

**Nip/Tuck: cosmetic surgery and the influence of body image and
self esteem in young adults.**

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Abstract

This study investigates the influence of Self Esteem and Body Image on young adults who have undergone cosmetic surgery. There were a total of 212 participants who took part in the research, 109 participants were female and 103 were male. A total of 46 participants admitted to undergoing some form of cosmetic surgery. The questionnaire contained biographical details and a brief self developed questionnaire to distinguish between participants who have had cosmetic surgery and who have not. Rosenberg self esteem scale was used to measure self esteem among participants. To measure body image, a body esteem scale by Franzoi and Shields was used. The mean score for self esteem in relation to participants who have had cosmetic surgery is 30.13 and the participants who had no cosmetic surgery is 32.60. There was a significant difference between the two groups, this was supported using the t-test ($t(210) = -2.38, p > .018$). The mean score in body image for males who do have had cosmetic surgery is 33.70. The mean score for males who do not have cosmetic surgery with relation to body image is 132.50. There is not a significant difference in male body image between men who have cosmetic surgery and not. This is supported with the t-test ($t(211) = -.330, p > .742$). The mean score for body image in females with cosmetic surgery is 122.63 and the score for body image in females with no cosmetic surgery is 124.12. There was not a significant difference in body image between females with cosmetic surgery and those without. This is supported using the t-test ($t(107) = .590, p > .747$).

Introduction

Body image can be defined as the picture of our own body, which we make up in our own mind and describes how we feel about ourselves (Grogan, 1999). It is a term which for many years has fascinated and bewildered neurologists and psychologists alike. Every single person has a body image or a perception of how one looks, body image has a strong emotional connection to the experiences one has in a lifetime. “Our image of our body plays a major role in how we feel, what we do, whom we meet, whom we marry and what career path we choose even if its precise meaning and its role in mental well being continue to delude psychologists” (Blood, 2005). This is to say that how we as a person see ourselves or depict ourselves is influenced by the world around us. We are a product of our environment. “Body image is a psychological phenomenon which is significantly affected by social factors” (Grogan, 1999, pg 2). It is the society in which we live in that determines for us what beauty is and what is acceptable. In the 1920’s, it was Paul Schilder an Austrian psychiatrist and psychoanalyst, who carried out research which studied the individuals own perception of not only their body but also their size, shape and attractiveness relating to what was seen as acceptable or ‘beautiful’ at the time. Schilder was the first to research and study body image within a “psychological and sociological framework” (Grogan, 1999, pg.1). In the 1950’s it was the curvaceous figure of Marilyn Monroe which was the epitome of beauty and to which women aspired to look like. It was only a decade later that this changed. The thin androgynous figure of model Twiggy seen as acceptable or beautiful. There are ever changing social and cultural attitudes towards body image and appearance. “Society’s changing beauty ideals, when coupled with age related changes may have affected the body image of different generations in different ways” (Grogan, 1999). For today’s generation the

“ideal body image is depicted as youthful and slim” (Demarest & Allen, 2000). This desire to hold on to your youth is very much so a western phenomenon where the young want to grow up and the old want to stay young. Body image does not only represent the physical appearance or external attributes of a person but it also moulds and shapes their mentality. “It is not only concerned with external and objective attributes but also with subjective representations of physical appearance: beliefs, feelings, sensations and perceptions about the body” (Blood, 2005).

We are living in an image obsessed culture where having the right look has become a widespread narcissistic fascination and one which largely influences social relationships (Danesi, 2003). Erikson has argued that people “who were unsuccessful in constructing an appropriate body image to fulfil peer expectations would develop an identity crisis which tend to bring about drastic consequences including withdrawal from most forms of social contact with others” (Danesi, 2003, pg 38). Body image is the attitudes, thoughts and feelings related to the appearance of our own body (Kirsch, 2010). Body dissatisfaction is the desire to lose weight and the preoccupation with body weight, shape and food. Dieting and also bingeing and vomiting are quite common in the Western world, including young girls (Malson, 1998). People are generally satisfied or dissatisfied with their appearance and how they look in terms of weight, shape, muscle tone and even height (Kirsch, 2010). Body shame or body dissatisfaction is a negative reaction to one’s weight or an idealized perception of slimness (Malson, 1998). The preoccupation of one’s appearance or body image generally starts during puberty but it manifests itself in younger children before that. Pre-adolescents nowadays are just as body conscious as their older adolescent counterparts (Danesi, 2003). It is accepted culturally that a person’s appearance and thinness is a vital factor in an effort to have success and happiness. Self worth is equal in relation to a woman or a girl’s self-perceived attractiveness (Cash & Pruzinsky, 2002). In report carried out by J. Kevin

Thompson, 100 women who did not have any kind of eating disorder were tested for body image dissatisfaction and 95% of the participants over estimated their body size by an average of a quarter (Blood, 2005). There are different theories to suggest as to why people, especially women over estimate the size of their body. Some believe that it is to do with a visual-spatial problem in the brain that interferes with accurate perception. Other researchers tend to believe that the problem lies in emotion rather than cognition. This then means one's perception of their body is determined by what other people feel or think (Blood, 2005).

Body image distortion or BID can be related to patients who suffer from anorexia nervosa, many of the sufferers insist that they are overweight even though their bodies have become grotesquely emaciated (Malson, 1998). Body dissatisfaction and dieting seem to be more popular and therefore more 'normal' among women and girls than it is to not be preoccupied with appearance (Malson, 1998). Research has discovered that there are a significant number of adolescents and children who are dissatisfied with their appearance. It was found that the desire for thinness begins at the age of five or six. In 1991 research was carried out and found that 46% of 6-7 year old girls and 30% of boys in the same age group preferred the silhouettes of the thin bodies rather than their own (Kirsch, 2010). It was discovered that the fear of being overweight is stronger than most other fears during the early stages of adolescence (Danesi, 2003). In interviews carried out by Neumark-Sztainer, Story, Faibisch et al in 1999, overweight teens described how they are teased or bullied for being overweight and how damaging and hurtful this can be to one's self esteem. Many of the teens were bullied by peers or sometimes family members and they reported that it bothered them 'somewhat' or 'very much'. Girls are also far more likely to be bothered than boys are and overweight teens are teased more than non-overweight teens. Two-thirds of the teens interview stated that the teasing which occurred did bother them (Brownell, Puhl, Schwartz & Rudd, 2005).

Media

Attractiveness is continuing to be an essential; part of the female gender role, women, young and old are coming to view their bodies as objects that exists solely for others viewing and pleasure. This process is called self-objectification. Today's media contributes to this belief by using women's bodies to sell goods by linking products with images of sex, beauty and the female form (Gilbert & Miles, 2002). Articles and advertisements from four popular female and male targeted magazines were studied and analyzed regarding body shape and size as well as dieting, food, drink and also cooking. Not surprisingly there were serious amounts of discrepancies on most of the topics: "96 advertisements were body-related for women compared to 10 for men; 63 ads for diet foods in the women's issues versus 1 in the men's; 228 articles on food in the women's magazines and 10 in the men's; 1,179 food ads for women and 15 for the men. Only in ads for alcohol did the men's magazine surpass the women's by a count of 624 to 19" (Brownell, Puhl, Schwartz & Rudd, 2005, page 43). Our culture influences women to evaluate their figure as if they were outside observers, focusing on their physical appearance, body shape and how others may see it. This results in 'objectified body consciousness' which links in with shame and anxiety about how they look. This can then lead to low levels of self-esteem, body shame, body dissatisfaction and even disordered eating behaviours (Gilbert & Miles, 2002). It has been suggested that one of the reasons as to why eating disorders have increased in the western world is because of how it is intensified among females to retain their youthful, slim figures which is fuelled by unrealistic comparisons created by the media (Gilbert & Miles, 2002). Rather than trying to promote a positive body image for the youth of today, the media critics contend that depictions of male and female figures in television, video games, magazines and so on are so unattainable in the real world that this is creating a high level of body dissatisfaction in society (Kirsch, 2010).

In 2000 the editor-in-chief of Marie-Claire magazine Liz Jones attended the Supermodel Summit in England, there many figure from the world of fashion, modelling and women's media attend to debate and discuss the many influences and pressure young women feel to be thin rather than feel comfortable in the skin that they are in. As a result of this fashion editors agreed to use more 12-plis models in their editorials (Brownell, Puhl, Schwartz & Rudd, 2005). As a result of all of this pressure young girls are growing up in a society riddled with diets, messages about body size and to not comply with these social norms is to appear lazy, have a lack of will power or gluttonous (Gilbert & Miles, 2002). Celebrities, for the longest time have influenced how we see and picture ourselves and also what we aspire to look like. This is done through the medium of the media. During the 1950's it was the voluptuous figure of Marilyn Monroe which represented bodily perfection. Only ten years later it was the androgynous shape of supermodel Twiggy which was considered idyllic (Kirsch, 2010). For many years have been depicting the female figure are one which is unattainable for most people. These magazines depict the female figure to stand at 5'10" in height and weight 110lbs. The figures are so thin that would be classed as underweight and are skinnier than 98% of Americans (Kirsch, 2010). It was found that the bust and hips of playboy models had decreased over the years and height and waist measurements have increased. It was also discovered that Miss America contestants had become thinner, there was a significance decrease in the weight of contestants and ironically this was around the same time that the average weight of U.S women under the age of thirty was increasing (Brownell, Puhl, Schwartz & Rudd, 2005). Female constantly internalize society's pressures for thinness and male do the same with the pressure to be muscular, this then creates a strong level of body dissatisfaction in youth who fail to meet these standards. The media is thought to help create and reinforce this idealized body which is internalized by youth (Kirsch, 2010). The contingent self worth theory suggests that the societal standards for appearance are giving the

youth the impression that their value is going to be determined by their appearance. That is if a person was not able to attain the body which they deem to be acceptable that it will lead to body dissatisfaction and concern with other people's perception of their bodies (Kirsch, 2010). Children and adolescence engage in a process whereby they evaluate their own bodies by comparing them to the ones they see in the media (Kirsch, 2010). There are many magazines out there containing articles warning us against the dangers of eating disorders, within the same issue that depicts extremely thin models about how to lose weight (Neumark-Sztainer, 2005). "policing the crisis does not thus provide us with a ready-made formula for investigating the current media culture, but it does indicate that any responsible forms of social critique need to be underpinned by ethical thinking" (Zylinska, 2005). Many celebrities such as queen Latifah and plus size supermodel Emme have begun participating in huge campaigns for big name brands such as Clairol and Cover girl giving a positive outlook on appearance and showing that beauty comes in all shapes and sizes. In 2004 another successful marketing strategy was carried out by Dove with the "Campaign for Real Beauty 2004". Dove was the first major beauty company to begin to use real women in their advertisement in print and television (Brownell, Puhl, Schwartz & Rudd, 2005). Since all of the media attention following the "Campaign for Real Beauty 2004" many clothing companies such as Ralph Lauren, Tommy Hilfiger, Oscar de la Renta, and Anne Klein have all began to size up their clothes in order to include more women. Chain stores such as Old Navy have created a new line to offer and create more contemporary clothing for plus size teen (Brownell, Puhl, Schwartz & Rudd, 2005).

Body Dvsmorphia Disorder and Eating Dirorders

The change in body ideals from an ample frame to a slim frame came about during the Romantic Movement where the standard level of beauty for men and women in the upper class was paleness, frailty and slenderness. There is little information on the actual weight of

people but there is evidence to suggest that obesity was regarded as a worry for the upper strata of the European society (Desmond, 2003). Body-image distortion, overestimating body-size and the dissatisfaction of one's body or appearance are terms used to describe body image disorder and each of these terms are manifested with the mind of a patient who suffers from an eating disorder. Among young women, body-dissatisfaction is a better predictor of eating disorders such as bulimia and anorexia than self-esteem, social anxiety and depression combined which actually contribute very little compared to body-dissatisfaction (Crowther, Tennenbaum & Hobfall, 1992). Many people with eating disorders feel shame of their bodies, it was recently highlighted that excessive body monitoring which can be constant looking in the mirror or pinching of skin promotes and leads to feelings of shame and self disgust which further promotes the obsession with weight control (Gilbert & Miles, 2002). A person can become so preoccupied about how they look or how they feel they look can it can have serious consequences in social or occupational functioning. A common symptom of body dysmorphia disorder is avoiding usual activities out of fear that someone may see them and be repulsed (Butcher, Mineka & Hooley, 2007). Our society is obsessed with the thin ideal which in turn influences our thinking. Do we regard people who are thin as unhealthy and weak or do we perceive them to be attractive, popular and happy? This internalized view of people and the thin ideal is associated with body dissatisfaction and eating disorders (Butcher, Mineka & Hooley, 2007). There was a study carried out on young Amish people, who live separate lives to the rest of society and it was found that they do not show any signs of body image distortion (Butcher, Mineka & Hooley, 2007). There was a study carried out on young Amish people, who live separate lives to the rest of society and it was found that they do not show any signs of body image distortion (Butcher, Mineka & Hooley, 2007). Body dysmorphia is a theme which is seen a lot within patients who suffer from eating disorders and even people who don't. For men there is another form of body shame which

has appeared called muscle dysmorphia, a subtype of body dysmorphic disorder. This is describes as “an intense and excessive preoccupation or dissatisfaction with a perceived defect in appearance” or “reverse anorexia”. Individuals who suffer from muscle dysmorphia perceive themselves to be frail and petite rather than broad and muscular (Beals, 2004, pg 64). “Individuals who suffer from body dysmorphic disorder tend to be obsessed with some perceived or imagined flaw or flaws in their appearance” (Butcher, Mineka & Hooley, 2007, pg 290). Muscle dysmorphia shares some similarities with eating disorders, these similarities include: a distorted view of one’s own appearance, preoccupation with one’s weight, an obsession with exercise, preoccupation with food and dieting and the use of pathogenic weight control behaviours. The differences on the other hand are that individuals with muscle dysmorphia have a desire to increase their body size rather than decrease it. Also, those with muscle dysmorphia often abuse performance enhancing drugs in an attempt to gain weight or muscle (Beals, 2004).

The increase in the cases of anorexia nervosa in the past two decades where women are seriously and strenuously dieting compared to earlier decades is believed to be as a result of societal influences in the western world where slimness is linked to sexual attractiveness (Desmond, 2003). Many patients with eating disorders are of the belief that they are fat. They also frequently describe themselves as worthless and hopeless. It is unknown whether depression is primary and leads to bulimia or whether depression arises as a result of an eating disorder (Frude, 1988). “Anorexia nervosa is the refusal to maintain body weight at or above a minimally normal weight for age and height”. Individuals who suffer from anorexia nervosa have an intense fear about gaining weight even though they are generally underweight. Often, sufferers deny the seriousness of their low weight. At times women with anorexia miss their menstrual cycle as the body is malnourished, this will only return with weight gain or oestrogen administration (Levine & Smolak, pg 22). Anorexia nervosa

and bulimia nervosa are no longer only associated with white middle class women but have spread across all ethnic groups and this is believed to be as a result of the consumerist society and the influence of the media. Others believe that these eating disorders have always existed in other ethnic groups but have just gone undiagnosed (Desmond, 2003). “Bulimia nervosa is recurrent episodes of binge eating”, binge eating can be characterised by eating a large amount of food, larger than what most people would eat, in a discrete period of time and a lack of control over eating. Recurrent behaviour such as self induced vomiting, misuse of laxatives, fasting and excessive exercise are all characteristics of a person who suffers from bulimia (Levine & Smolak, 2006, pg 22). “Bulimia nervosa is an eating disorder characterised by episodic bingeing and purging” (Crowther, Tennenbaum & Hobfall, 1992, pg xiii). The majority of people who suffer from eating disorders such as anorexia or even bulimia tend to be emotionally distressed in some way. Anxiety and depression are common correlations between sufferers of eating disorders. Many patients experience rapid mood swings as a response to gaining weight or other people trying to encourage eating (Frude, 1998).

Cosmetic Surgery

There are a number of fascinating cultural practices which are designed to enhance a person’s physical attractiveness, this can range from facial scarring which was once popular in Europe or adornments such as a lower lip disks or neck elongation. Some researchers have suggested that modern day practices such as dieting or cosmetic surgery are no different to the historical or tribal practices of enhancing one’s appearance. There is much competition in society for a woman to find the perfect mate and according to psychologists a woman’s reproductive capacity is a key variable when doing this. The most prevalent reproductive attribute of the

female body is her breasts. At first glance, female breasts are the primary signal for sexually selecting a partner. This could then be the reason behind the 300,000 American women who undergo breast augmentation each year in an attempt to enhance the physical and sexual attractiveness. Today's popular media the breast size of women that are depicted is relatively large and this in turn has fuelled the make for breast enhancement, many female celebrities have capitalised on this trend by having their breasts enlarged. Being beautiful is no longer a female aspiration or phenomenon, men are also taking part in this obsession. Men are being bombarded with images which for most men are unattainable. The lengths to which both men and women will go, to achieve their desired figure is extreme. In the past two decades the dissatisfaction with one's body has become the norm. Today's practices to become beautiful include fasting, extreme dieting, anorexia being a lifestyle choice and cosmetic procedures which involve spilling of blood, removal of ribs and the insertion of foreign objects such as breast implants, all of which is dangerous to the human body (Swami & Furnham, 2008).

Self Esteem and Body Image

The origin of self esteem is not only based on external assets such as money, education or occupation but in personal factors such as home life and interpersonal relationships (Pervin, 2001). Children are said to reflect self esteem through a process called self appraisal. Children take on board the opinions of others and from that build their own sense of self and self esteem. Self Esteem has been defined in a number of ways. Pervin (2001) defines self esteem as judgement of worthiness or the need to evaluate oneself positively. Other researcher have classified self esteem into two separate categories, the first is the need according to each individual such as confidence and independence and the second is the need for esteem from others, this includes social standing, dignity and appreciation (Meyer, Moore & Viljoen, 2002). Meyer et al (2002), also recognised that people have a need to be

recognised and to be appreciated. By gaining such praise or recognition humans learn a sense of confidence thus resulting in self esteem. If for some reason this level of recognition or appraisal is not met a lack of self esteem may be encountered. Research has shown that men do tend to have higher levels of self esteem than women. Research which was carried out on young adult and older adults showed that women did differ from men in the case of self esteem (Orth, Trzesniewski & Robins, 2010). Other research has suggested similarly that men have higher levels of self esteem and body esteem compared to women who have lower amounts in both categories (Visser, Pozzebon, Bogaert & Ashton, 2010).

Body image refers to how an individual views, respects and esteems them self (Western, 1999). The dissatisfaction with one's image is said to be a displeasure a person may have with one or more aspect of their physical appearance. A person's perception of their body is impacted by the sense of self or confidence and it also depends on the nature of their social surroundings (Nettleton and Watson, 1998). The alteration of one's physical appearance is based on culture and the images which are important in any individual society.

The research carried out by Slevec and Tiggemann., 2010 which was mentioned previously states that body dissatisfaction is a direct predictor for the consideration of cosmetic surgery. A study in Finland on the attempt to pursue happiness by means of cosmetic surgery discovered that consumers use cosmetic surgery as a method to transform themselves not only physically but also emotionally (Kinnunen, 2010). This can be correlated between the results of this research project as participants with low self esteem which represents emotion and low body esteem with represents physicality, are more like to undergo cosmetic surgery. There is a distinct difference in body image and body dissatisfaction between men and women. Research has suggested that for women body dissatisfaction is solely based on their current weight status. For men on the other hand body dissatisfaction can occur for men who are over-weight and also for men of an average weight. Men who are over-weight have the

desire to be thinner and men who are already of a slim stature have the desire for a broader physique (Phillips & De Man, 2010). Recent research on a study on men, appearance and cosmetic surgery, discovered that participants who were more comfortable with their appearance were happier with their current body shape and features whereas participants with lower self esteem and lower in confidence were more willing to undergo cosmetic surgery (Ricciardelli & Clow, 2009). Other research has measured the increased acceptance of cosmetic surgery in society, it was discovered that materialism and the internalization of socio-cultural messages emerged as the main predictors for the acceptance of cosmetic surgery and the increased desire for people to undergo cosmetic surgery (Henderson-King & Brooks, 2009).

Body image is described as being a psychological phenomenon which is affected by many social factors (Grogan, 1999). For years, the media has presented a level of attractiveness which is increasingly distant from the average person. Imaging, photography, thin models and artificial enhancements are used to present this unrealistic picture (Irving, 1990). The women which are pictured in the media are estimated to be 15 percent below the weight of the average woman and as a result this has left the average woman insecure about appearance (Banks, 1992). The images promoted by the fashion industry and the cosmetic industry are not representative of the average appearance of the majority of individuals (Featherstone, 1987). It has been argued that marketing strategy of the fashion industry has become the standard of cultural beauty for many affluent societies (Gordon, 1990 as cited in Grogan, 1999). It was discovered that when women are exposed to media images of female beauty they run the likelihood of experiencing an increase in body image disturbance (Posovac, Posovac & Posovac, 1998). One's self esteem and body esteem may be affected upon viewing these images but it depends on whether or not one's goal for social comparison is self-evaluation, self-improvement or self-enhancement (Hogg & Fragaou, 2003). There was

a link distinguished between the exposure of images from the media and that of the body image in males and females. The report showed that increased body dissatisfaction occurred upon viewing these images. This sort of dissatisfaction in men and women can lead to steroid abuse in males and eating disorders in females (Tiggemann, 2005). Women place a far greater emphasis on appearance than men and there is a strong link between body image dissatisfaction and low self-esteem. For women this can lead to the development of depression or as previously mentioned eating disorders. Men on the other hand experience a much more complex form of body dissatisfaction. Men have the desire to be leaner, broader and more muscular than women (Bergstrom & Neighbours, 2006). A study carried out on body image in the context of puberty, age and weight discovered that puberty was a critical time. At this age adolescents are far more likely to experience low self-esteem and low body esteem (O'Dea & Abraham, 1999). In research carried out by Hobza and Rochlen., 2009, they have discovered that males they have a desire for a more muscular physique which are presented in the media. For women, research has suggested that experiences in childhood can shape or develop self-esteem in young adulthood. It was discovered that young girls who were brought up in an over-protective environment were more likely to suffer from low self-esteem in older years and girls who were tomboyish as children experienced higher levels of self-esteem. These images are often unattainable for most men and therefore create a lower self-esteem for many.

By examining these factors a greater awareness may be uncovered into the motivations behind individuals who undergo cosmetic surgery. Cosmetic surgery has the ability to challenge other people's perceptions which have been created to those individuals who have decided to undergo a cosmetic transformation. The current research in this topic may come of use to individuals attempting to understand their own motives for undergoing a cosmetic operation. The following research aims to add to the literature which already exists. This

research project may also pave the way for future findings in the hope to identify new aspects of research in the form of cosmetic surgery and its effects of body image and self esteem.

Hypothesis

1. It is predicted that participants with lower levels of self esteem are more likely to undergo cosmetic surgery.
2. It is predicted that men have higher levels of self esteem and body image than women.
3. It is predicted that participants with low levels of body image are more likely to undergo cosmetic surgery.
4. It is predicted that participants feel under pressure to look a certain way.
5. It is predicted that women are more likely to have cosmetic surgery than men.

Methodology

Participants

There were a total of 212 participants who took part in this study. There was a gender ratio of 109 females to 103 males. All participants who took part in this study were chosen at random and all participants agreed to participate in this study on a voluntary basis. As this research study required young adults, the ages of the participants range from eighteen years of age to twenty eight years of age. The average age was twenty two years old.

Design

The research design was a between subject design which compared participants with who have some form of cosmetic surgery to those who did not have any form of cosmetic surgery on the variables self-esteem and body image. The dependent variables were body image and self-esteem. The independent variables were participants who had undergone a form of cosmetic surgery. Cosmetic surgery is defined as any sort of procedure undergone with the intention of enhancing one's own appearance. This can include breast augmentation, dental veneers, rhinoplasty and botulinum toxin injections.

Procedure

Participants for this survey were approached at random, in college, social settings and work environment. Each participant was asked if they would like to complete the questionnaire and were under no pressure to do so. It was important to make sure all participants understood that the all responses will be treated with sensitivity and are anonymous and thus were asked not to discuss or confer their answers with anyone else. Each participant was asked to answer all questions as honestly as possible and that there was no 'right' or 'wrong' answer. On collecting the questionnaires, the participants were thanked for their participation and any questions they may have had were answered. For the purpose of analysis a reference number was allocated to each questionnaire.

Materials

The materials used for this research are the Rosenberg Self-Esteem (RSE) Scale (1989) (Appendix C) and The Body Esteem Scale (Franzoi & Shields) (Appendix D) and a self developed questionnaire (Appendix B) which was used to indicate and differentiate between the opinions of the participants. A cover letter was also included and this was to give the required information to the participants in case they had any queries on the research (Appendix A).

- **The Rosenberg Self-Esteem Scale (RSE)**

The Rosenberg Self-Esteem Scale (RSE) (1989), is self administered and take approximately five minutes to fully complete. The aim of the Rosenberg scale is to examine to concept of self-esteem and it consists of ten items marked across the four points of a likert scale. There are five items which represent positive self-esteem (questions 1,3,4,7,10). An example of a positive self-esteem item would be question one, “On the whole, I am satisfied with myself”. Questions 2,5,6,8,9 on the other hand represent negative self-esteem, an example of a negative self-esteem question would be number five, “I feel I do not have much to be proud of”. The scoring of the Rosenberg scale test goes as follows, positive scores are marked across the four points of the likert scale 3,2,1,0 and negative points, 0,1,2,3 as a result all scores had to be recoded accordingly. The score range from 1 indicating low self-esteem and 30 which indicates high self-esteem. The Rosenberg self-esteem scale has a good internal consistency of, (Cronbach’s alpha = .84), and a test reliability of, (r = 85) (Robinson & Shaver, 1973).

- **The Body Esteem Scale**

In the Body-Esteem Scale (Franzoi & Sheilds, 1984) participants are asked to identify how he or she feels about a part or function of their own body by using a scale of 1 to 5. 1 being “have strong negative feelings, 2 being “moderate negative feelings”, 3 being “no feeling one way or the other”, 4 being “moderate positive feelings” and 5 being “strong positive feeling”. Items used in this scale include weight, muscular strength, breasts and lips. A factor analysis reveals three factors for both male and female, these are: (PA) Physical Attractiveness for males or (SA) Sexual Attractiveness for females, (UBS) Upper Body Strength for males and (WC) Weight Concern for females and (PC) Physical Condition for both males and females.

A mean can be obtained for males and females but cannot be compared as the factors used for males and females are different. The score is determined by adding up the individuals score for the items on each of the subscale. The score range for males would be from a low negative of 31 to a high negative of 160.

- **Self Developed Questionnaire**

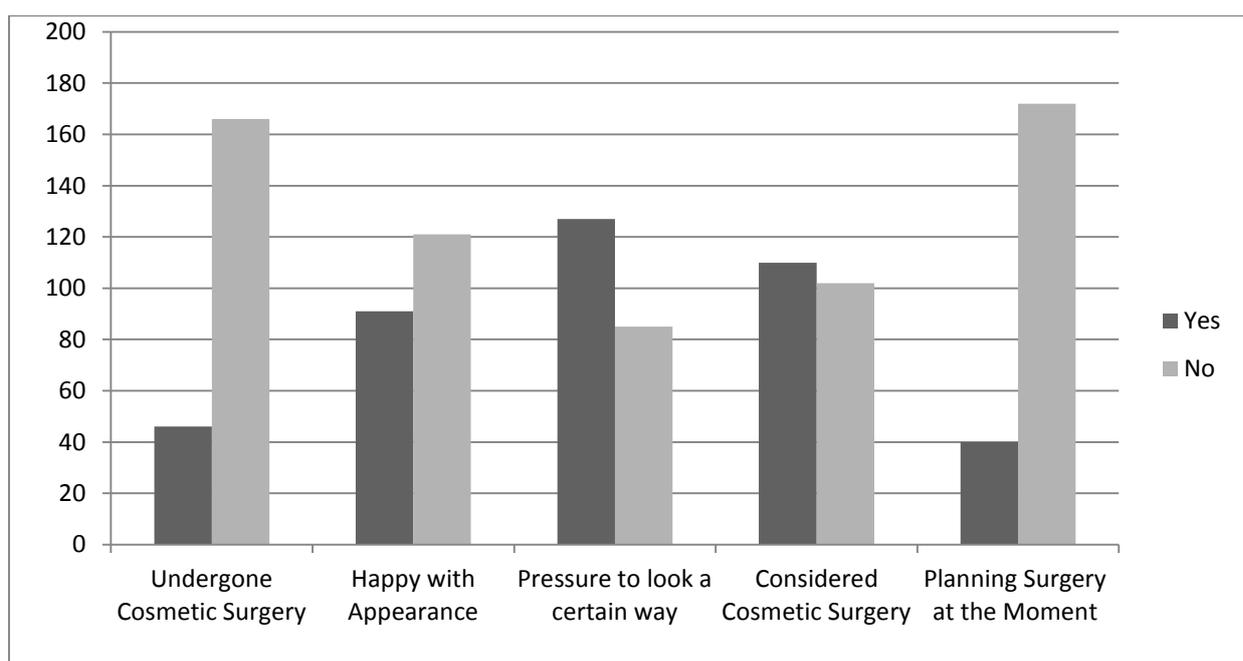
The biographical self developed questionnaire asked participants to disclose age, gender and the presence or absence of cosmetic surgery. Cosmetic surgery refers to any procedure which involves changing or enhancing any physical characteristic, this includes microsurgery. The participants who displayed any form of cosmetic surgery were asked to elaborate on their reasons for deciding to get cosmetic surgery and if they would go through with it again. If the participant stated they would opt for cosmetic surgery again they were asked for their reasons for doing so.

Results

There were a total of two hundred and twelve participants who took part in this survey, one hundred and three were male (48.6 percent) and one hundred and nine were female (51.4 percent). The ages of the participants ranged from 18 years to 29 years. The average age was 22 years.

Of the total amount of participants only 46 person (21.7 percent) had undergone cosmetic surgery and the remaining 166 (78.3 percent) had not, there were 91 (42.9 percent) participants who were happy with their appearance and 121 (57.1 percent) who were not happy with their appearance, 127 (59.9 percent) participants felt pressurised to look a certain way whilst 85 (40.1 percent) did not, 110 (51.9) participants have considered getting cosmetic surgery and 102 (48.1 percent) have not, there are 40 (18.8 percent) participants planning or thinking of getting cosmetic surgery at the moment and 172 (81.2 percent) who are not. The table below is a representation of the figures presented above.

Table 1. Participant Sample on Appearance



An independent t-test was carried out in order to compare the levels of self esteem between males and females. The mean score for self esteem in males was 33.65 with a standard deviation of 4.64 and in females the score for self esteem was 30.56 with a standard deviation of 7.21157. There is a significant difference in self esteem between males and females. This was supported in using the t-test ($t(210) = 3.64, p < .01$).

Table 3. The mean scores comparison for male and female participants on self esteem and body image.

Gender		Mean	Std. Deviation
Male	Body Image	132.50	13.75
	Self Esteem	33.65	4.64
Female	Body Image	123.50	23.30
	Self Esteem	30.60	7.21

The second independent sample t-test was conducted to compare the two predictor variable scores, self esteem and body image with all participants in the study. The participants were divided into two groups, Group 1, participants who have undergone cosmetic surgery and Group 2, participants who have not. The mean score for self esteem in relation to participants who have had cosmetic surgery is 30.13 with a standard deviation of 7.70 and the participants who had no cosmetic surgery is 32.60 with a standard deviation of 5.70. This is an indication that on average both participants with or without cosmetic surgery had a moderately low level of self esteem. There was a significant difference between the two groups, this was supported using the t-test ($t(210) = -2.38, p > .018$). These results also show that participants

who have undergone cosmetic surgery have lower levels of self esteem than the participants who have not undergone cosmetic surgery.

The mean score in body image for males who do have had cosmetic surgery is 33.70 and the standard deviation is 4.60. The mean score for males who do not have cosmetic surgery with relation to body image is 132.50 with the standard deviation of 13.80. There is not a significant difference in male body image between men who have cosmetic surgery and not. This is supported with the t-test ($t(211) = -.330, p > .742$). The mean score for body image in females with cosmetic surgery is 122.63 with a standard deviation of 25.03 and the score for body image in females with no cosmetic surgery is 124.12 with a standard deviation of 22.12. There is not a significant difference in body image between females with cosmetic surgery and those without. This is supported using the t-test ($t(107) = .590, p > .747$).

Discussion

The aim of this research was to look at the influence of body image and self esteem in acquiring a form of cosmetic surgery in young adults. The study shows comparisons between high and low scores on the criterion variables and the degree of influence it has had on both predictor variables.

The first hypothesis predicted that young adults with low self esteem would be more likely to have had some form of cosmetic surgery. Looking at the mean score for self esteem, participants who admitted to having undergone cosmetic surgery scored 30.13 and participants who had not had any cosmetic surgery scored 32.60. This is an indication that on average the participants who had not availed of cosmetic surgery displayed a moderately high level of self esteem compared to those who had. There is a significant difference between the two groups of participants, ($t(210) = -.247, p > 0.18$). Recent research on a study on men, appearance and cosmetic surgery, discovered that participants who were more comfortable with their appearance were happier with their current body shape and features whereas participants with lower self esteem and lower in confidence were more willing to undergo cosmetic surgery (Ricciardelli & Clow, 2009). Other research has measured the increased acceptance of cosmetic surgery in society, it was discovered that materialism and the internalization of socio-cultural messages emerged as the main predictors for the acceptance of cosmetic surgery and the increased desire for people to undergo cosmetic surgery (Henderson-King & Brooks, 2009). The mean score for participants who have undergone cosmetic surgery is at a moderately low level of 122.63 while the mean for those who have not is 129.32, there is a significant difference between the two groups ($t(210) = -6.70, p > .041$). The mean score for body image among males is at a moderately high level of 132.50

and for females it is moderately lower at 123.49. There is not a significant difference between female and male body image ($t(107) = -1.49, p < .742$). This shows that the hypothesis can be fully supported on all variables. Young adults with low levels of self esteem and body image are more likely to undergo cosmetic surgery compared to those with higher level of self esteem and body image. The above results were compared to previous research carried out by Slevac and Tiggemann., 2010, who discovered that body dissatisfaction does influence the desire to undergo cosmetic surgery. Other research was carried out in the area of self esteem on Iranian women. The results discovered that Iranian women with higher levels of self esteem were far less likely to undergo cosmetic surgery and in the case of this research it was a rhinoplasty (Rastmanesh, Gluch & Shadman, 2009).

The second hypothesis suggested that men have higher levels of self esteem and body image than women. The mean score for self esteem in males was 33.65 and for women it was 30.56. This was proven with the t-test ($t(210) = 3.64, p < .01$). This then proves the hypothesis that men do experience higher levels of self esteem than women. Research has suggested that although men's self esteem is greater than that of women's, it does depend on their physical perception of themselves. In research carried out by Hobza and Rochlen., 2009, they have discovered that males they have a desire for a more muscular physique which are presented in the media. For women, research as suggested that experiences in childhood can shape or develop self esteem in young adulthood. It was discovered that young girls who were brought up in an over protective environment were more likely to suffer from low self esteem in older years and girls who were tomboyish as children experienced higher levels of self esteem (These images are often unattainable for most men and therefore create a lower self esteem for many. The mean score for body image among males is at a moderately high level of 132.50 and for females it is moderately lower of 123.49. Research has shown that men do tend to have higher levels of self esteem than women. Research carried out on young

adult and older adults showed that women did differ from men in the case of self esteem (Orth, Trzesniewski & Robins, 2010). Other research has suggested similarly that men have higher levels of self esteem and body esteem compared to women who have lower amounts in both categories (Visser, Pozzebon, Bogaert & Ashton, 2010). There is a distinct difference in body image and body dissatisfaction between men and women. Research has suggested that for women body dissatisfaction is solely based on their current weight status. For men on the other hand body dissatisfaction can occur for men who are over-weight and also for men of an average weight. Men who are over-weight have the desire to be thinner and men who are already of a slim stature have the desire for a broader physique (Phillips & De Man, 2010). These findings compare this current research to prior research between self esteem and body image between men and women. This shows that the hypothesis can be fully supported on all variables.

The third hypothesis, predicted that participants with low body image would be more likely to have undergone cosmetic surgery. The results for this theory go as follows. A total of 46 participants said they have undergone some form of cosmetic surgery (21.7 percent), this leaves a further 166 participants who have not undergone cosmetic surgery (78.3 percent). For the purpose of this research the participants were broken up into 2 groups, those who have had cosmetic surgery and those who have not, this was done in order to measure the different levels of body image and self esteem between the both groups. The participants who have had cosmetic surgery scored 30.13 in self esteem and a score of 122.63. This result shows moderately low levels of self esteem and body image for these participants. The research carried out by Slevic and Tiggemann., 2010 which was mentioned previously states that body dissatisfaction is a direct predictor for the consideration of cosmetic surgery. The results for participants who have not undergone cosmetic surgery is 32.60 for self esteem and for body image the score is 129.32. These results show scores moderately higher in both

body image and self esteem for participants who have not availed of cosmetic surgery. A study in Finland on the attempt to pursue happiness by means of cosmetic surgery discovered that consumers use cosmetic surgery as a method to transform themselves not only physically but also emotionally (Kinnunen, 2010). This can be correlated between the results of this research project as participants with low self esteem which represents emotion and low body esteem which represents physicality, are more likely to undergo cosmetic surgery.

The fourth hypothesis predicted that participants would feel pressurised to look a certain way. Participants were asked to answer yes or no on to whether they felt as a society there is pressure placed on how you look. The results show that 59.9 percent of all participants felt under pressure to look a certain way, the majority of this percentage was female as 68.8 percent of all females feel as though they are under pressure to look a certain way. Men on the other hand scored less as only 50.5 percent of them said that they felt pressurised. Based on the hypothesis that women feel more pressurised than men to look a certain way, research has shown that this is in fact the case. A report based on the sensitivity of appearance among college students showed that women are more appearance sensitive focused than men and much of this stems from the internalization of media and pressure from peers (Park, DiRaddo & Calogero, 2009). The ideal image for women has changed over the years and is often determined by the media. As mentioned in the introduction in the 1950's the ideal figure for women was that of the curvaceous figure of Marilyn Monroe and a decade later in the 1960's it transformed into the slim, androgynous figure of supermodel Twiggy (Grogan, 1999). A report carried out on college women exposed them to photographs from popular magazines containing the thin-ideal or neutral images, this was followed by body image related questions. The results showed that women who were exposed to these images experienced decreased levels of self esteem and increased levels of body dissatisfaction (Hawkins, Richards, MacGranley & Stein, 2004). For men however, they desire a lean and muscular

physique and seek to aspire to have the V-shape. Men see under-weight as a bad thing whereas women see it as a good thing (Furnham, Badmin & Snead, 2002). Men and women commonly misjudge which shapes to what they believe their peers or the opposite sex find acceptable. Women believe a thinner frame is more attractive and men believe that their peers find bulkier shapes more attractive (Demarest & Allen, 2000). The image of women depicted in the media is said to be 15 percent lower than the average weight of women, this is an impossible ideal to meet and may make women feel less adequate, effectively lowering their self esteem and body esteem.

The fifth hypothesis predicted that women are more likely to have cosmetic surgery than men. The total number of participants who have had cosmetic surgery was 46 or 21.7 percent this then leaves a further 166 or 78.3 percent who have not. A study in Austria backed up this theory as it discovered that women are more likely to have cosmetic surgery than men. This study also states that it is personal experience which is the biggest contributor to the likelihood of cosmetic surgery (Swami, Arteché, Chamorro-Premuzic, Furnham, Stieger, Houbner & Voracek, 2008). In another piece of research cosmetic surgery was discussed and how it has become a cultural story. It is only now in recent years that it is becoming mainstream from what was previously perceived as outlandish or extreme. Cosmetic surgery has become more culturally widespread as a result of social, economic, cultural and physical forces (Blum, 2005).

In Western societies youthfulness and attractiveness are valued, there is a lot of emphasis placed on having the desirable physique and this has resulted in a standard of beauty which is not always discounted (Hogg and Fragaou, 2003). This results in low levels of self esteem and body image among the entire population. As a means to prevent this O'Dea and Abraham (1999), have suggested that it is necessary to invest in development programmes to educate and assist young adolescence to cope with the many challenges that arise during

puberty which will help with the improvement of self esteem and body esteem. This can also act as a prevention method against the development of eating disorders which is commonly associated with low self esteem and low body image. Another suggestion as to how to prevent low self esteem and body image is to use the family setting as a filter to keep out negative influences such as the media and to encourage more positive influences. This is a more sociological approach and is also regarded as the most effective approach to maintain high levels of self esteem and body image among young adults (Neumark-Sztainer, 2005).

The result of this study provides groundwork for further research to be carried out into the implication of self esteem and body image on the reasons as to why individuals undertake forms of cosmetic surgery. However the results of this study should be interpreted in light of a few limitations. Firstly, the sample group of this particular study was rather small and there was a slight unevenness between the male and female ratio of participants. Out of the total 212 participants 109 of them were female which was 51.4 of the total percentage and 103 were male or 48.6 percent. Although this is not a huge discrepancy a larger sample altogether would have been far more suitable. Secondly, as the topic of this study was cosmetic surgery, it was difficult to find participants who would honestly answer each question. If there was a greater sample the percentage of participant who have undergone cosmetic surgery would have been far greater thus giving more reliable results. Out the total 212 participant only 46 admitted to undergoing cosmetic surgery (21.7 percent). Thirdly, a small number of participants felt as though the questionnaire was too long or did not want to answer certain and as a result some questions were left blank, the majority of these were male participants. A self report method was used in the collection of this information and so it is not possible that all questions were answered as honestly given the nature of the subject.

For future reference, the use of a silhouette in the questionnaire may have been an interesting dimension to the topic. Participants would have been able to mark the area where they have

had cosmetic surgery and therefore it would be possible to distinguish the most popular forms of cosmetic surgery between men and women and possibly correlate that with levels of body image and self esteem. A personality test may have been added also as a method of measuring neuroticism, extroversion and introversion to correlate with levels of cosmetic surgery.

A further suggested research topic is the influence cosmetic surgery has on self esteem and body image among patients with medical conditions such as facial scars or women who have had to undergo breast reconstruction after a mastectomy or any kind of reconstructive surgery. If the procedure is found to have a positive effect on a patient's self esteem and body image greater awareness of the positive aspects of cosmetic surgery may occur in the medical field (Love, 2000).

The findings of this research suggest a strong negative correlation between self esteem and body image along with cosmetic surgery. Participants with low self esteem and low body image were more likely to undergo cosmetic surgery than those with higher levels. Finally it was found that there was a significant difference between self esteem and cosmetic surgery and between body image and cosmetic surgery.

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Appendix A

Nip/Tuck: cosmetic surgery and the influence of body image and self esteem in young adults.

This study is concerned about body image among young men and women, the desire for cosmetic surgery and its effect on self-esteem and body-esteem. Please answer each section as honestly as you can, do not spend too long thinking about each question as there are no right or wrong answers. Any information that you give will remain strictly confidential, you are not required to write your name anywhere on this survey. I hope you find

this interesting, and I would like to thank you in advance for your time and co-operation.

If you require any further information concerning this research, please contact my project supervisor at the address below.

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Appendix C

Instructions: on this page are listed a number of body parts and functions. Please read each of them and indicate how you feel about this part or function of your own body using the following scale

- 1 = Have strong negative feelings
- 2 = Have moderate negative feelings
- 3 = Have no feeling one way or the other
- 4 = have moderate positive feelings
- 5 = Have strong positive feelings

1. Body scent	1	2	3	4	5
2. Appetite	1	2	3	4	5
3. Nose	1	2	3	4	5
4. Physical stamina	1	2	3	4	5
5. Reflexes	1	2	3	4	5
6. Lips	1	2	3	4	5
7. Muscular strength	1	2	3	4	5
8. Waist	1	2	3	4	5
9. Energy level	1	2	3	4	5
10. Thighs	1	2	3	4	5
11. Ears	1	2	3	4	5
12. Biceps	1	2	3	4	5
13. Chin	1	2	3	4	5
14. Body build	1	2	3	4	5
15. Physical coordination	1	2	3	4	5
16. Buttocks	1	2	3	4	5
17. Agility	1	2	3	4	5

18. Width of shoulders	1	2	3	4	5
19. Arms	1	2	3	4	5
20. Chest or Breasts	1	2	3	4	5
21. Appearance of eyes	1	2	3	4	5
22. Cheeks/cheekbones	1	2	3	4	5
23. Hips	1	2	3	4	5
24. Legs	1	2	3	4	5
25. Figure or physique	1	2	3	4	5
26. Sex drive	1	2	3	4	5
27. Feet	1	2	3	4	5
28. Sex organs	1	2	3	4	5
29. Appearance of stomach	1	2	3	4	5
30. Health	1	2	3	4	5
31. Sex activities	1	2	3	4	5
32. Body hair	1	2	3	4	5
33. Physical condition	1	2	3	4	5
34. Face	1	2	3	4	5
35. Weight	1	2	3	4	5

Appendix D

Here is a list of statements dealing with your general feelings about yourself. If you strongly agree with the statement circle SA, if you agree with the statement circle A, if you disagree with the state circle D and if you strongly disagree with the statement circle SD. Thank you.

- | | | | | |
|--|----|---|---|----|
| 1. On the whole, I am satisfied with myself. | SA | A | D | SD |
| 2. At times I think I am no good at all. | SA | A | D | SD |
| 3. I feel I have a number of good qualities. | SA | A | D | SD |
| 4. I am able to do things as well as most other people. | SA | A | D | SD |
| 5. I feel I do not have much to be proud of. | SA | A | D | SD |
| 6. I certainly feel useless at times. | SA | A | D | SD |
| 7. I feel that I am a person of worth, at least on an equal plane with others. | SA | A | D | SD |
| 8. I wish I could have more respect for myself. | SA | A | D | SD |
| 9. All in all, I am inclined to feel that I am a failure. | SA | A | D | SD |
| 10. I take a positive attitude toward myself. | SA | A | D | SD |

