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Body Objectification, Ethnic Identity and Cosmetic Surgery in African-American Women

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Body Objectification, Ethnic Identity and Cosmetic Surgery in African-American Women

by

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Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

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DEDICATION

This study is dedicated to the young girl who is compelled to binge, purge, or cover her beauty. It's for the African American woman who has deeply penetrating wounds from marginalization and judgment. Remember, the world may thrive on external appraisals and judgment but it's our individual responsibility to overpower our primal tendencies with executive function. So, to all women, Black, White, Brown, and Yellow love your skin, hair, curves, features, and characters. You are beautiful!

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ABSTRACT OF THE DISSERTATION

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by

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This study investigated the role of ethnic identity in African-American women's relationship with their bodies and their decisions for cosmetic procedures. The research hypotheses are: (1) The odds of receiving a cosmetic procedure increase with lower endorsements of ethnic identity. (2) Ethnic identity has an effect on surveillance, shame, and body control in African-American Women. Ethnic identity will be measured with the Multiethnic Identity Measure (MEIM), which measures subjects' self-assessed membership in their ethnic group. Body Objectification is measured by the Objectified Body Consciousness scale, which measures a woman's endorsements of surveillance, shame, and control. The sample consisted of 175 African-American women between the ages of 19 and 84. The hypothesis resulted in no significant relationships. Thus H1 and H2 were not confirmed. However, when considering the MEIM in its two factors, 1) EI Achievement and 2) Affirmation and Belonging, the study found that there were significant relationships between EI Achievement and Control as well as between Affirmation and Belonging and levels of Control. These findings may indicate that, as African-American women solidify their ethnic identity (Achievement) and feel close to their group (Affirmation and Belonging), they experience more perceived control over

their bodies. This makes African-American women who endorse higher on these measures more likely to feel as if they can alter their bodies to align with cultural standards, which may possibly lead to choosing cosmetic surgery.

CHAPTER 1

STATEMENT OF THE PROBLEM

Introduction

"The world still wants to ask that a woman primarily be pretty and if she is not, the mob pouts and asks querulously, 'What else are women for?"

— W.E.B. Du Bois (W.E.B. Dubois Reader)

Beauty is perceived as a subjective concept, driven by evolutionary imperatives and reinforced by societal shifts. Aesthetic norms flow and change like the current of a lazy river, stumbling around rocks of societal shifts and being constrained by the banks of evolutionary predispositions. Beauty is important in many, if not all, cultures and societies and can improve an individual's social standing. The United States has historically retained a Euro-centric beauty norm, which has consequently generalized Euro-centered beauty research to ethnic minorities. Economic advancement and other sociological changes among minority groups have increased their presence in the beauty industry, and research should reflect this increasing trend (Zinn, 1990). In particular, African-American women (AAW) have consumed beauty services at a disproportionate rate, exhibiting a 67% increase in cosmetic procedures between 2004 and 2005. However, current articles contend that AAW are buffered from non-inclusive beauty norms by culturally-constructed heterogeneous standards (Patton, 2006; Rogers Wood & Petrie, 2010; Molloy & Herzberger, 1998). This leads to the question: What is driving AAW's increasing presence in cosmetic surgeon's offices?

Objectification theory asserts that society places pressures on women to conform to external standards of beauty and body aesthetics (Fredrickson & Roberts, 1997). Body

objectification looks at three aspects of women's relationship with their bodies: surveillance, shame, and control (McKinley & Hyde, 1996). Adding to society's impact on beauty perception, an individual's identification with their culture can offer insights into a broader understanding of beauty and cosmetic procedures in ethnic populations. Ethnic identity explains a phenomenon associated with identification or closeness with a group of people of common racial heritage (Phinney, 1992). Identities have been known to shift in accordance with political or class changes and conflicts within a society. The African-American community has experienced dynamic movements in the 200 years following slavery. Their changing standpoint and increased political power have altered many African-Americans' social status and transformed the social consciousness of members in their community. According to tenets of Standpoint Theory adapted from literature by Hegel (Cameron, 2005), observing an individual's perspective through their ethnicity, gender, and class provides a more complete view into their reality (Patton, 2006, Hill Collins, 1990). Buchannan et al. (2008) even went as far as referring to the experiences as *ethgendered.* They stated, "Gender and race do not function entirely as separate dimensions of identity or stimulus value but instead intertwine to shape ethgendered experiences (p. 698)."

Conceptualizing African-Americans within an ethgendered/standpoint lens impacts our perception of phenomena within this community. As stated earlier, research in the United States has particularly focused on Euro-Americans or compares African-Americans to Euro-American comparison groups. This study is one in which there are within group comparisons observed in a sample exclusively of Africa-American women.

Therefore, the power of this study is in identifying whether in-group changes based on ethnic identification can impact an African-American woman's feelings about her body.

If culture plays a role in formulating beauty norms, does one's identification with their culture impact decisions to alter appearance? Additionally, do the odds of an AAW receiving a cosmetic procedure increase based on low endorsements of ethnic identity?

Background of the Problem

Throughout history, the collective human psyche has been conditioned to view attractive individuals in positive terms while seeing unattractive individuals in generally negative terms. This is a phenomenon coined by Langlois (2000) as the "beauty is good" principle. Beyond seeing beautiful individuals as good, they are seen as having higher incomes (Backman & Adams, 1991 and Hamermesh & Biddle, 1994), being more intelligent (Langlois et al., 2000), deserving more help from others (Cunningham, 1986), and as genetically more desirable (Sarwer, Magee, & Clark, 2004). It can be assumed that being perceived as beautiful can increase social mobility and the inverse is assumed of the unattractive.

Resulting from social perceptions of beauty, many women in many cultures have resorted to methods, sometimes drastic, of body modification. The conditioning aspect of beauty, an understanding of what is considered beautiful, begins in early human development. Fairy tales like Cinderella, Snow White and Briar Rose (Sleeping Beauty), mention beauty in blatant terms and describe chased feminine beauty as social currency (Baker-Sperry & Grauerholz, 2003). This reinforces the impression that beauty is indicative of goodness and the lack thereof is synonymous with badness.

The human brain is constantly seeking to make sense of the surrounding environment, which frequently provides too rich an experience to easily or completely process. Therefore, our brains condense and lump information into palatable pieces or mental shortcuts known as heuristics (Tversky & Kahneman, 2005). Heuristics are rules or generalizations whose construction is based on past experiences with particular individuals, situations or places. These heuristics, though helpful, can be problematic as they make it possible to exclude necessary information in differentiating individual situations. In particular when considering beauty, a representativeness heuristic is used where individuals make assumptions that an object or individual belongs to a particular group (Tversky & Kahneman, 2005). For example: when looking at an attractive woman, an individual may assume she is a rich and a famous model rather than a truck driver or cage fighter.

Past experiences and historical contexts create contemporary perceptions of beauty. In the African American community, these contexts reach back to the African Diaspora. Slaves first arrived in Virginia in 1619; thus began African-American's relationship with Euro-centric norms. Post-Diasporic Africans were forcibly separated from African culture and placed amidst foreign ideals and socially imposed boundaries. During slavery, aesthetics affected the mobility and societal movement of AAW. For example, light skinned AAW who "passed" for White could become freed or had more options.

In the 1900's, Madame C.J. Walker introduced a line of hair care products aimed at African-American women. Her most notable contribution was the hot comb. Her beauty empire led to her becoming the first African-American female millionaire.

Straight hair styles continued to be a measure of beauty in the 1920's and 30's, though there were exceptions to the norm (Hall, 1995). The 1960's introduced the "Black is Beautiful" movement where AAW placed an impetus on preserving their culture's beauty with hairstyles like the Afro and introducing African themes into fashion and style such as kente cloth. This fashion trend was born from the Ashanti and Ewe people in Ghana and Togo. The Millennium has seen both trends: a Euro-centric alignment trend and an African inspired trend. With the increase of cosmetic surgery in the African American population and a possible link to ethnic identification, there are questions about whether AAW appreciate their beauty or if they are impacted by Euro-centric beauty norms (Hall, 1995).

Purpose

Literature on AAW is commonly conceptualized through the lens of socioculturalism; thus North American beauty norms can be seen as arising from societal expectations. Though AAW have classically been considered as falling outside of typical Euro-centric beauty norms, literature has identified a "buffering" from non-inclusive norms (Hall, 1995). If buffering is a reality, protecting AAW from feeling alienated from beauty norms, then what explains the ever-increasing presence of AAW in cosmetic surgery statistics? As AAW become more and more visible in cosmetic surgeons' offices, they need to become equally as visible in cosmetic surgery research. With multidisciplinary teams becoming fixtures in health care systems, psychologists need an understanding of medical populations and concerns therein. Mental health professionals will, in the future, be required to act as co-collaborators with physicians in the treatment

of patients. This research will assist in bridging the gap between cognitive and social concepts on the one hand and surgical practices on the other.

Ethnic identity, which has a significant impact on the lives of ethnic minorities, specifically AAW, may impact their endorsements of body objectification and influence their decisions for cosmetic surgery. This study is intended to identify the relationships that ethnic identity has with cosmetic surgery and with body objectification. The study investigates the differences between two groups of AAW, those who have had cosmetic surgery and those who have not. It also investigates their endorsements of ethnic identity.

This study will also investigate the relationship between ethnic identification and body objectification. Finally, the study will observe consider a possible relationship between ethnic identity and body objectification mediated by cosmetic surgery. The specific questions of interest are: Do AAW who have received cosmetic surgery have lower ethnic identity than AAW who have decided to not have cosmetic surgery? Do AAW's scores on ethnic identity predict their scores on subsections of body objectification, surveillance, shame, and control? Is the relationship between ethnic identity and cosmetic surgery mediated by body objectification? These questions add to the breadth of African American research and expand on an otherwise overlooked population, AAW who obtain cosmetic surgery.

This study may help clinicians working with cosmetic surgeons have a more complete understanding of AAW electing cosmetic procedures. It may also increase the knowledge of their specific sociocultural experience.

Specific Problem and Specific Aims

One question has been left unanswered by Objectification Theory: If AAW are buffered from non-inclusive beauty norms by ethnic belonging, then why are they continuously seeking cosmetic procedures? To help answer this question, this study has generated a working hypothesis explaining the relationships AAW have with cosmetic surgery, body objectification and ethnic identity seen through the perspective of Objectification Theory.

Research Questions

Two research questions will be investigated:

1. Do AAW who have elected for cosmetic procedures maintain a weaker identification with the African American community than women who chose against cosmetic procedures?

2. Do AAW who closely identify with being African American endorse lower surveillance and shame and higher control than AAW who do not closely identify with the African American community?

Conceptual Hypothesis

This study investigates the connection between AAW, their decision to either obtain a cosmetic procedure or not to obtain a cosmetic procedure. It also investigates their relationship with their bodies and with their ethnic identity. Directionality is assumed, where women who have obtained a cosmetic procedure are assumed to have overall lower ethnic identity than AAW who have not yet had any cosmetic procedure.

Women who maintain a close identification with the African American community are assumed to endorse lower levels of surveillance and shame and higher endorsements of body control. Current literature has scant research on beauty in AAW and even fewer studies connecting beauty with ethnicity or cosmetic surgery with body image.

Research Hypotheses

1. AAW who have received cosmetic surgery have a lower ethnic identity than do AAW who have not had a cosmetic procedure.
2. Ethnic identity has an effect on surveillance, shame, and body control in AAW.

Summary

In conclusion, a test of this hypothesis will address the assumptions of Objectification Theory by assessing AAW's body surveillance, their shame and control in the context of a non-inclusive beauty norm. It will also address their relative ethnic identity and their decision for cosmetic procedures. This study will assist clinicians in understanding this diverse population and their unique treatment needs in multidisciplinary settings. Accomplishing the specific aims outlined in this study will increase the understanding of how ethnic identity functions to influence women's decisions to have cosmetic procedures. A literature review will address the theoretical underpinnings of objectification, sociocultural and evolutionary theories. It will also address the cultural and historical experiences of AAW with respect to beauty, cosmetic surgery in the United States and ethnic identity.

CHAPTER 2

REVIEW OF THE LITERATURE

Introduction

This review of the literature will include historical and current literature surrounding beauty appraisals as seen through body objectification theory. It will also include a conscientious review of evolutionary and sociocultural theories of beauty. The review encompasses a historical overview of beauty in the African American community stretching from aesthetic norms of the pre-African Diaspora to norms of the post-African Diaspora. These will be followed by a review of literature on ethnic identity within the African American community. The review concludes with information related to current trends in cosmetic surgery, with information related to African American cosmetic statistics and finally with a summary of the chapter.

Body Objectification

Objectification explains how a third party perspective affects women's self-representations, elucidating how society's beauty expectations affect women's perceptions of beauty and their bodies. Sexual Objectification is the phenomenon of being treated as a collection of body parts or as an object for the purpose of consumption. This leads to women viewing their bodies as an outside observer or self–objectifying (Prior, Quigley, & Arbeau, 2008 and Fredrickson & Roberts, 1997). Self-objectification refers to when a woman so totally accepts an external view of herself that she begins to value her appearance over the function of her body (Buchanan et al., 2008). Women begin to actively self monitor their bodies as a result of external norms and chronically

anticipate objectifying gaze and judgments from others (Fredrickson & Roberts, 1997). Objectifying gaze is the act of men engaging in the non-reciprocated gaze of a woman in a manner that sexualizes her or dehumanizes her (Baker, 2005). It is expressed in three separate yet related environments: during interpersonal and social encounters, in visual media, and in visual media's focus on sexual body parts (Baker, 2005). In interpersonal relationships women are gazed at more often than men (Allen, 1984), thus increasing women's feelings of being stared at when in public. Men also frequently engage in subsequent sexually evaluative dialogue about the physical appearance of the woman being gazed upon (Allen, 1984). Comments are more derogatory in nature when directed at a woman of color (Allen, 1984). Visual media involving an interaction between a man and women often involves the male observing or monitoring the woman while she appears to be daydreaming. This is a technique known as an "anchored drift" (Goffman, 1979).

As it becomes second nature for women to expect judgments from others, they begin to extend similar judgments to others or other-objectify. When women feel as if they "come up short" in comparison to society's ideals, a sense of shame develops (Lewis, 1992). Individuals who frequently engage in other- and self-objectification have been found to be more likely to desire elective cosmetic procedures and approve of procedures for others (Prior, Quigley, & Arbeau, 2008). Self-objectification leads to many deleterious cognitive effects including appearance anxiety (Fredrickson & Roberts, 1997), disordered eating (Calogero, 2004), diminished mental performance and decreased peak motivational states (Csikszentmihalyi, 1990). It also leads to altered body relationships, increased self-surveillance and body shame (Fredrickson and Roberts,

1997). Internalizing social constructs are frequently harmful but can also provide women with a vehicle of power when they feel they meet society's beauty standards (Unger, 1979).

Self-surveillance and body shame are two constructs of a tri construct theory developed by McKinley and Hyde and are measured by their Objectified Body Consciousness Scale. Their scale measures three constructs expressed in objectification literature: Body Surveillance, Body Shame (which includes the internalization of cultural standards) and a sense of control women feel over their bodies and appearance (Mckinley & Hyde, 1996).

Body Surveillance illustrates women viewing their bodies as an outside observer rather than relating to their bodies in a personal manner (McKinley, 2006). In a manner of speaking, they begin to view themselves as foreign (Fredrickson & Roberts, 1997). As women survey their bodies, they begin to focus on the perceptions society holds about their appearance, and they may experience subsequent concern about falling short of societal standards (McKinley & Hyde, 1996). Surveillance can result in positive as well as negative ramifications. Surveillance can serve in a positive capacity where women begin associating their bodies with *self-love, health, and individual achievement* (McKinley & Hyde, 1996; Spitzack, 1990). On the other hand, it is negatively expressed when women internalize feelings of inadequacy (Carver & Scheier, 1981; McKinley & Hyde, 1996). Internalizing these external views and deeming that one has come up short of societal standards may lead to the next element of Body Objectification: shame about one's own body. Constanzo (1992) argues a linear pathway to shame where women may initially comply with some innocuous conforming pressure, then identify with the societal

information and finally incorporate the once foreign societal standard into the self. Women experiencing shame tend to expand the shame to their global self representations rather than localizing the perceived failure to their appearance or bodies. However, shame can be counteracted by feelings of control over their appearance. Bartky (1988) found that giving women a feeling of control over their physical appearance provides them with a sense of competence.

Though all women can experience objectification, it is not experienced equally in all women based on ethgendered experiences and age (Fredrickson and Roberts, 1997). Euro-American women in particular experience objectification as seduction, whereas African-American women experience it as rejection (Hurtado, 1989). Media influences play a large role in objectification in the United States, with AAW typically portrayed in stereotypical postures and situations. For example: AAW are depicted with an animalistic carriage (Fredrickson and Roberts, 1997), as overly sexual, dominant, and masculine (Zuckerman & Kieffer, 1994); and ads typically focus on dismembered body parts rather than images of the head and face (Fredrickson and Roberts, 1997 and Bartky, 1990). The dehumanizing of the AAW reduces them to works of art and excludes them from typical beauty norms, thus objectifying them through the guise of "rejection" (Hurtado, 1989). EAW are objectified through "seduction", which is commonly veiled as admiration of physical beauty (Hurtado, 1989). With AAW being seen as inconsequential and EAW used as icons of beauty, women are objectified in visual media more frequently than men (Coltrane & Messineo, 2000).

Media Images

Three typically cited African-American female archetypes are the Sapphire or the angry Black woman, the Jezebel also known as the Tragic Mulatto (Patton, 2006), and the Mammy also referred to as the Hanky Head (Hill Collins, 1990). These portrayals add to cultural perceptions and justify oppression and objectification of AAW in the United States (Hill Collins, 1990).

Jezebel

The Jezebel or Tragic Mulatto is a sexually aggressive AAW typically with fair skin, long straight hair, and European features (Jewell, 1993). She is typically viewed as a sex object who is only interested in material gains and is unworthy of love. Therefore, she appears uninterested in emotional intimacy (Burrell, 2010). This archetype emerged during slavery, which was a time typified by the sexual exploitation of AAW (Patton, 2006; Jewell, 1993). "The Black female slave was always treated as a sexual object. Told that all she had to offer was her body, she had no control over who raped or exploited her. She couldn't afford to connect her sexuality with her emotions" (Burrell, 2010, p.?)

The African slave woman existed in stark contrast with the typical Victorian white woman of the era. For example, the Victorian woman was covered in petticoats, full skirts, and long sleeves. In contrast, the African woman was typically given sub-standard clothing, which often exposed her body. She worked in the fields with legs and arms exposed and was paraded to public auction naked. The Victorian woman was not accustomed to hard manual labor while the African women only performed hard labor,

which was unbecoming of a proper woman. The Victorian woman was also not an object of carnal lust (there were assuredly exceptions), whereas the African woman's body was not her own. Deborah Gray-White, in her book Female Slaves in the Plantation South, supported this notion with these words: "In every way Jezebel was the counter image of the mid-nineteenth-century ideal of the Victorian lady" (p 29). This stereotype was constructed to dissuade the slave owners' responsibility of rape. Presuming that the African slave woman was designed for sexual and physical abuse decreased cognitive dissonance in the minds of Euro-American slave owners (Burrell, 2010 and Harris-Perry, 2011). Further highlighting the distinct differences between African and Euro-American women was the case of Saartjie Baartman. She was convinced to leave her home in South Africa for fame in France where she became a sideshow attraction and was referred to as the "Hottentot Venus" (Shohat & Stam, 1994 and Harris-Perry, 2011). Her appearance, in the minds of the French, deemed her less than human status and was used to support the assumption that AAW were overly sexual and even had sex with monkeys (Harris-Perry, 2011).

The Jezebel myth has not disappeared in modern society; media images often depict her story ending in tragic or unfortunate circumstances, hence the name Tragic Mulatto. Media Jezebels include Halle Berry's depiction of Leticia Musgrove in *Monster's Ball* and her role as Nina in *Bullworth*. This media trope is frequently seen in music videos typically juxtaposed a "brut" or "mandingo" (Burrell, 2010).

Mammy

Also originating during slavery, the Mammy or the Hanky Head, is asexual,

hardworking, dark-skinned, docile, and jolly (Harris-Perry, 2011 and Parkhurst, 1938). Contrary to the Jezebel she was asexual and overweight, providing a motherly veneer. She was a devoted servant and raised her master's children rather than her own. She did not care for or advocate for children in her own community but was loyal and beholden to white communities. Her trope developed into a stern matriarch who is the head of the family because her man is not supportive or is absent (Jewell, 1993). The mammy archetype was a way to misdirect the passions of a nation, propagating the myth that slavery was a pleasant experience where slaves could develop close relationships with their slave owners (Harris-Perry, 2011). She is seen has having no needs or desires, her only joy is serving her master and caring for his children. Though the myth supported the overweight jovial older woman, women chosen to work in the master's home were typically young women or teenagers. Harris-Perry states, "It was white supremacist imaginations that remembered these powerless, coerced slave girls as soothing, comfortable, consenting women" (p 27). In many instances women who did not fit the myth of the happy slave woman were "retrained" to fit the myth (Harris-Perry, 2011). Media Mammies include Tyler Perry's character Madea, Aunt Jemima, Celie from the *Color Purple*, and Hattie McDaniel in *Gone with the Wind*.

Sapphire

The Sapphire archetype emerged in the 1930s as a character on the *Amos 'n' Andy* radio show. She was overbearing, dramatic, argumentative, angry and loud with neck rolling and finger wagging mannerisms (Harris-Perry, 2001). Empathy and vulnerability

are uncommon attributes, she frequently challenges and neuters her mate and is typically treated as the punch line (Jewell, 1993).

The Sapphire trope is studied far less than the Jezebel or Mammy largely because her characteristics are so engrained in the American conceptualization of AAW that they go unchallenged (Harris-Perry, 2001). Her image is used as the paradigm of African-American womanhood. Charisse Jones and Kumea Shorter-Gooden (1993) even affirmed, "Many Black women feel pressured to calibrate their directness and assertiveness, and minimize their accomplishments and success, to make the men in their lives comfortable with and confident in their manhood." Current media is replete with Sapphire exemplars including Wendy Williams, Pam from Martin, and Kimora Lee Simmons. Reality shows are even more insidious because they give the impression of reality, thus reinforcing myths presented in media (Harris-Perry, 2001).

Art imitates life, and these three archetypes have borrowed from historical truths and have been exaggerated for secondary gain. These exaggerations were intended to portray deviant behaviors that challenge patriarchal standards (Jewell, 1993). Standards of femininity support the attractiveness of the slender, submissive, chaste, naïve woman. These archetypes attempt to exclude AAW from these norms (Jewell, 1993).

The Sapphire archetype exaggerates cheekiness and dominant behavior, which is deemed unattractive or unbecoming of a woman in our society, thus distancing AAW from a commonly held feminine norm. The Mammy is not depicted as slender or aware of her position in society, she is content in her subordinate position and often jovial (Jewell, 1993). She is desexualized, considered a caregiver and removed from the context of personhood. Finally, the Jezebel or Tragic Mulatto is attractive according to

Euro-centric standards and is sexually desired by both African American and Caucasian men. This, reinforced by media images, supports the belief that the European beauty norm is standard (Jewell, 1993). These archetypes serve to further AAW's objectification and further the divide between light and dark skinned AAW as well as the divide between Black and White women.

Conclusion

There are obvious objectification differences between African-American and Euro-American women, but it is obvious that any woman may be subjected to objectification. Whether it is via objectifying gaze, visual media, or interpersonal interactions, women maneuver through objectifying conditions. Objectification can lead to an internalization of external, once foreign, information in a woman's personal identity. This results in increased surveillance, shame, depression, disordered eating, or anxiety. However, objectification also leads to positive outcomes including feelings of achievement and control. Current literature, though extensive, is notably scant on research of objectification in AAW and elective cosmetic procedures. Increasing the literature in this population will add to existing literature rather than simply generalizing results to Women of Color (Zinn, 1990).

Beauty Perspectives

After having established how important physical appearance is to society, much research has been dedicated to the study of its origins. Two contrasting views have emerged in the explanation of the beauty principle: natural selection theories and

sociocultural theories. Natural selection theory emphasizes the influence of evolution on contemporary beauty perception, mate selection and fitness-related theories (Langlois et al., 2000). On the other hand, sociocultural theories emphasize society and culture's impact on the perception of beauty. These theories may appear to conflict. However, they both establish that beauty and physical appearance play an important role in societies and perceptions of beauty change over time.

Evolutionary Theory/Natural Selection

Beauty is one of the ways life perpetuates itself, and love of beauty is deeply rooted in our biology.

- Nancy Etcoff (2000)

Evolutionary theory, originally postulated by Charles Darwin (1900), is centered on the premise that reproduction is the primary goal for all species. According to evolutionary theory, reproductive fitness is historically grounded in five primary indicators of beauty: youthfulness, pathogen resistance, symmetry, body ratios, and averageness (Sarwer et. al, 2004).

According to Symons (1979), a youthful appearance has often been linked to reproductive potential or attractiveness and is linked more closely to beauty in women than in men (Sarwer, Magee, Clark, 2004). For instance, as women age they are rated as appearing less feminine (Zebrowitz, Olson, & Hoffman, 1993). Conversely, men retain masculinity ratings irrespective of age (Deutsch, Zalenski, & Clark, 2002).

Pathogen resistance has been cited as indicating reproductive potential (Sarwer et al, 2004); however, statistical evidence does not support an actual link between physical

attractiveness and pathogen resistance (Sarwer et al. 2004). In countries with high pathogen risk, the importance of pathogen resistance as an indicator of reproductive fitness is more pronounced (Ganesta & Buss, 1993).

Bilateral symmetry, the property of being divisible into symmetrical halves on a unique plain, also indicates attractiveness. In actuality, bilateral symmetry is associated with pathogen resistance, and the appearance of proportion gives the impression of health (Thornhill, Gangestad, 1993). It is commonly assumed that those with the strongest, heartiest genes develop bilateral symmetry (Sarwer, Magee, Clark, 2004), whereas asymmetry indicates low resistance to illness and possible vulnerability to parasites (Hamilton et al, 1990). It has even been seen that bilaterally symmetrical men become sexually active younger and have more sexual experiences than men who are not as bilaterally symmetrical (Thornhill, Gangestad, 1994).

Physical differentiation between the sexes occurs during adolescence with waist-to-hip ratio (WHR) as a primary indicator. Sarwer et al. (2004), explained WHR as "the distribution of fat between the upper and lower body relative to the amount of abdominal fat" (p 30). Women develop and maintain more body fat then men with fat accumulating in breast tissue and around the hips. According to evolutionary theory, women with WHRs lower than 0.8 are more attractive, presumably younger, healthier, and appear more feminine (Singh, 1993) than women with a ratio closer to one. Attractive men possess high WHRs, closer to 1 indicating little to no difference between upper body measurements and hip measurements. When women maintain WHRs similar to men they are perceived as less physically attractive or capable of carrying viable progeny.

Averageness is rarely associated with beauty, but the final indicator of physical attractiveness, as postulated by natural selection theory, is averageness of appearance. According to a study performed by Langlois and Roggman (1990) a number of anthropomorphically different faces were placed on a computer program and combined to create an average, these faces were then rated on their attractiveness. The female and male facial composites were rated significantly more attractive than the individual faces (Langlois & Roggman, 1990).

Women are actively engaging in cosmetic as well as less invasive procedures aimed at correcting perceived shortcomings in areas associated with evolutionary indicators of beauty. For instance women opt for youthfulness-enhancing procedures such as the application of anti-aging crèmes, restiline and Botox injections, laser treatments, face-lifts, microdermabrasion and other procedures. Reducing the appearance of pathogen resistance is achieved through procedures like microdermabrasion, acne scar treatment, use of moisturizers and tanning. Bilateral symmetry is increased with procedures including chin implants, eyelid lifts and fat implants. Women strive to increase WHR with procedures such as tummy tucks, fat injections, breast and buttock implants, and liposuction. Overall averageness is increased as women obtain procedures intended to blend ethnic lines and increase the appearance of ethnic ambiguity.

Socio-Cultural Theories of Beauty

Beauty cannot be quantified or objectively measured; it is the result of the judgments of others.

-Saltzberg and Chrisler (1997, 135)

Evolutionary theory, being primarily deterministic, does not give much room for changes in socio-cultural attitudes surrounding beauty (Fredrickson & Roberts, 1997). Evolution is a force theorized to be constant, but social factors such as media influences and women's changing position in society progress over time. Therefore, what is deemed beautiful changes in step with societal forces (Adamson, 2006).

Beauty representation in the media has been closely associated with the position of women in society. In the early twentieth century, before women's suffrage, the Gibson girl was the ideal representation of femininity and beauty. Gibson girls typically wore her layered hairstyles and possessed gracile (slender and thin especially in a charming or attractive way) features they had large busts and hips with a small waist (Patton, 2006; and Sarwer, Magee, Clark, 2004).

Cultural beauty then shifted post suffrage to the boyish figure of the flapper girls of the 1920s and 30s. Then came the curvaceous womanly figure of the 1950s with beauty icons like Marylyn Monroe, whose size twelve physique is taboo today. The social climate for women was one of wartime responsibility with subsequent encouragement to return home and resume typically female roles. At this time women's enrollment in college decreased to only 30%. The 1960s and 70s were times when women were again visible in the work force and politics; and, for the first time women out numbered men in college enrollment. Thus there was a return to the extreme slender physique like that of British model Twiggy.

The 1980's featured a toned muscular body with large breasts (Patton, 2006). The 1990s introduced heroine chic or the waif (Patton, 2006). A slender physique has persisted until current times as women continue their visibility in society and as gender

norms accommodate. There have been obvious changes in beauty perception, thus illuminating the influence of socio-cultural principles in the opinion of beauty. This assumption does not negate the role of evolutionary theory in beauty perception but allows room for culture. In our culture, beauty is pertinent throughout the lifespan, beginning in infanthood and extending into adulthood.

Childhood

Our first introduction to beauty principles is often when we are read fairy tales like Cinderella and Snow White. One study performed by Baker-Sperry and Grauerholz (2003) found that 94% of fairy tales mentioned physical appearance. In each story physical appearance was mentioned an average of 13.6 times, with the appearance of women being mentioned almost 3 times more than that of men. It has been seen that in many stories beauty is rewarded while the lack thereof is punished. Also the tales with the most beauty-laden references were heavily reproduced and made into feature films such as Cinderella, Show White and Briar Rose (Sleeping Beauty). In all of these stories the beauty of young women was valued over beauty in older women, and these beautiful young women were often subjected to jealousy and malice (Baker-Sperry & Grauerholz, 2003). Thus it can be seen that the beauty-is-good principle postulated by Langlois is imprinted early in childhood (2000).

Transcending stories and fairy tales, children experience differential treatment with respect to other children and adults based on their attractiveness. This principle applies also to their being able to perceive beauty in others. For example, infants seen as attractive by adults are considered happier, smarter, and more pleasant (Stephan &

Langlois, 1984). Also the differential parental solicitude theory contends that parents put more effort into offspring who exhibit more quality. Thus, if attractiveness is an indicator of quality, more rearing effort is provided to attractive children as opposed to that provided to unattractive children (Barden, Ford, Jensen, Rogers-Salyer, & Salyer, 1989).

Favoring the attractive also extends into the classroom, where attractive students are perceived by educators as more popular, confident, intelligent and having better social skills (Sarwer, Magee, & Clark, 2004). They are also perceived to be more academically developed, competent, adjusted and possessing more social appeal (Langlois et al., 2000). It has even been found that among 8-year-olds, physical attractiveness and academic competence predict 53% of the variance in self-esteem. However by age 11, 43% of the variance is attributed only to physical attractiveness (Muldoon, 2000). Infants as young as three months old are able to discriminate between attractive and unattractive faces, paying more attention to attractive faces (Langlois, Roggman, Casey, Ritter, Rieser-Danner, & Jenkins, 1987). "The babies gauged beauty in diverse faces: they looked longer at the most attractive men, women, babies, African-Americans, Asian-Americans, and Caucasians. This suggests not only that babies have beauty detectors but that human faces may share universal features of beauty across their varied features (Etcoff, Survival of the Prettiest pg 31)." The influence of beauty and attractiveness is established in childhood by parents, educators, other adults, and peers. Beauty is then further reinforced in adulthood.

Adulthood

Throughout the lifespan the attractive receive favorable treatment in the work

place, in interpersonal relationships and also in society at large. Attractive individuals receive more job offers than unattractive applicants; this is predominantly true in the hiring of women and is implemented by experienced and inexperienced employers (Sarwer, Magee, & Clark, 2004; and Marlowe, Schneider, and Nelson, 1996). Physical beauty increases a woman's likelihood of establishing romantic relationships, where attractive people are able to secure more desirable partners (Gangestad & Scheyd, 2005). Many studies have established a masculine emphasis on beauty. Also, men rather than women place more emphasis on physical attractiveness in relationships (Buss, Shackleford, and Kirkpatrick, 2001; Feingold, 1990). This leads to a basic assumption: women expend great energy in order to be beautiful so they can receive attention, admiration, social mobility and even esteem from men (Freedman, 1986). Many cultures place particular value on beauty when selecting a partner. According to a study of 37 cultures carried out by Buss (1989), people in the United States only placed slightly more value on beauty than those in other cultures.

Conclusion

Evolutionary as well as sociocultural perspectives explain beauty, providing a holistic view of the underpinnings of our perception and development of what's attractive. But, where have individuals received their ideas of what is beautiful? Individuals learn, through socialization and from the mistakes of ancestors; and they experience life through the lens of specific instances from their history, their gender, their race and their position in life. Thus, Objectification Theory can provide a complete

understanding of beauty when added to the context of the African American female culture.

African American Women

> *The Black woman had not failed to be aware of America's standard of beauty nor the fact that she was not included in it; television and motion pictures had made this information very available to her. She watched as America expanded its ideal to include Irish, Italian, Jewish, even Oriental and Indian women. America had room among its beauty contestants for buxom Mae West, the bug eyes of Bette Davis, the masculinity of Joan Crawford, but the Black woman was only allowed entry if her hair was straight, her skin light, and her features European; in other words, if she was as nearly indistinguishable from a Euro-American woman as possible* (Wallace, 1979, p. 157).

Pre African Diaspora Aesthetics

In the early fifteenth century, hair played a huge role in African society and represented ethnic identity, marital status, community ranking or wealth (Patton, 2006). Specific trends have been noted among the Mende, Mandingo, and Yourba. There was more interwoven into hair than simply adornments; there was deep-rooted social and spiritual meaning. Popular styles included braids, plaits, shells, flowers, earth or clay and patterns shaved into the scalp (Leah, 2010). Styling was an arduous process and increased bonding among women in the community. Hairdressers became integral

members in the community and were respected as hubs of society (Patton, 2006). After their capture by slavers, African born slaves' hair was shaved to erase their social status and remove their identity. Upon reaching the United States, African slaves continued using hair to indicate social status and occupation (Patton, 2006).

African Diaspora Aesthetics

The North American beauty standard is largely centered on Euro-American beauty, which has historically underappreciated or "disparaged" the beauty of AAW (Patton 2006, p. 26). During and after slavery, AAW's beauty was constantly compared to that in EAW. Beauty standards are established by the dominant culture, which may cause negative self-image in minorities embedded within that culture (Fredrickson & Roberts, 1997). Hair texture, body size, skin color, and facial features have all been used to assess the beauty in AAW. The norm also includes slender body types (Breitkopf, Littleton, & Berenson, 2007), straight hair (Hall, 1995), light skin (Hall, 1995) and European facial features (Hall, 1995). According to Sarwer et al. (2004), the "ideal composite female face" had a full but "smaller than average mouth" while the face remained "petite" with a small jaw line, and "pronounced eyes and cheekbones" (p 30). However, in the African American community, heavier body types (Boyd-Franklin, 1991) are preferred. And, definitions of beauty typically include personality traits (Parker et al., 1995) and use androgynous terms to define self (Harris, 1994). This "fluid" concept of beauty may lead to the acceptance of beauty norms that differ from those offered by the dominant culture.

Having features similar to those in the White community increases a woman's chances for upward mobility and possible success. For that reason, AAW strive to emulate beauty as expressed by EAW. AAW who appeared Euro-American were allowed to work in the master's house, avoiding hard labor and providing access to education and the possibility of freedom (Patton, 2006). However, due to a number of circumstances, AAW were unable, for one reason or another, to reach specific Eurocentric beauty ideals. Consequently, AAW fashioned standards of beauty independent of the North American beauty norms. AAW began replacing non-inclusive beauty norms with norms more frequently observed in their communities, presumably creating a "buffer" from external standards (Molloy & Herzberger, 1998).

As mentioned earlier, "beauty is good" is a concept linking physical attractiveness to globalized individual goodness (Langlois, 2000). This reality has lead to a social phenomenon coined by Jones and Shorter-Gooden (2003) as "The Lily Complex." "The Lily Complex" describes a state where AAW attempt to "cover" or disguise their ethnic features in order to be seen as acceptable to the mainstream Caucasian beauty standard. "The Lily Complex" is not the same as the term Lilly White, which explains a social phenomenon instead of explaining the physical characteristics of an individual. The "Lily Complex" has, theoretically, aided in the marginalization of beauty in the African American community. Jones and Shorter-Gooden (2003) state, "As Black women deal with the constant pressure to meet a beauty standard that is inauthentic and often unattainable, the lily complex can set in" (p 177). However, this drive to attain a foreign beauty ideal can lead AAW to loath their own beauty and to feel that "Black is not Beautiful" (Patton, 2006).

Hair Texture

Media and societal pressures have supported the belief that long, flowing, straight hair has long been an indicator of feminine beauty in the United States. However, in the African American community hair often holds even deeper meaning. As mentioned earlier hair indicated social status before the Diaspora, and after the Diaspora slaves continued these traditions. Preexisting cultural hair norms in the new environment were outside of Eurocentic hair norms.

In the United States their hair could indicate their personhood, with straighter or kink free hair possibly offering a fair skinned woman free woman statues. White mistresses were even known to shave the heads of their mixed race slaves or neglect providing them the tools needed for proper care so they could not be considered free (Patton, 2006). Slaves would use sheep fleecing tools to untangle their hair and grease or butter to moisturize and improve the hair's appearance. They would also clean their scalps with kerosene or cornmeal (Patton, 2006). Coffee was a typical hair dye used in theses times (Patton, 2006). Hair before the Diaspora indicated an individual's role in society. Thus, after the Diaspora hair commonly reflected the type of work a slave conducted (Patton, 2006). Field slaves wore scarves or straw hats to cover their heads and had typically short hair. Slaves working directly with the Caucasian community wore hairstyles mimicking Caucasian styles (straight), cornrows, braids, plaits, or wigs when serving more affluent masters (Patton, 2006).

Presently, hair has been distilled into two mutually exclusive categories; "good hair" and "bad hair." "Good hair" is easy to manage and closely resembles European textured hair. "Bad hair" has been described as tightly coiled, more difficult to manage,

and intrinsically not resembling European hair texture. Hall (1995) addressed the association of "goodness" with the globalized individual, far transcending just hair texture. In short, "good hair" equals attractive; and attractive equals good person. The inverse is likewise assumed to be true. Patton (2006) states in her review, "These political overtones can be seen when an African American woman wears a weave, or cuts her hair short, or wears a natural style, or when she dyes her hair blond, which 'smacks of white assimilationism to many in the Black community'" (p.37).

Before the 1960's, African Americans attempted to emulate the hairstyles of Euro-American men and women. However, the 1960s and 70s introduced "say it loud I'm Black and I'm proud". The emergence of Black Pride ushered in the natural, a hairstyle which portrayed natural African-American hair texture. AAW currently have more options in hair care, ranging from straightening their hair with chemicals, weaving extensions into their hair, straightening their hair with flat irons or hot combs or wearing it natural. There are hairstyles that are accepted in business climates, and there are those that may cause occupational difficulties (Hall, 1995).

Body Size

There are a number of theories and assumptions about how AAW view their bodies. According to a study by Molloy & Herzberger (1998**),** women perceive their bodies based on the perception men in their communities hold about the bodies of women. Thus, AAW view larger bodies as acceptable because the males in their communities appreciate, even favor, larger body types. Also stated by Molloy & Herzberger (1998), AAW describe themselves in typically androgynous terms. Women

who describe themselves in these terms tend to have higher body esteem. They also assume that AAW who socialize with other AAW will have higher body esteem. So, AAW with a higher socioeconomic status, who do not have much contact with other AAW, exhibit more body esteem insults (Molly & Herzberger, 1998). Using androgynous terms and not subscribing to rigid feminine definitions elevate body esteem (Harris, 1994). EAW adhere much more closely to beauty norms and maintain a "uniform" perception of beauty (Wolf, 1991). On average AAW possess a higher body weight than EAW, though AAW's weight perceptions are not associated with low body satisfaction as are EAW's perceptions (Thomas, 1989).

Crocker and Major (1989) in particular stated that members of *stigmatized groups* compare themselves to others from within the same stigmatized group rather than to members of the dominant culture. For example a study by Frisby (2004) found that AAW who were shown pictures of attractive Caucasian female models did not express lowered self-evaluations. However, AAW with pre-existing low self-satisfaction experienced decreased self-evaluations when shown pictures of attractive African American models. AAW are typically assumed to be protected from non-inclusive beauty norms, particularly surrounding body size, yet engage in body monitoring behaviors pertaining to skin color (Buchanan, Fischer, Tokar, & Yoder, 2005).

Skin Color

Initially after the African Diaspora, the African community in the United States was considerably more homogeneous than in current days. Heterogeneity was introduced to the African slave population as slave masters entered the homes of slave women and

fathered children. Toward the end of slavery and as it was ending, newly freed slaves found refuge in the company of Native Americans and began intermarrying and conceiving children. This added to the incredibly diverse complexions found in the African American community (Hall, 1995). White communities believed that lighter skinned slaves were more intelligent and they were chosen to work in the homes of slave owners while the darker skinned slaves worked in the fields. Creating stratification based on skin color among two groups of the same ethnicity led to long standing jealousy and distrust within the African American community (Hall, 1995). Terms used to describe the ends of the color spectrum include these: "high yellow" and "light skinned" to "blue black" and "dark-skinned" (Hall, 1995, 126).

A doll study by Mamie and Kenneth Clark highlighted the problem of colorism within the African American race. They presented children with two dolls, one with a light complexion, presumably White or Caucasian, and the other with darker skin, presumably African-American. With consistency the children responded to a proctor that the lighter doll was the prettiest. The conclusion was made that African-American children had low self esteem emanating from feelings that their own skin was ugly or unattractive (Clark & Clark, 1940). On a rating scale, darker skinned women were viewed as less happy in love, less popular, less successful, less physically attractive, less physically and emotionally healthy and less intelligent than lighter skinned AAW (Russell et. al., 1992). In most studies AAW identified light-skinned women as more attractive and desired by men. But, dark-skinned women did not report negative feelings about their own skin color (Hall, 1995) even though studies have revealed that dark-skinned women may feel as if their lives were already determined because of their skin

color. On the other hand, light-skinned women experience stress because of feelings of rejection from both the Black and White communities (Hall, 1995).

Anthropomorphic Facial Features

The Euro-American beauty standard values narrow, full lips and generally narrow facial features. This may leave individuals who fall outside of these beauty norms with negative feelings (Hall, 1995). In comparison to EAW, AAW have significantly different anthropomorphic facial measurements. The facial measurements along the horizontal axis were particularly different, with AAW having larger eye-fissure width, nasal width, mouth width, and overall facial width. AAW also have shorter nasal length and longer forehead height (Porter & Olson 2001). African American noses are categorized in three basic groups: Group A "African", Group B "Afro-Caucasian" and Group C "Afro-Indian" (Ofodile, Bokhari, & Ellis, 1993). The African nose is typified by a dorsum (bridge of the nose) that is typically short, wide, flat or concave (saddle shaped). The alar (tip of the nose) is flared or bulbous with little projection (Kontis & Papel, 2002). The Afro-Caucasian nose is identified by a longer narrower dorsum than the African nose with a possible dorsal hump. The ala is narrower and the overall tip is higher (Kontis & Papel, 2002). The Afro-Indian nose has a pronounced or bulbous tip, a pronounced long dorsum with occasional hump, and the ala is generally wider (Kontis, Papel, 2002).

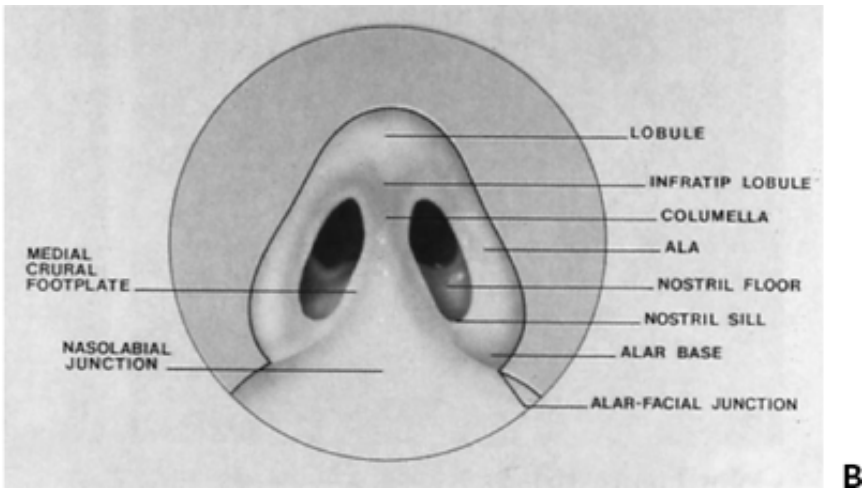

Figure 1: *Nasal anatomy ventral perspective*

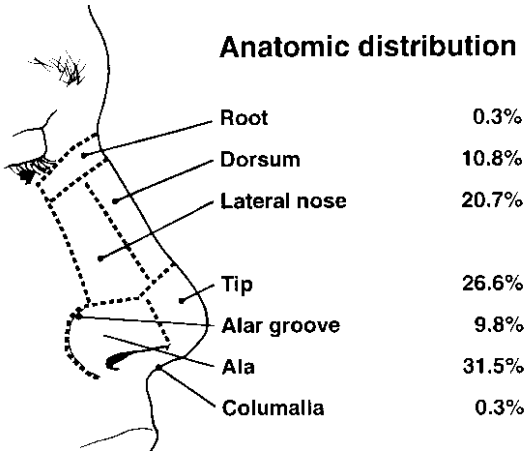

Figure 2: *Nasal anatomy lateral perspective*

Conclusion

Women of Color have been excluded from samples; hence, cosmetic and reconstructive study results have been based on Caucasian samples and generalized to women of color (Zinn, 1990). Thus a general uniformity in the understanding of beauty and beauty perceptions are applied to communities that may hold alternative standards. However, according to Poran (2002, p. 79), "Beauty must be *reconceptualized as a raced*

experience in order to understand and explore fully the diverse experiences women have in relation to, and within, cultures. Previous assumptions about the uniform standard of beauty must be reconceived because, although the standard may be uniform, perceptions of, and responses to it are not." There are obviously differences in the way African Americans and EAW perceive and experience beauty. As mentioned above, AAW have classically been seen as "buffered" from external or foreign beauty standards. Then, why do we see increasing rates of African Americans in cosmetic surgeons' offices?

Ethnic Identity

A people must have dignity and an identity – Andrew Goodman (n.d.)

Ethnic Identity is an identification or closeness felt with members of a particular group or groups with a common place of origin (Phinney, 1992). It is differentiated from racial identity by its inclusion of cultural experiences, language and religion (Cokley, 2005). Ethnic identity is a complex concept closely associated with the context of the perceived association (Phelps et al., 2001). According to Phinney (1992) there are four elements of ethnic identity: self- identification and ethnicity, ethnic behaviors and practices, affirmation and belonging, and ethnic identity achievement. Self-identification and ethnicity, the label an individual places on his or her own ethnicity, according to Phinney, is based on the individual's parents' ethnicities (1992). Ethnic behaviors and practices involve social activities associated with a particular ethnic or cultural group. They also involve an understanding of and a willingness to participate in cultural traditions. Affirmation and belonging address an individual's feeling of belonging to a group and attitudes toward the given ethnic group. Ethnic identity achievement refers to

the explorative process individuals experience as they begin to develop their personal sense of membership in a particular minority group (Phinney, 1992). To effectively understand ethnic groups, Phinney (1996) asserts that we must consider minority status, ethnic identity and culture.

Ethnic identity develops over time, most often beginning with the development of the ego, which occurs most often in adolescence and increases as an individual ages (Phinney, 1992). In minorities, the greatest growth in ethnic identity occurs in the college years. It is a phenomenon found within all populations and cultures (Phinney, 1992). Individuals begin with a disjointed sense of ethnic identity and naturally progress toward a more concrete view of their ethnic existence (Phelps et. al., 2001). The optimal outcome of ethnic identity development results in a secure sense of self. In opposition, an unsuccessful outcome results in confusion about one's place in society and a turmoil about self known as "identity diffusion" (Erikson, 1968). However, in multicultural studies of ethnic identity, African Americans are found to have the highest reports of identification with their ethnicity (Branch, 2001).

There have been a number of racial paradigms formulated in the United States since the 1960s. One such perspective is referred to as the "relative deprivation theory", originally utilized in the 1960s and 70s. From the perspective of this theory, social psychologists have looked at race in terms of comparisons from within one group to an external reference group. For example: ethnic identity and group belongingness increased in African Americans because they began comparing their communities and their wealth within to White communities. As they began to notice the inequality, a social movement began, causing identification with being African American (Porter &

Washington, 1993). Socialization into a changing subculture is a paradigm forged out of cognitive stress experienced in the African American community. As this stress increased, it created a movement focused on in-group identification. This was also referred to as the black consciousness movement (Porter & Washington, 1993). The alienation paradigm, also constructed in the 1960s, delineated the African American's feeling of isolation and powerlessness and lead to increased black identification, specifically in the lower income population (Porter & Washington, 1993). Research does suggest that African Americans have high racial self-esteem, but it has been seen that is grows throughout a lifetime. In adolescents a shift is seen towards more positive feelings about their African American membership. Also, there are differences seen between socioeconomic classes with middle class African Americans expressing high racial self-esteem. By contrast low-income African Americans report inconsistent findings (Porter & Washington, 1993). Porter and Washington (1993) found that utilizing a multidimensional model to explain ethnic identity is more effective than simply subscribing to one paradigm or another.

Ethnic identity is a centralized feeling of belonging. As individuals age they either begin to feel more closely aligned or distant from a particular ethnic group. This phenomenon shapes an individual's social reality, which can help shape their perspective on beauty and aesthetics. As seen in the 1960's and 70's, there was an outcry for love of the Black Aesthetic; and in recent years, African Americans have been given a litany of aesthetic options. But no matter what the options, the African American aesthetic does not follow the United States norms for beauty. Studies have shown that falling outside of a norm can be a social disadvantage that encourages an individual to alter their

appearance to fit the norm and increase social mobility. Therefore, the question can be asked: Does ethnic identity affect the decision to modify one's appearance?

Cosmetic Surgery

Regardless of its origins, plastic surgery is now firmly entrenched in our collective psyche. This is evidenced by a short trip to a newsstand or bookstore, or by "surfing" through television or radio stations. Alan M. Engler, (2000, p,8)

The desire to meet societal or indigenous beauty standards extends across diverse cultures and ethnicities. This is evidenced in phenomena such as foot binding in China, corset wearing and waist cinching in Europe and neck lengthening in parts of Asia and Africa (Patton, 2006). In the United States we may view these practices as taboo or in poor taste, but we have a number of accepted as well as taboo procedures available for our own brand of body modification. As established earlier, meeting beauty norms can be very advantageous for individuals, particularly for women. Considering recent technological leaps and increased financial standing among African Americans, there was a 67% increase in cosmetic surgery in this population between 2004 and 2005, whereas there was a 5% increase between 2008 and 2009.

The president of the American Society of Plastic Surgeons (ASPS) Bruce Cunningham (2005) stated, "We are seeing a significant increase in the number of cosmetic plastic surgery procedures across all ethnic groups…The increase can be, in large part, attributed to greater exposure to the benefits of plastic surgery, a growing acceptance of the specialty, and increased economic power within these ethnic groups" (p. 1).

Over the past decade cosmetic procedures have increased by 69%, with invasive procedures decreasing by 20% and minimally invasive procedures increasing by 99% (ASPS, 2009). The ASPS began collecting data in 1997 and published their first article in 2001. They found that between 1997 and 2001 there was a 304% increase in overall cosmetic procedures (ASPS, 2001). The most recent study compared the years 2008 and 2009 and found a decrease of 1% in overall cosmetic procedures performed in the United States. Though there have been decreases in procedures, there were still a staggering 12.5 million people seeking modification between 2008 and 2009 (ASPS, 2009). There is evidence for a possible trending toward minimally invasive procedures in the greater United States with most procedures taking place in states in the western region, including Alaska, California, Hawaii, Oregon and Washington. Men accounted for 9% of cosmetic procedures, leaving the other 91% women (ASPS, 2008).

Invasive Procedures

Invasive procedures have been decreasing in frequency, whether due to the recent financial climate or to increased minimally invasive options. This trend is clear. Between the years of 2008 and 2009, there has been a 9% decrease in invasive procedures (ASPS, 2009). The top 5 invasive cosmetic procedures in the United States were Breast augmentations (decreased by 6%), nose reshaping (down by 8%), eyelid surgery (down by 8%), liposuction (down by 19%) and tummy tucks (also down by 5%). Facelifts were replaced in the top five by tummy tucks in 2005 because facial treatments became more minimally invasive. Breast augmentations have seen increases in popularity in the past decade and became a top five cosmetic procedure in 2006 with an increase of 36% since

2000. In the past decade, since 2000, there has been a 34% decrease in rhinoplasty, as well as 38% and 44% decreases in belaphrony and liposuction respectively and a 94% increase in tummy tucks. However, between 2007 and 2008 there were decreases in all procedures with the largest decrease in liposuction, which decreased approximately 19% (ASPS, 2009).

Minimally Invasive Procedures

There was a 1% increase in minimally invasive procedures noted between 2008 and 2009 (ASPS, 2009). The top five minimally invasive procedures in 2009 were botulinum toxin type A (Botox) (down 4%), soft tissue fillers (up 7%), chemical peels (up 9%), microdermabrasions (up 8%) and laser hair removal (no change). Soft tissue fillers bumped sclerotherapy from the top 5 in 2005. A typical soft tissue filler used since the 1980s is bovine collagen in brands like Zyderm and Zyplast. More recent fillers are Restylane, approved by the FDA in 2003, and Juvederm fillers, approved in 2006 (Gold, 2010). Minimally invasive procedures include Botox, soft tissue procedures such as chemical peels, microdermabrasions and laser hair removal (Engler, 2000). Since 2000 Botox has increased by 509%, soft tissue procedures have increased by 164%, chemical peels are down by 1%, microdermabrasions are up by 5%, and laser hair removal has increased by 21%. Only one procedure has decreased in frequency between 2008 and 2009: Botox by 4%. As is evident there have been massive increases in minimally invasive procedures, possibly indicating that our country has continued its search for a youthful appearance with decreased surgical complexity and recovery time. But the cosmetic procedure trend is only strengthening with time and there are no signs of

slowing. Even in a slow economic time we have seen increasing rates of minimally invasive procedures while seeing decreases in invasive procedures.

Minorities

People of color accounted for over 20% of the procedures performed in 2005 (Board Certified Plastic Surgeon Resource, 2005); however, overall rates have since slowed in growth. In 2009 Hispanics received 1,455,094 procedures, an increase of 12% since 2008. African Americans received 985,807 procedures in 2009, which is an increase of 5% since 2008. Finally, Asian Americans received 742,784 procedures in 2009, a decrease of 17% since 2008 (ASPS, 2009). African Americans alone made up 8% of cosmetic surgery patients in 2005 (ASPS, March 2006) as well as in 2009 (ASPS, 2009). The top three invasive cosmetic procedures sought by African Americans were these: rhinoplasty (nose reshaping), liposuction and breast reductions (Board Certified Plastic Surgeon Resource, 2005; ASPS, 2009). And, the top three minimally invasive procedures were injectable fillers, Botox and microdermabrasions (ASPS, 2009). This increase in cosmetic procedures has helped raise questions about ethnic minorities and the role beauty standards play in their lives.

Conclusion

Considering the increase in cosmetic medical procedures, can we assume that women will go the distance to achieve a physical appearance that they deem will help them achieve greater social mobility? Sarwer et al. (2004) concluded that "perhaps the research has confirmed what people who seek cosmetic procedures have suspected--that

if they are more physically attractive, they will be seen and treated more positively. . . The possibility of improved social and professional interactions may motivate many people to seek cosmetic treatments" (Sarwer et al., 2004, p. 35).

Summary

Ethnic identity can have a significant impact on the lives of AAW as well as possibly influencing their decisions for cosmetic surgery. The purpose of this study has been to identify differences between two groups of AAW, those who have had cosmetic surgery and those who have not, based on their levels of ethnic identity. The specific question of interest is: Do AAW who have received cosmetic surgery have lower ethnic identity than AAW who did not decide to have cosmetic surgery?

CHAPTER 3

RESEARCH METHODOLOGY

Research Design

This research approach collected cross-sectional data from a within group non-probability convenience sample within the context of the Body Objectification model.

Participants

The sample consisted of 175 African -American females between the ages of 19 and 84. Ethnicity was reported via self-report on the MEIM, where the ethnicity of both parents as well as the ethnicity of the participant was recorded. A participant was considered African-American if at least one of her parents was reported as African-American or if she self-identified as African-American. Forty-seven participants elected for cosmetic procedures and 128 had never had a procedure. Sampling methods selected for women with preexisting interests in appearance and health, by sampling from gyms, beauty parlors, and cosmetic surgeon's offices. Of the 128 women who had no procedure, none were selected from cosmetic offices. Of the 47 women who had a procedure, 26 had minimally invasive procedures and 21 had invasive procedures. Nine percent of women reported a yearly income of $10,000 or less. Twenty-seven percent reported an income between $10,000 and $50,000. Thirty-five point six percent reported an income between $50,000 and $100,000. Finally, 27.1% reported an income of over $100,000.

Only 1% had only completed high school. Eighteen percent had some college education. Twenty six point six percent had completed college. And 52.5% had

completed graduate or professional school. Participants were recruited from fitness centers, beauty parlors, cosmetic surgeons' offices and a public forum. With an alpha of 0.05 with 5 predictor variables, an anticipated moderate effect size of 0.25, and with a desired statistical power of 0.95, I needed a minimum sample size of 305 subjects.

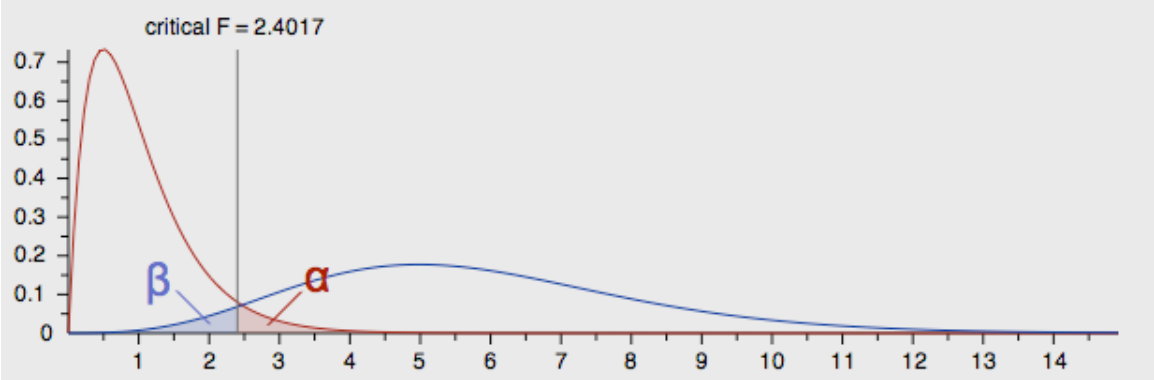

Figure 3: *Power analysis for 5 predictor variables*

Measures

Multigroup Ethnic Identity Measure (MEIM)

The Multigroup Ethnic Identity Measure (MEIM), developed by Phinney (1992), is a 14-item measure consisting of a 4 point Likert ranging from 1 = strongly disagree to 4 = strongly agree. It measures ethnic identity as an observable construct across groups. The MEIM assesses three areas of ethnic identity: Affirmation and Belonging (5 items); Ethnic Identity Search, consisting of ethnic identity exploration and resolution (7 items) and Ethnic Behaviors and Practices (2 items).

Phinney (1992) uses the measure in a single factor, whereas the separate subheadings are of conceptual interest. The Affirmation and Belonging positive ethnic

attitudes section measures an individual's ethnic pride, endorsements of attachment to one's group, and attitudes toward one's group. Ethnic Identity Search measures the strength and understanding one as of who they are as a member of their particular ethnic group. Ethnic Behaviors and Practices measure gestures of belonging as evidenced by participation and socializing. The measure assesses an individual's feelings toward ethnic groups other than one's own. The averages of the three subscales form the composite Ethnic Identity Measure.

Phinney (1992) normed the measure on High school and college samples. They reported Chronback's alphas for each subscale: Affirmation and Belonging, .75 and .86 respectively; Ethnic Identity Achievement, .69 and .80 respectively; and the Ethnic Identity composite .81 and .90 respectively. Alphas were not calculated for Ethnic Behaviors and Practices because there were only 2 items in the subscale. Ethnicity was based on self-reported ethnic identity. Subjects also reported the ethnicity of both parents. Subjects who reported different races for each parent, or mixed race, were placed in the group they marked for themselves, rather than a separate mixed race group.

Objectified Body Consciousness Scale

The Objectified Body Consciousness scale constructed by Nita M. McKinley and Janet S. Hyde (1996) is a 7-point Likert scale, ranging from *strongly disagree* to *strongly agree*, with a middle point of *neither agree or disagree*. Subjects can also circle NA if the item does not apply to them. The Objectified Body Consciousness Scale consists of three subscales: Surveillance, Body Shame, and Control Beliefs, with reported alphas of .89, .75, and .72 respectively (McKinley & Hyde, 1996). The alphas found in this study were

.59, .62 and .60. Each subscale has 8 items. Surveillance addresses women's appraisals of their appearance based on the opinions of those in society and the tendency to assess their inherent shortcomings. Higher endorsements indicate higher levels of surveillance. An example is, "I often worry about whether the clothes I'm wearing make me look good." The Body Shame Scale measures a women's shame associated with her physical appearance. A sample item is, "When I 'm not the size I think I should be, I feel ashamed." The higher the endorsement on items, the higher the level of body shame. Finally, the Control Beliefs Scale measures the degree to which a woman views the control she holds over her appearance. An example of a control is, "I think a person can look pretty much how they want to if they are willing to work at it." This measure was normed based on a sample of 121 college students in introduction to psychology classes, where all of the participants in this study were post college women.

Procedure

Participants were given questionnaires at beauty parlors, cosmetic surgeons' offices and via online social networking and appearance- and health-related sites. The questionnaire takes approximately 10 minutes to complete, for both the paper and online versions, and is at an eighth grade reading level. The surveys were included in the paperwork given to patients at cosmetic surgeons' offices. It has been noted that inclusion in the study would in no way affect the patient's treatment. The questionnaire was, upon completion, returned to a receptacle clearly marked "Return Women's feelings about their bodies surveys here" or mailed to the researcher. Questionnaires at gyms and hair salons were either located at the circulation desk or at the receptionist's desk.

Completed surveys were returned to the clearly marked box located next to the uncompleted surveys.

Staff at all locations were trained on how to answer any possible questions pertaining to the study. Questionnaires were collected weekly or monthly according to the volume of potential participants at the site. Online surveys were hosted by www.kwiksurveys.com. The link was attached to messages posted on social networking sites, including Facebook, Twitter and online magazines. Links to the online version of the survey was found on flyers and in local magazines. Online surveys were anonymously delivered to the www.kwiksurveys.com server where the information has been organized in an Excel spreadsheet. The online survey includes the same information as the paper survey, even including similar page breaks in order to allow for similarity in response patters. In a study by Lang et al. (2000), there were no differences found between participants who completed surveys online or on paper. Therefore, the inclusion of an online survey should not affect the results of the study. The online survey method was introduced as a procedure to increase data collection.

Data Analysis

The data was analyzed using two methods: Logistic Regression and MANOVA. Hypothesis 1, which investigated ethnic identity's ability to predict cosmetic surgery decisions, was assessed with a Logistic Regression. Hypothesis 2 which investigated ethnic identity's impact on the three subscales of Body Objectification was analyzed with a MANOVA. Family wise error rate was set to .05.

1. African-American women who received cosmetic surgery have lower ethnic identity than African-American women who did not have a cosmetic procedure.

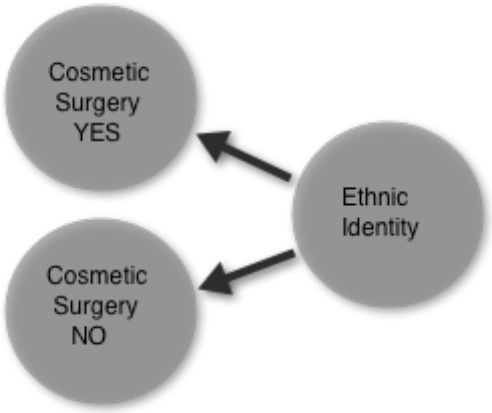

Figure 4: *Ethnic identity and cosmetic surgery model*

2. Ethnic identity has an effect on surveillance, shame, and body control among African-American Women.

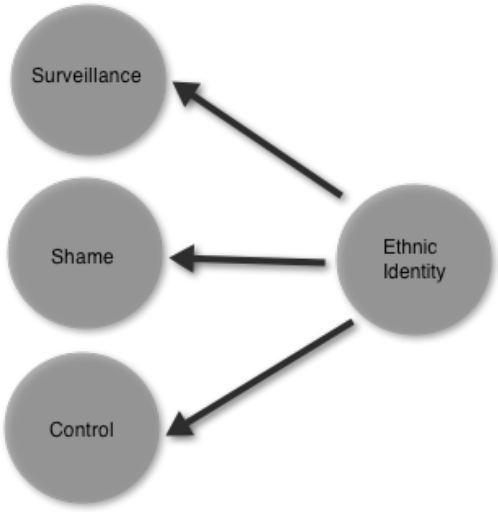

Figure 5: *Ethnic identity and body objectification model*

CHAPTER 4

RESULTS

This study was proposed to clarify the relationships among ethnic identity, body objectification and elective cosmetic procedure decisions in a sample of African-American women.

Preliminary Statistics

Means, standard deviations, skewedness, intercorrelations and reliabilities for the main measures are presented in Table 1. Expected correlations among variables in the Objectified Body Consciousness and Multigroup Ethic Identity Measures were observed. There were significant correlations between Surveillance and Shame (r = .43), Surveillance and Control (r =.18), the total MEIM and Ethnic Identity Achievement (r = .85), MEIM and Affirmation and Belonging (r = .89) and Ethnic Identity Achievement and Affirmation and Belonging (r = .486). Modest correlations were seen between education and Surveillance (r = .20) and between Ethnic Identity Achievement and education (r = .20). There were also interesting inverse correlations between Surveillance and age (r = -.19) and Ethnic Identity Achievement and Control (r = -.16).

Average scores for each of the Body Objectification subscales (Surveillance, Shame and Control) were measured on a 7-point Likert scale with an NA option. By contrast, the MEIM (Total) and subscales (EI Achievement and Affirmation and Belonging) were measured on a 4-point Likert scale. Interestingly, the distribution for Shame and Cosmetic Surgery scales were positively skewed while the scale for EI Affirmation was negatively skewed. Thus, rather than a normal distribution for these

variables, a noteworthy proportion of women in this sample reported low levels of Shame and a disproportionate portion of the sample had never had a cosmetic procedure. A disproportionate number of women endorsed high levels of Affirmation and Belonging.

Table 1.

Means, Standard Deviations, Internal Consistency Reliabilities, Skewness, and Intercorreltaions for All Major Variables.

	2	3	4	5	6	7	8	9	10	M	SD	α	Z for Skewedness
Objectified Body Consciousness Scale													
1. Surveillance	.43**	.18*	.01	.08	-.05	.10	-.19*	.08	.20**	3.69	.88	.67	.03
2. Shame	1	-.06	-.01	.09	-.09	.12	-.09	-.01	.02	2.41	1.10	.81	.86
3. Control		1	-.03	-.16*	.09	-.01	.04	.05	.01	4.56	.82	.62	-.52
Multigroup Ethnic Identity Measure													
4. Total			1	.85**	.89**	-.03	-.02	.04	.19*	3.27	.44	.823	-.35
5. EI Achievement				1	.49**	.04	-.13	-.03	.20**	2.88	.58	.63	-.02
6. Affir and Bel					1	-.09	.08	.10	.13	3.55	.46	.89	-.73
7. Cosmetic Surgery						1	.11	.09	.05	.27	.44	-	1.05
8. Age							1	.27**	.09	39.83	13.82	-	.67
9. Income								1	.28**	2.82	.94	-	-.30
10. Education									1	5.33	.81	-	-.80

Note: N = 175
**Significant at the 0.01 level
* Significant at the 0.05 level

Cosmetic Procedures

Table 2 presents the number and percentages of women who had cosmetic procedures and a break down of how many procedures were obtained. The top five procedures in this sample were chemical peel (18%), microdermabrasion (17%), laser hair removal (9%), mole removal (9%) and liposuction (9%). The top three invasive procedures were liposuction (32%), tummy tuck (21%) and belpharoplasty (eye lid surgery) (16%). The top three minimally invasive procedures were chemical peel (26%), microdermabrasion (23%) and laser hair removal (13%).

Table 2

N and Percentage of Procedures

	N	%	
Cosmetic Procedure	**45**	**26%**	
Procedures of the Head and Face	46	70%	
Procedures of the Extremities (Arms and Legs)	6	9%	
Procedures of the Torso (Breast, Abdomen, Buttocks and Groin)	14	21%	
No Cosmetic Procedure	**130**	**74%**	
Invasive	**21**	**47%**	
		% Total	**% Invasive**
Liposuction	6	9%	32%
Tummy Tuck	4	6%	21%
Eye (belpharoplasty)	3	5%	16%
Nose (rhinoplasty)			
Facelift	1	2%	6%
Breast Augmentation	2	3%	11%
Breast Reconstruction	1	2%	6%
Breast Reduction	1	2%	6%
Brachioplasty	1	2%	6%
Minimally Invasive	**25**	**56%**	
		% Total	**% Minimally Invasive**
Mole Removal	6	9%	13%
Chemical Peel	12	18%	26%
Microdermabrasion	11	17%	23%
Botox	3	5%	6%
Filler (restylane, collagen)	1	2%	2%
Laser Hair Removal	6	9%	13%
Permanent Cosmetics	1	2%	2%
Scar Repair	2	3%	4%
Hair Restoration	1	2%	2%
Spider Vein Removal	1	2%	2%
Cellulite	3	5%	2%

Bold = number and percentage of subjects
Non-bold = number and percentage of procedures (some participants had multiple procedures)

Testing the Main Research Questions

African-American women, cosmetic surgery, and ethnic identity

Table 3 presents the odds ratios for the logistic regression conducted to assess whether ethnic identity significantly predicted the odds of a woman receiving a cosmetic procedure. In this case the data showed no significant predictive relationship between the

variables: $\chi^2 = 3.26$, $df = 4$, N = 175 and p =.52. This model was unable to estimate correctly who receives an elective cosmetic procedure based on ethnic identity, thus Hypothesis 1 was not confirmed.

Table 3

Logistic Regression Predicting Cosmetic Surgery Decision

Predictor	**B**	**SE**	**Wald**	**Odds Ratio**
MEIM	-.21	.41	.27	.81
Age	.02	.01	1.44	1.02
Income	.15	.20	.59	1.17
Education	.09	.23	.15	1.09

**Significant at the 0.01 level
* Significant at the 0.05 level

Ethnic identity and Body Objectification

Table 4 presents the effects of Ethnic identity on subscales of body objectification. A one-way MANOVA resulted in a non-significant multivariate main effect for the over all measure of ethnic identity, for the MEIM and for body objectification subscales when controlling for age income and education. Wilks' $\lambda = .997$, F (3, 164) = .191, $p = .90$ and partial eta square = .003. Power to detect the effect was .085. Thus, Hypothesis 2 was not confirmed.

Table 4

Effects of Ethnicity and Cosmetic Surgery on Body Objectification Measures.

Source	Dependent Variable	*df*	F	η	p	Power
MEIM	Surveillance	1	.05	.00	.82	.06
	Shame	1	46.03	.00	.86	.06
	Control	1	13.53	.00	.47	.11

**Significant at the 0.01 level
* Significant at the 0.05 level

Ethnic Identity Achievement, Affirmation and Belonging, and Body Objectification

Table 5 presents the effects of the two subscales of ethnic identity (Ethnic Identity Achievement and Affirmation and Belonging) on the three subscales of body objectification. Another one-way MANOVA revealed a significant multivariate main effect for EI Achievement and Affirmation and Belonging when age, income, and education were held constant. Wilks' $\lambda = .92$, F (3, 167) = 4.57, $p = .00$ and partial eta squared = .08. The power to detect the effect was .88, Wilks' $\lambda = .94$, F (3, 167) = 4.91, $p = .00$, partial eta squared = .06. The power to detect the effect was .90. Thus, when considering Ethnic Identity Achievement and Affirmation and Belonging, Hypothesis 2 was confirmed. Given the significance of the overall test, the univariate main effects were examined. The significant univariate main effects for Ethnic Identity Achievement and Control were these: F (1,169) = 10.21, $p = .00$, partial eta square = .06 and power = .89. For Affirmation and Belonging and control, F (1,169) = 6.74, p =.01, partial eta square = .04 and power = .73.

Table 5

Effects of Ethnic Identity Achievement and Affirmation and Belonging on Body Objectification

Source	**Dependent Variable**	***df***	**F**	**η**	**p**	**Power**
EI Achievement	Surveillance	1	.60	.00	.44	.12
	Shame	1	3.07	.02	.08	.41
	Control	1	10.21	.06	.00**	89
Affirmation and Belonging	Surveillance	1	1.50	.01	.22	.23
	Shame	1	3.65	.02	.06	.48
	Control	1	6.74	.04	.01**	.73

**Significant at the 0.01 level
* Significant at the 0.05 level

CHAPTER 5

DISCUSSION

Physical appearance impacts many areas of human life including relationships, work opportunities, general mental functioning and overall social mobility (Patton, 2006; Evans & McConnell, 2003; Jones & Shorter-Gooden, 2003; Hall, 1995; Hurtado, 1989). Consequently, many women, subconsciously understanding this dynamic, take an active role in improving their social mobility by modifying their appearance with external means like make-up, high heels, expensive clothes and even elective cosmetic procedures. These behaviors, driven by internal constraints, are consequential to external appraisals. Simply stated, societal perceptions lead women to incorporate foreign ideals into her self-schema, thus altering her relationship with her own body. This adoption of inorganic exogenous beliefs has been linked to mental health risks that disproportionately impact women. These risks include depression, eating disorders and sexual dysfunction (Buchannan et al., 2008). This makes this phenomenon worthy of investigation and study.

This study precludes making any assumptions about external appraisals (surveillance, media, male gaze), internalization of norms (shame) or cosmetic surgery decisions because both H1 and H2 were rejected. It was originally intended to explain how AAW were negatively impacted by Eurocentric norms and how their corresponding feelings of belonging to the African-American race can influence the impact of these norms. The study was not able to make any assumptions about cosmetic surgery, external appraisals, or internalization. But it was able to predict how women's feelings of belonging and their search for identity impact their sense of control over their bodies.

When the MEIM was factored into its two subscales, Ethnic Identity Achievement and Affirmation and Belonging, significance emerged. This allowed for basic assumptions about women's relationships with their bodies and how ethnicity plays a role in these perceptions.

Upon investigating the univariate findings, it became apparent that a woman's sense of membership in the African-American community was directly related to her sense of perceived control over her body. The finding supported the idea that women who endorse a firm commitment to their ethnic group, as measured by the Ethnic Identity Achievement factor of the MEIM, exhibit increased acceptance of their bodies and possibly a perception that they can modify their appearance. The analysis also points to increased perceptions of control associated with higher endorsements of ethnic pride and belonging as measured by the MEIM's Affirmation and Belonging factor. Control is associated with increased satisfaction and success, feelings of competence, psychological functioning and decreased stress (Bartky, 1988). Thus, understanding that control implies many positive aspects of self-love and determination, these findings may explain why other studies found that AAW were less impacted by between group comparisons.

Many studies purport that AAW are protected or "buffered" from Eurocentric views of beauty by esthetic norms from within their communities (Crocker and Major, 1989; Frisby, 2004; Hall, 1995). These studies assume that AAW find external norms too different from their own appearance and therefore default to more heterogeneous views of beauty. On the other hand, the Lily Complex postulated by Jones and Shorter-Gooden (2003), argues that to increase social mobility AAW attempt to hide or change their appearance in order to appear more Euro-American. This leads to more extreme

between-group comparisons. These two contrasting concepts both hold power in African-American literature. However, they lead to the question, How can an AAW be both protected as well as ashamed of her appearance? In actuality these may be two ends of one continuum, with buffering falling toward an afrocentric self protection and the Lily Complex falling on the other extreme of self-hatred and disgust. These two concepts may be mediated by a woman's feelings of closeness with her ethnic group or association with their related beliefs and practices. They may also lead to the assumption that women who closely identify with their ethnicity may be less likely to engage in an elective procedure intended to cover her ethnicity based on internalized societal body standards. Therefore, the dependent factor may not simply be stated as Blackness or membership in the African-American race, but rather an individual's level of identification with being African-American.

The relationship between these two ends of one continuum and perceptions of control may begin to clarify how AAW interpret the attainability of society's goals. On one hand, they feel empowered by their bodies, yet on the other they believe that they can reach societal standards given enough work (a sentiment taken directly from the Objectified Body questionnaire). However, if a norm is too distant from a woman's appearance, e.g. Euro-centered esthetic norms for an AAW, it may not be considered as achievable. This leads to the assumption that within-group comparisons are more achievable.

Findings from this study may explore dynamics of buffering as opposed to the covering and hiding of ethnic appearance as seen with the Lily Complex. As women engage in the self-search mandatory for developing high ethnic identity, they may also

engage in the self-search necessary for accepting their bodies and for feeling increased perceptions of control over their appearance. Therefore, African-American women who feel they belong in the African-American community and who have had a process of exploration are buffered from these external norms.

Limitations

Am important limitation of this study has been the omission of a definition of perspective of beauty by AAW in contrast to the Eurocentric view. The importance of beauty being characterized by AAW is that their beauty has largely been defined in terms of Eurocentric norms, therefore silencing the voices of AAW on the matter. Self-definition of AAW is critical because "Euro-centrism has been naturalized as 'common sense'" (p.1) (Shohat & Stam, 1994). That is, the ideology of Euro-centrism has "sanitized Western history while patronizing and even demonizing the non-West. It thinks of itself in terms of its noblest achievements--science, progress, humanism [including beauty] but of the non-West in terms of its deficiencies, real or imagined" (p.3) (Shohat & Stam, 1994).

Other limitations included limited sample size, skew and clustering around the mean of major measures. For example, the cosmetic surgery variable was skewed toward the control group (no cosmetic procedure), thus impacting the ability to predict its outcome. In the future, finding a larger sample (the goal of all researchers) and possibly a more regionally diverse sample would be of importance. It may also be important to find subjects from diverse areas of the country to increase statistical diversity. This is a difficult population to access even though AAW are more visible in cosmetic surgeon's

offices. There are many issues with privacy and shame surrounding decisions to receive cosmetic procedures that must be taken into consideration. In the future these issues may become less taboo and access to this population may increase.

The sample population selected for inclusion in this study had a higher education and income than the national average. According to the U.S. Census Bureau in 2009, the average African-American household made $32,584 whereas the average woman in this study reported between $50,000 and $100,000 yearly. Over 50% of the women in this study have completed graduate or professional school, and almost 30% have earned more than $100,000. These differences may make it difficult to generalize the results of this study to other groups of AAW.

Data was collected via convenience sampling, which decreased the generalizability of the study. Having a random sampling method would have been preferable and may have increased the likelihood that this sample would correctly reflect the larger community. When assessing the measure for appropriateness with this sample, the alphas were considerably lower than in the original normed study. This leads to the impression that all items on the Objectified Body Consciousness measure may not load well in regards to this sample. It may have been helpful to include other measures of body image such as the "Measure of Body Apperception (MBA), which assess how women measure their self worth based on body image with two scales: reliance on physical appearance and reliance on a sense of body intactness. Including measures which assess body image may have accounted for the lack of significance in this study. There may have been overlap between women's appraisals of their bodies and their body image.

There is scant research on body objectification and cosmetic surgery and even less on their relationship to ethnic identity. This makes it difficult to set a precedent on statistical and methodological shortcomings. As a goal of adding understanding to an under-studied area and a dearth of available research, translational experimental rigor was sacrificed for clinical and social relevance.

Future Research and Implications

Clinically, this study may improve the collaboration among psychologists and physicians in multidisciplinary teams, while helping us understand the effects of procedures on human behavior and cognition. This study is aimed at Mental Health providers (Psychiatrists, Clinical Psychologists, Health Psychologists, Counselors, etc.), Medical providers (Cosmetic Surgeons, Dermatologists, Nurses, etc.) and those in the social sciences and in media studies. Trends are moving toward utilizing multidisciplinary and interdisciplinary treatment teams, pairing Mental Health professionals with Medical providers and mandating the development of skills related to the integration of mental and physical health.

A Mental Health professionals' role may include conducting pre and postoperative evaluations based on the preparedness for surgery or in long term treatments surrounding image disturbances. This study assists mental health professionals in understanding some of the psychological issues associated with histories in the African-American community and how they impact current decisions. These concepts and how AAW relate to their bodies can help mental health providers come to accurate conclusions during pre-operative assessments and determine appropriate post-

operative interventions.

Beyond helping Mental Health professionals reconceptualize how AAW perceive their bodies, it may help Medical professionals understand some of the historical, psychological and evolutionary concepts ushering AAW into their offices. Also, those in social science and media studies may find it important to understand how AAW are impacted at an individual level by non-inclusive beauty norms. It also highlights the need for gathering data that informs likely consumers about procedures, the impact of procedures and their personal drives.

AAW have been understudied in beauty and cosmetic surgery research. Therefore, it is important to consider ethnicity and gender and ethgendered experience when attempting to investigate cosmetic surgery in AAW (Buchannan, et al. 2008). Poran even stated, "Beauty must be reconceptualized as a raced experience (2002)." This study adds to diversity literature on human appearance and supports current African-American literature. It fills gaps between concepts and provides a deeper understanding of the dynamic between "buffering" and the perception of control of one's body. It sets the basis for translational research by presenting real world phenomena that can be studied in the laboratory.

Future research should utilize psychometric principles to investigate the appropriateness of the Body Objectified Consciousness study with African-American subjects. It should also delve further into SES differences and how they impact women's body image. It would also be important to look at SES considering specific associated factors like ethnic distribution of neighborhoods where the women live, where they were raised and how integrated they were in those communities.

Our general interest is in providing proper care for groups that have been underserved and under-researched in the past. In understanding this population we are continuing our path toward holistic care of all populations. We need to understand the meaning body image holds for AAW and how it impacts their presentations in treatment and functioning in their environment. A case study approach was used to accomplish this goal.

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APPENDIX A

INFORMED CONSENT

The Promise of Happiness:
Women's Feelings about their Bodies and Elective Cosmetic Procedures

Purpose and Procedure

You are invited to participate in a research study examining women's views of their body and how their views relate to cosmetic surgery and ethnic identity. In order to participate, you will need to be a 19-to-70 year old female who has had either a surgical or non-surgical cosmetic procedure, or has never considered having an elective cosmetic procedure. This study is conducted by Allycin Powell-Hicks of Loma Linda University under the supervision of Dr. Louis Jenkins, Loma Linda University Department Chair. If you agree to participate in this study, you will complete a survey containing questions concerning feelings you hold about yourself and your body, cosmetic procedures you have had, your ethnic identification, and basic information about yourself. This survey will take approximately 15 minutes to complete. If you are taking this survey at a medical office deposit it in the receptacle marked for this study. Locations other than medical offices will also provide a clearly labeled receptacle for you to deposit your questionnaire.

Risks

It is expected that your involvement in this study will not create any significant risks to you. Some of the questions in the survey are personal and may raise issues regarding your self-appraisal and may be embarrassing. If you feel a question is too difficult or uncomfortable to answer, you may skip that question.

Benefits

You will not receive any direct benefit from your participation in this research study other than the educational experience of participating in a scientific psychological research project. It is anticipated that the results of this study will help advance our understanding of how women's feelings about their body and feelings of control over their appearance are related to their decision to obtain cosmetic surgery.

Confidentiality

All of the information gathered during your participation in this research study is anonymous. Do not write your name or any information that will identify yourself on this survey, and the information you provide will be grouped with that of other

participants. Any publications or presentations resulting from this study will refer only to the grouped results.

Third Party Contact & Participant's Rights

If at any time you have any other questions regarding your participation in this study, you should feel free to contact the principle investigator, Dr. Louis Jenkins, PhD at (909) 558-8752 or Allycin Powell-Hicks at (310) 423-4556.

If you wish to contact an impartial third party not associated with the study regarding any complaint about he study, you may contact the Office of Patient Relations, Loma Linda university medical Center, Loma Linda, CA 92354 (909) 558-4647, for information and assistance.

Participation in this study is voluntary and if, after marking this consent form, you decide to discontinue the session at any time, for any reason, you are free to do so. Declining to participate in this study will have no affect on the quality of treatment you receive. If you have any questions regarding this study, we will be happy to answer them.

Consent Statement

I have read the contents of this consent form and have been given the opportunity to ask questions concerning this study. I have been provided a copy of this form. I hereby give my voluntary consent to participate in this study. Marking this consent document does not waive my rights nor does it release the investigators or institution from their responsibilities. I may call Dr. Louis Jenkins at (909) 558-8752 if I have additional questions or concerns.

Please do not put your name on the questionnaire.

Please place a check or 'x' in the space provided below to acknowledge that you are at least 19 years old and have read and understand the material explained above. Also, by marking the space below you have given your consent to participate voluntarily in this study.

Please check here:_____ Date:_____

APPENDIX B

BODY PERCEPTION QUESTIONNAIRE

Please tell us about yourself by marking the appropriate spaces.

1. **Age:** ____
2. **My Ethnicity is**

___Asian or Asian American, including Chinese Japanese, and others (1)
___Black or African American (2)
___Hispanic or Latino, including Mexican American, Central American, and others (3)
___White, Caucasian, Anglo, European American; not Hispanic (4)
___American Indian/Native American (5)
___Mixed: parents are from two different groups (6)
___Other (write in): (7)
_____

3. **My Father's ethnicity is (use numbers from above) ___**
4. **My Mother's ethnicity is (use numbers from above) ___**

5. **Current Marital Status:**

___Married
___Single (never married)
___Divorced
___Other,
please specify_____

6. **Religious Affiliation:**

___Christian
___Jewish
___Buddhist
___Hindu
___Muslim
___None
___Other,
please specify_____

7. **Your estimated annual household income:**

___ $10,000 or less
___ $10,000-$50,000
___ $50,000-$100,000
___ $100,000 and up

8. **Education** (Please mark the level of education completed)

___Elementary /Middle School
___Some High school
___Completed High School
___Some College
___Completed College
___Graduate or Professional School

9. **Occupation:** _____

10. **Height:** ____ft____inches

11. **Weight:** ____lbs

12. **Are you currently receiving professional psychological therapy/counseling?** Yes No

13. **Have you received professional psychological therapy/counseling in the past?** Yes No

14. **Have you ever received an elective plastic or cosmetic procedure?** Yes No

15. If so, what procedures have you had?
Check all that apply

Head and Face

__Chemical peel
__Dermabrasion
__Laser skin resurfacing
__Laser hair removal
__Hair transplant/restoration
__Fat injections
__Mole/birthmark removal
__Permanent cosmetics
__Tattoo removal
__Botox
__Restylane
__Collagen treatment
__Skin injection treatments
__Scar revision/repair
__Birthmark removal
__Lip augmentation
__Facelift
__Forehead lift
__Scalp lift/reduction
__Cheek implants/augmentation
__Chin implants/augmentation
__Ear surgery-ontoplasty
__Eyelid surgery-Blepharoplasty
__Nose surgery-rhinoplasty

Breast

__Tattoo removal
__Scar revision/repair
__Breast asymmetry
__Breast implant
__Breast reconstruction
__Breast augmentation
__Breast lift
__Breast reconstruction
__Inverted nipple/reconstruction

Arms

__Arm lift-brachioplasty
__Cellulite treatment
__Arm liposuction
__Laser hair removal
__Scar revision/repair
__Tattoo removal

Abdomen

__Laser hair removal
__Cellulite treatment
__Mole/birthmark removal
__Tattoo removal
__Abdominal liposuction
__Body lift
__Tummy tuck

Buttocks/Groin

__Tattoo removal
__Scar removal
__Cellulite Treatment
__Butt implants
__Buttock liposuction
__Vagina rejuvenation

Legs

__Mole/birthmark removal
__Cellulite treatment
__Scar removal
__Scar repair
__Laser spider vein treatment
__Thigh liposuction
__Leg lift
__Calf implants

__Other *Please list* _____

_____

16. How long has it been since your last procedure?
Please indicate the number of days, months, or years.

_____ Days
_____ Months
_____ Years

17. Please tell me how highly these influenced your decision.

a. Spouse or significant other's influence

Not very Important — Extremely Important

1 2 3 4 5 6

b. Influence from a magazine, television show, or movies.

Not very Important — Extremely Important

1 2 3 4 5 6

c. Family members other than significant other

Not very Important — Extremely Important

1 2 3 4 5 6

d. Always wanted something fixed or altered

Not very Important — Extremely Important

1 2 3 4 5 6

e. Began making more money

Not very Important — Extremely Important

1 2 3 4 5 6

f. **Procedure became more affordable**

Not very Important — Extremely Important

1 2 3 4 5 6

g. Desired to look like someone other than your self

Not very Important — Extremely Important

1 2 3 4 5 6

h. Felt you were looking older

Not very Important — Extremely Important

1 2 3 4 5 6

i. Job or career related

Not very Important — Extremely Important

1 2 3 4 5

Instructions: The following statements concern how you feel about your physical self. Respond to each statement by circling the number indicating how much you agree or disagree with it (NA is "not applicable.")

	(Strongly Disagree)					(Strongly Agree)	
1. I rarely think about how I look.	1	2	3	4	5	6	NA
2. I think that it is more important that my clothes are comfortable than if they look good.	1	2	3	4	5	6	NA
3. I think more about how my body looks.	1	2	3	4	5	6	NA
4. I rarely compare how I look with other people.	1	2	3	4	5	6	NA
5. During the day, I think about how I look many times.	1	2	3	4	5	6	NA
6. I often worry about whether the clothes that I am wearing make me look good.	1	2	3	4	5	6	NA
7. I rarely worry about how I look to other people.	1	2	3	4	5	6	NA
8. I am more concerned with what my body can do than how it looks.	1	2	3	4	5	6	NA
9. When I can't control my weight, I feel like something must be wrong with me.	1	2	3	4	5	6	NA
10. I feel ashamed that I haven't made the effort to look my best.	1	2	3	4	5	6	NA
11. I feel like I must be a bad person when I don't look as good as I could.	1	2	3	4	5	6	NA
12. I would be ashamed for people to know what I really weigh.	1	2	3	4	5	6	NA
13. I never worry that something is wrong with me when I am not exercising as much as I could.	1	2	3	4	5	6	NA
14. When I'm not exercising enough, I question whether I am a good person.	1	2	3	4	5	6	NA
15. Even when I can't control my weight I think I am an okay person.	1	2	3	4	5	6	NA

	(Strongly Disagree)					(Strongly Agree)	
16. When I am not the size I think I should be, I feel ashamed.	1	2	3	4	5	6	NA
17. I think a person is pretty much stuck with the looks they are born with.	1	2	3	4	5	6	NA
18. A large part of being in shape is having that kind of body in the first place.	1	2	3	4	5	6	NA
19. I think a person can look pretty much how they want to if they are willing to work at it.	1	2	3	4	5	6	NA
20. I really don't think I have much control over how my body looks.	1	2	3	4	5	6	NA
21. I think a person's weight is mostly determined by the genes they are born with.	1	2	3	4	5	6	NA
22. It doesn't matter how hard I try to change my weight, it's probably always going to be about the same.	1	2	3	4	5	6	NA
23. I can weigh what I'm supposed to when I try hard enough.	1	2	3	4	5	6	NA
24. The shape you are in depends mostly on your genes.	1	2	3	4	5	6	NA

Instructions: Use the numbers below to indicate how much you agree or disagree with each statement.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

1.	I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.	1	2	3	4
2.	I am active in organizations or social groups that include mostly members of my own ethnic group.	1	2	3	4
3.	I have a clear sense of my ethnic background and what it means for me.	1	2	3	4
4.	I think a lot about how my life will be affected by my ethnic group membership.	1	2	3	4
5.	I am happy that I am a member of the group I belong to.	1	2	3	4
6.	I have a strong sense of belonging to my own ethnic group.	1	2	3	4
7.	I understand pretty well what my ethnic group membership means to me.	1	2	3	4
8.	In order to learn more about my ethnic background, I have Often talked to other people about my ethnic group.	1	2	3	4
9.	I have a lot of pride in my ethnic group.	1	2	3	4
10.	I participate in cultural practices of my own group, such as special food, music, or customs.	1	2	3	4
11.	I feel a strong attachment towards my own ethnic group.	1	2	3	4
12.	I feel good about my cultural or ethnic background.	1	2	3	4