Spring 2004

Self-acceptance and locus of control in cosmetic surgery patients.

Megan Patrick
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Running Head: COSMETIC SURGERY PATIENTS

Self-acceptance and locus of control in cosmetic surgery patients.
Megan Patrick
April 5, 2004
Carroll College
Honors Thesis
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Kyle Strode, PhD
This thesis for honors recognition has been approved for the Department of Psychology.

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Abstract

7.4 million Americans underwent a cosmetic surgery procedure in 2000; this number has tripled since 1992. Despite the rise in cosmetic procedures there have been few studies that have investigated the psychological impact of these procedures.

This study investigated the relationship involving self-acceptance and locus of control between those seeking multiple cosmetic surgery procedures versus those who have had none. The participants were 35 volunteers solicited from a board certified Plastic Surgeon in Beverly Hills, California. Participants were divided into two groups, cosmetic seekers (M age=39.21, SD=11.19) who had never undergone a cosmetic procedure but were seeking a consultation and Cosmetic veterans (M age=41.07, SD=12.94) who had undergone more than one prior surgery and were seeking another consultation. Cosmetic seekers and cosmetic veterans were matched based on age, gender, and cosmetic procedure. Both groups filled out a modified version of J. Rotter’s Locus of Control Scale and E.M. Berger Self-Acceptance Scales.

It was hypothesized that those who had undergone multiple cosmetic surgeries would have a lower self-acceptance and locus of control. A matched paired t-test revealed that cosmetic veterans had significantly higher self-acceptance (p=.0001) and locus of control (p=0001) when compared to cosmetic seekers.

Implications of the data indicate that those who are willing to undergo multiple physical alteration rank higher on self-acceptance and internal locus of control than cosmetic patients who were just seeking their first consultation.
Self-Acceptance and locus of control in cosmetic surgery patients.

**Introduction**

Throughout American history women have gone to great lengths to achieve optimal physical attractiveness. From the 1840's until the beginning of the 1900's women used corsets to achieve the cultural ideal. Some historians have reported that waists were anywhere from 12 inches to 22 inches. Corsets are extremely unpleasant, the worst side effects being discomfort, muscle weakness, breathing, circulatory, respiratory, and digestive problems (Victoria and Albert Museum, 1990). As America approached the 21st century the newest fad had taken course, cosmetic surgery. In 2000 7.4 million Americans decided to go under the knife (Plastic Surgery Org, 2001)(see appendix A). These numbers at first glance seem astonishing but when we consider that Americans spend more money on cosmetic products than education it seems even more amazing. In addition the beauty products industry is a multi-billion dollar a year profit venture in the United States. It should be noted that America is not the only country in the world obsessed with physical appearance. It has been reported that in Brazil there are more Avon saleswomen than members of the Brazilian Army (Finger, 2003).

Cosmetic Surgery arose out of reconstructive surgery for World War I soldiers who developed physical deformities in combat. Although French, British, and American surgeons worked together during the war, plastic surgery grew after the war only in United States (Sullivan, D., 2001). Plastic surgery has become the new buzzword in our culture. From reality television shows to specials about Michael Jackson’s cosmetic past, Americans are hooked. Breast implants used to be limited to porn stars and strippers, but now Hollywood actresses and even housewives are sporting silicone. This rapid increase
in cosmetic surgeries leads to the question, why are Americans racing to go under the knife in record-breaking levels?

Evolutionary psychologists have examined physical appearance in countless research projects and have developed theories that may be relevant to the question. Researchers have determined that we notice attractiveness as automatically as we recognize people we are familiar with. Beauty detectors can scan a face and in a fraction of a second determine if a person is physically appealing or not. Even when subjects are able to look at the person longer their first judgment is similar to when they peer at the subject longer (Etcoff, N., 1999).

In order to determine if assessments of beauty are innate or learned researchers have collected hundred of slides showing all different types of people and asked adults to rate the slides for attractiveness. They then presented these faces to three and six month-old babies. Babies stared significantly longer at the faces that adults found attractive. Research further concluded that because babies gauged beauty in diverse faces (Men, women, Caucasians, African Americans, and Asian Americans), this might suggest that human faces may share universal features that are appealing (Langlois, Roggan, Vaghn, & Ritter, 1991).

Even parents are affected depending on how physically appealing their newborn babies are. Researchers videotaped mothers of newborn babies within days of their births and then again three months later. Researchers determined that mothers of the most attractive newborns spent more time holding their baby close, staring into the baby’s eyes and vocalizing to the baby. They found that the mothers of the less attractive babies spent more time tending to their babies needs and had their attention deflected more
easily than the other mothers. Researchers defined attending to needs as mothers who spent more time, wiping, burping, checking, and adjusting their babies. When researchers interviewed these mothers they asked questions about the baby and childcare. The mothers of the less attractive babies were more likely to report feeling stress, complain of lack of time and energy and worry about money. However, when mothers were interviewed again at three months differences had disappeared between the two groups.

Similar research has been replicated with animals (Langlois, Ritter, Casey & Sawin, 1995). Research has also been conducted on American Coots; these birds have grayish-black feathers with vivid orange plumes and baldheads that turn bright red during feeding. Researchers cut back the orange plumes, so chicks could not flash their red and orange to signal to their mother they needed food. The mothers appeared to ignore the chicks whose hair had been cut back and feed the chicks that still had their bright colors (Haiken, 1997)

Mann (cited in Etoff, 1999) observed mother’s behaviors with high risk, low weight twins in a United States suburb. Mann observed that by eight months the mothers showed a clear and distinct preference for the healthier twin. They spent more time soothing, holding, playing, and vocalizing with the healthier twin. It should be noted that the mothers provided equal feeding and care to the twins except in two cases in which the families were extremely poor. Mann concluded that the mothers developed an unconscious preference for the twin most likely to survive. Evolutionary psychologists explain this behavior by a mechanism that over a course of evolution has maximized a mother’s reproductive fitness. Researchers believe that before the development of medical technologies that mothers had to invest in newborns without endangering other
family members. Parents today do not face such hardships; however evolutionists believe this health selective behavior is still hardwired in our brain’s and mothers must overcome this evolution are mechanism in order to properly care for premature children.

Along with biological expectations there are also social influences that give the upper hand to more physically appealing people. In studies conducted with children researchers found that caregivers pay more attention to attractive children (Hildebrandt and Cannan, 1985). A dramatic example of this phenomenon was demonstrated when researchers Casey and Ritter (1996) found that children put into protective services were more likely to be adopted and placed in better foster homes the more attractive they were (cited in Sullivan, 2001).

Attractive children not only benefit at home, but their chances at success in the classroom are greatly improved. Research has shown found that teachers rated attractive children as being more intelligent, honest, sociable, popular, and pleasant. They were also more likely to view them as leaders and less likely to evaluate them negatively for misbehaving (Lerner, R., Delaney, M., Hess, L., & Sovano, S., 1990) and (Ritts, V, Patterson, M., & Tubbs, M., 1992). The research concludes that attractive children have more opportunities to behave according to these attributes, are more likely to have positive behaviors recognized and rewarded and have more opportunities to internalize this view of themselves. Research has shown that by the time children reach middle school, attractive children have higher grade point averages and score higher on standard achievement tests (Learner et al., 1990). In further research by Lerner et al. (1992) it was discovered that attractive children receive more favorable ratings of psychosocial functioning from peers, teachers, and parents.
Attractive children are not the only group that reaps benefits from being attractive. Attractive politicians are looked at as being more competent in office (Lewis and Bierly, 1990). A perfect example of this phenomenon is when President John F. Kennedy debated Richard Nixon on live television. Many political experts have felt that Nixon clearly won the debate however, because of Kennedy’s attractiveness and composure he was apparently the winner in the hearts of Americans.

Researchers found that attractive Professors are rated by their students to be better teachers (Romano and Bordiere, 1989). Attractive salesman are said to be more effective and in return they are better salesman. Being attractive not only helps with people’s perspective of competence it also helps advance pay rates. Appearances are contributors on performance evaluations and promotion decisions. Although earlier studies have shown that attractive women are penalized there seems to be a shift in recent years. Recent research demonstrates that women benefit similarly to men for being more attractive (Drogosz and Levy, 1996). In general unattractive people earn 5-10 percent less than average-looking people. After credentials are taken into consideration attractive workers are paid on average 5 percent higher than average-looking people. Researchers point out that this is only in cases in which attractiveness counts. Examples of these jobs are lawyers and businessman. Researchers found that in the military attractiveness had no bearing on promotion or pay (Hammermeshand & Biddle, 1994).

In an interview of a cosmetic surgery patient in the Article Image For Sale, (Herald Tribune, 2003) 60 year old Real Estate agents describes the reason why she had a face lift recently. “I think that I need to look youthful and energetic when I approach prospective home buyers willing to spend 3 million dollars for a home.” She also
commented that it is essential that she freshens up her look, “She is not going to drive a 1995 Cadillac when it is 2003.” Women are not the only ones concerned about their image for sale. Men are racing off in record numbers to their plastic surgeon in order to get ahead in the workplace. Men in the business world are now opting for the 50-dollar haircut rather than the 10-dollar cut at the barbershop. Many men in their 50’s are concerned about competing with men in their 30’s. In a country that is focusing on looks more than ever these baby boomers feel they’re are racing against the clock and are trying to take 5-10 years off their looks with one cosmetic surgery (Herald Tribune, 2003).

A big surge in Cosmetic surgery has been accounted for by the Baby Boomers generation (those born between 1946-1964) getting older. People age 35-50 make up one third of the cosmetic surgery patients. A recent survey by AARP showed that half of the boomer population was depressed about aging and half were doing something about it (Duke, 2003). Past President of the American Society of Plastic and Reconstructive Surgery, Dr. Ronald Iverson said, “These are people who spend a lot of effort going to the gym and watching their diet, They don’t want tired faces.” However, some psychologists have a different opinion about the baby boomers that are seeking eternal youth. Psychologist Eileen Bradbury had coined the term “permayouth” to describe people who are unwilling to age and are constantly trying to restore the difference between how you look and how you feel you should look. Bradbury cautions that turning back the clock for the wrong reasons is particularly risky. She says that people, who have a procedure to get over a life crisis, get depressed and then have a surgery. It doesn’t change their lives, and they just get more depressed (Hearld Tribune, 2003).
In 2003 celebrities have come out and talked about their cosmetic surgery past. Jamie Lee Curtis recently posed on the cover of More magazine in her bra and underwear without makeup or retouching. When interviewers asked why she did this, she answered, “Self-acceptance, I wanted to say ‘Hello? I look like this. Relax we all look like this.’ I’m 44 and I weigh 150.” In the article she discussed how she tried all sorts of cosmetic procedures and it only made her feel worse. Despite Curtis’s experience other celebrities are glowing about their cosmetic procedures. Sharon Osbourne reports having a face-lift, tummy tuck, liposuction, leg-lift, breast lift, and lips enlarged with collagen. She said, “I looked like a different person. I never regretted it, but it took me a long time to enjoy it and accept it was the way I looked (People Magazine, 2003).” Unfortunately there are more anecdotal stories than studies about cosmetic surgeries. The few research projects that have been done suggest cosmetic surgery does in fact improve our self-esteem and self-acceptance.

The increasing demand for Cosmetic Surgery has been accompanied by a surge in coverage in the media. Stories are on daytime talk shows, evening television, magazines, and newspapers. Advertisements often promise improvements in physical appearance, self-esteem, and quality of life. As the demand for cosmetic surgery continues to grow, it has been increasingly important to determine if cosmetic surgery leads to psychological benefits.

The psychological impact of cosmetic surgery may be the most important aspect of this growing field. If there were no psychological benefits to surgery then why would we even consider elective surgeries? The majority of clinical interviews, surveys, and anecdotal stories report strong levels of patient satisfaction and favorable psychological
outcomes. However, studies using standardized tests have found conflicting results. One review found that four studies found favorably postoperative changes, three reported no change, and 2 described a modest increase in depressive symptoms. Additional data suggests that there may be an increase in postoperative improvements in body image; however it has yet to be determined how long lived these results are (Grossbart, & Sarwnner, 2003).

Some researchers have reported that that people who request cosmetic surgery have more personality problems than the general public. However, the majority of these studies consist of unverified clinical reports. Research has found that there were some studies in which pre/post operative evaluations were carried out but no comparisons group was suitable. One researcher found cosmetic surgery group was female and the control group was male. (Dnofsky, 1997). These methodological problems make insufficient evidence to draw a conclusion considering the control group and research group were not identical.

Dnofsky (1997) investigated the psychological differences between patients undergoing one surgery versus patients undergoing multiply surgeries. There were two cosmetic surgery groups. One group had only received one cosmetic procedure, while the other group had multiple cosmetic surgeries. The third group had no cosmetic surgeries. Participants were measured on self-esteem, narcissism, body image, and social anxiety. Dnofsky (1997) found no significant difference between the groups on the measures of self-esteem and social anxiety. However, on the measure of body image both cosmetic surgery groups scored significantly higher on body image. These results coincide with the results that women are satisfied with their cosmetic procedure.
In attempting to replicate and extend Dnofsky’s research the current study investigated the difference between self-acceptance and locus of control in cosmetic surgery patients who had undergone one or more surgeries or were preparing to receive their first cosmetic surgery procedure. The current research was designed to determine if self-acceptance does improve when patients undergo cosmetic surgery.

**Methods**

*Participants*

Participants were 35 volunteers solicited from the office of a board certified plastic surgeon in Beverly Hills, California. The participants were assigned to two groups depending on how many elective surgeries they had undergone. Group one, cosmetic seekers (CS)(M age=39.21, SD=11.19), had never undergone a cosmetic surgery procedure but were seeking a consultation at the time they filled out the questionnaire. Groups two, cosmetic veterans (CV)(M age=41.07, SD=12.94), had multiple surgeries and were in the office to pursue another surgery. The average number of surgeries that the CV group had undergone prior to the questionnaire was 2.7 surgeries (range= 1-8). One participant was omitted because the response “entire body” was insufficient to assess for number of surgeries. Each CS was matched with a CV based on age, gender, and cosmetic procedure (presented in appendix C).

Cosmetic patients were defined as men and women who electively sought surgical alteration to improve physical appearance. Reconstructive patients were excluded from the study (n=4), as were those seeking breast reductions for medical purposes (n=3).
**Instrument**

A likert type scale was developed and modified from existing measures to be suitable for the current study (presented in the appendix). Scales were modified from J. Rotter’s Locus of Control Scale and E.M. Berger Self-Acceptance Scales (citations). Participants indicated on a five-point rating scale of one (Strongly Disagree) to five (Strongly Agree) regarding questions about self-acceptance and locus of control (presented in appendix A). Participants also filled out a demographic questionnaire that asked about their elective surgery history (presented in the appendix B).

**Procedure**

Participants were volunteers who sought cosmetic surgery during the months of May through August 2003. Patients were asked to complete the questionnaire during their pre-operative visit. The same clinic staff member administered all of the questionnaires to the subjects. Participants filled out questions about their cosmetic surgery history that determined group assignments. CS’s never had a cosmetic procedure but were seeking their first cosmetic procedure. CV’s had at least one prior cosmetic procedure and were getting ready to undergo another procedure. All subjects were informed about the study, signed consent forms and offered a copy of the final paper.

**Results**

The mean age for the cosmetic seekers group was 39.21(SD=11.19) and the cosmetic veterans group mean age was 41.07 (SD=12.94). The mean for the scores on locus of control for the cosmetic seekers was 33.14; Cosmetic veterans scored a mean of 40.9. Cosmetic seekers scored a mean of 31.7 on self-acceptance, and cosmetic veterans
scored a 37.3 (see table 1). A paired two sample t-test for differences between means showed that cosmetic veterans scored significantly higher than cosmetic seekers on both self-acceptance, $t(13)=-3.9$, $p=.001$, and on locus of control, $t(13)=-5.3$, $p=.001$.

**Table 1**

**Mean Scores as a function of Locus of Control**

<table>
<thead>
<tr>
<th></th>
<th>Cosmetic Seekers</th>
<th>Cosmetic Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>33.14285714</td>
<td>40.92857143</td>
</tr>
<tr>
<td>Variance</td>
<td>23.82417582</td>
<td>29.3021978</td>
</tr>
</tbody>
</table>

**Mean Scores as a function of Self-Acceptance**

<table>
<thead>
<tr>
<th></th>
<th>Cosmetic Seekers</th>
<th>Cosmetic Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>31.71429</td>
<td>37.35714</td>
</tr>
<tr>
<td>Variance</td>
<td>18.52747</td>
<td>24.4011</td>
</tr>
</tbody>
</table>

**Discussion**

The major finding of the present study was that men and women who choose to undergo cosmetic surgery for minor physical defects have greater self-acceptance than men and women who want these defects fixed and haven’t undergone any surgery. This would indicate that when people are dissatisfied with a self-perceived physical effect that their self-acceptance does improve when they undergo cosmetic surgery, in other words it appears that there is a psychological benefit to undergoing cosmetic surgery. However, it should be noted that the results is only apply when a person has the desire to use surgical
alteration. This study does not take into account members of the population that are not seeking cosmetic surgery.

Another finding of the current study was that patients who had undergone multiple cosmetic surgery procedures were higher in internal locus of control. Prior research has indicated those who are higher in internal locus of control have higher self-esteem. This would indicate that when a person has a problem with a minor imperfection that they focus on enough to undergo cosmetic surgery that if they undergo cosmetic surgery their self-acceptance and self-esteem maybe significantly influenced.

Overall, these results indicate that those who have minor imperfections do benefit psychologically from cosmetic surgery. These results concur with past research findings that concluded that cosmetic surgery in fact does significantly alter self-acceptance levels for the better. (Dunofsky, 1997; Figueroa, 2003). One study reported that cosmetic surgery patients scored higher on body image scales than the general population that doesn’t seek cosmetic surgery (Dunofsky). This would indicate that there are psychological benefits to undergoing cosmetic surgery. However, recent research has suggested that these benefits are short lived and often there is a decrease in happiness with time (Richter, 2003). Due to the lack of empirical research on psychological issues surrounding cosmetic surgery it would be premature to make statements that cosmetic surgery improves or worsens overall psychological well-being. The current research only covers self-acceptance and it would be premature to generalize to other aspects of psychological well-being.

The current findings suggest that there is a psychological benefit for having surgery when one is dissatisfied with a physical imperfection. Further research with
proper control groups would be needed to determine the difference between non-cosmetic surgery patients and cosmetic surgery patients. The purpose of the current study was to only include cosmetic surgery patients to see if there were satisfaction-using subjects matched based on age, gender, and cosmetic surgery procedure. More research needs to be done to account for long terms effects of cosmetic surgery on overall psychological well-being.

In conclusion more empirical research needs to be done to determine the benefits of cosmetic surgery. A better understanding of cosmetic surgery is needed to determine of Americans chose to go under the knife in the pursuit of physical attractiveness. If there are no benefits then why do we undergo elective surgeries? Is it for the social or economical benefits of becoming more physically attractive? More research needs to be conducted in order to discover the impact of cosmetic surgery on society, the business world, and the people who go to great lengths to become more “physically attractive”. With the incidence of cosmetic surgery on the rise we could be seeing a the beginning of a societal problem that is not going away anytime soon and that requires more attention than the medias portrayal of how great and happy we are in the pursuit of eternal youthfulness.
References


Romano, S., Ordiere, J.B. (1989) Physical attractiveness stereotypes and students perceptions of college professors. Psychological Reports, 64, 1099-1102.


Appendix A

**TOP 5 FEMALE COSMETIC PROCEDURES**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nose reshaping</td>
<td>234,959</td>
<td>226,800</td>
<td>219,883</td>
</tr>
<tr>
<td>Liposuction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast augmentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyelid surgery</td>
<td>193,487</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facelift</td>
<td>112,568</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2001 Total Female Patients: 6,503,714

**TOP 5 MALE COSMETIC PROCEDURES**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nose reshaping</td>
<td>136,009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liposuction</td>
<td>48,663</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyelid surgery</td>
<td>44,726</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hair transplantation</td>
<td>27,817</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast reduction</td>
<td>18,548</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical peel</td>
<td>168,093</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laser hair removal</td>
<td>129,722</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microdermabrasion</td>
<td>117,246</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botox injection</td>
<td>106,056</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collagen injection</td>
<td>48,400</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2001 Total Male Patients: 965,840

(American Society of Plastic Surgeons, 2003)
Appendix B

Participant Number __________
Age_________
Gender __________

1. What cosmetic procedure are you receiving? (This includes botox, microabrasion etc.)

2. What is the primary reason for you electing to under-go a cosmetic procedure?

3. Have you had any other cosmetic procedure in the past? If yes, which ones?

Thank you for your participation
Appendix C

1 = Strongly agree
4 = Agree
3 = Agree somewhat
2 = Disagree
1 = Strongly disagree

1. In my experience I have noticed that there is usually a direct connection between how hard I work and my success.
2. I don’t question my worth as a person, even if I think that others do.
3. Although there might be things I could improve, I like myself the way I am/
4. I am the master of my fate.
5. I sort of half believe in myself.
6. I live too much by other people standards.
7. Even when people think well of me, I feel sort of guilty because I know that I must be fooling them—that is if I were really myself, they wouldn’t think well of me.
8. When I am upset I can pinpoint exactly what aspect of the problem that bugs me.
9. I say things that I later regret.
10. I get into a mode where I feel strong, capable, and competent.
11. I feel confident that I can do something about the problems that may arise in the future.
12. A great deal of what happens to me is probably a matter of chance.
13. Making a lot of money is largely a matter of chance.
14. I am not afraid of meeting new people. I feel that I’m worthwhile person and there’s no reason why they should dislike me.
15. I do not worry or condemn myself if other people pass judgment against me.
16. I seem to have a real inner strength in handling things. I’m on a pretty solid foundation and it makes me pretty sure of myself.
17. I am able to get over guilt about trivial mistakes and faux pas that I have made in the past.
18. I am ashamed of the way I look or feel.
19. I have little influence over the way other people behave.
20. Marriage if largely a gamble.
Appendix D

*Matched participants based on age, gender, and cosmetic procedure*

**Cosmetic Seekers**

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Female</td>
<td>SAL</td>
</tr>
<tr>
<td>32</td>
<td>Female</td>
<td>AM</td>
</tr>
<tr>
<td>65</td>
<td>Female</td>
<td>TL</td>
</tr>
<tr>
<td>45</td>
<td>Males</td>
<td>SAL</td>
</tr>
<tr>
<td>32</td>
<td>Female</td>
<td>AM</td>
</tr>
<tr>
<td>52</td>
<td>Males</td>
<td>LF, LUE</td>
</tr>
<tr>
<td>30</td>
<td>Female</td>
<td>AM</td>
</tr>
<tr>
<td>32</td>
<td>Female</td>
<td>AM, LE, FP</td>
</tr>
<tr>
<td>34</td>
<td>Female</td>
<td>AM</td>
</tr>
<tr>
<td>36</td>
<td>Female</td>
<td>AP</td>
</tr>
<tr>
<td>39</td>
<td>Female</td>
<td>AM</td>
</tr>
<tr>
<td>45</td>
<td>Female</td>
<td>SAL</td>
</tr>
<tr>
<td>42</td>
<td>Female</td>
<td>LUE</td>
</tr>
</tbody>
</table>

**Cosmetic Veterans**

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Procedure</th>
<th>Previous Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Female</td>
<td>SAL</td>
<td>AM</td>
</tr>
<tr>
<td>32</td>
<td>Female</td>
<td>AM</td>
<td>AM, B</td>
</tr>
<tr>
<td>66</td>
<td>Female</td>
<td>BL</td>
<td>FL, LUE, SAL, AP</td>
</tr>
<tr>
<td>52</td>
<td>Male</td>
<td>LUE</td>
<td>SAL</td>
</tr>
<tr>
<td>34</td>
<td>Female</td>
<td>AM</td>
<td>R</td>
</tr>
<tr>
<td>62</td>
<td>Male</td>
<td>ULE</td>
<td>SAL</td>
</tr>
<tr>
<td>32</td>
<td>Female</td>
<td>AM</td>
<td>AM, SAL, B</td>
</tr>
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**Key**

SAL = Suction-assisted liposuction  
AM = Augmentation Mammaplasty  
R = Rhinoplasty  
MFL = Mini-face lift  
B = Botox  
LUE = Lower and upper eye surgery  
LE = Lower eye surgery  
AP = Abdominoplasty  
FP = Facial Peel