer for the rich and vain. *USA Today Magazine*, 123, 60.
- Tait, S. (2007). Television and the domestication of cosmetic surgery. *Feminist Media Studies*, 7, 121-134.
- Thorpe, S.J., Ahmed, B., & Steer, K. (2004). Reasons for undergoing cosmetic surgery: A retrospective study. *Sexualities, Evolution, and, Gender*, 6.2-3, 75-96.
- Woodstock, L. (2001). Skin deep, soul deep, mass mediating cosmetic surgery in popular magazines 1968-1998. *The Communication Review*. 4, 421-442.
- Yoho, R., Romaine, J., O'Neil, D. (2005). Review of liposuction, abdominoplasty, and face-lift mortality and morbidity risk literature. *Dermatologic surgery*, 31, 733-743.



APPENDIX A

Demographic Background

Gender: Male ☐ Female ☐

Age: .....

Religion: Muslim ☐ Christian ☐ Druze ☐ Other ☐ please specify .....

Education: B. A ☐ M.A ☐ PHD ☐

Weight (in Kg): .....

Height (in cm): .....

Has your mother undergone cosmetic surgery? No ☐ Yes ☐

Has any of your peers had cosmetic surgery? No ☐ Yes ☐

Do you watch programs on cosmetic surgery? No ☐ Yes ☐

Thank you

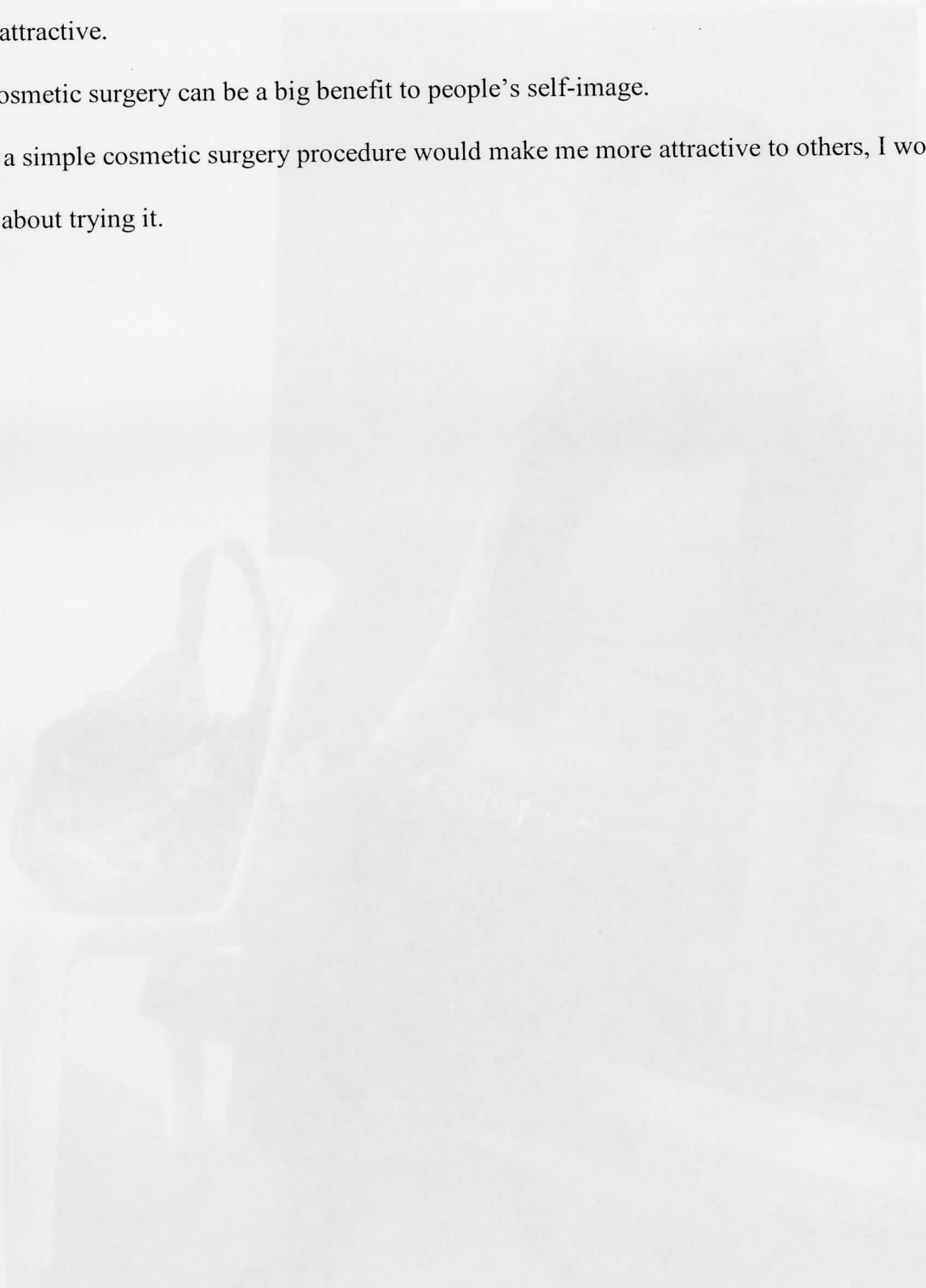
APPENDIX B

Acceptance of Cosmetic Surgery

At the end of each statement, kindly place the number that corresponds to your attitude towards it according to the following:

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Moderately Disagree	Undecided	Moderately Agree	Agree	Strongly Agree

- 1. It makes sense to have minor cosmetic surgery rather than spending years feeling bad about the way you look.
- 2. Cosmetic surgery is a good thing because it can help people feel better about themselves.
- 3. In the future, I could end up having some kind of cosmetic surgery.
- 4. People who are very unhappy with their physical appearance should consider cosmetic surgery as one option.
- 5. If cosmetic surgery can make someone happier with the way they look, then they should try it.
- 6. If I could have a surgical procedure done for free I would consider trying cosmetic surgery.
- 7. If I knew there would be no negative side effects or pain, I would like to try cosmetic surgery.
- 8. I have sometimes thought about having cosmetic surgery.
- 9. I would seriously consider having cosmetic surgery if my partner thought it was a good idea.
- 10. I would never have any kind of plastic surgery.

11. I would think about having cosmetic surgery in order to keep looking young.
  12. If it would benefit my career I would think about having plastic surgery.
  13. I would seriously consider having cosmetic surgery if I thought my partner would find me more attractive.
  14. Cosmetic surgery can be a big benefit to people's self-image.
  15. If a simple cosmetic surgery procedure would make me more attractive to others, I would think about trying it.
- 

APPENDIX C

Photograph



APPENDIX D

Attractiveness Rating Scale

Please indicate how much you agree or disagree with the following statement in relation to the attached picture.

0	1	2	3	4	5	6	
Strongly	Disagree	Slightly	Undecided	Slightly	Agree	Highly	
Disagree		Disagree		Agree		Agree	
This person is attractive	0	1	2	3	4	5	6

Thank You