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**MEDIA EFFECTS: CULTURAL APPROPRIATION AND ATTITUDES TOWARDS
COSMETIC SURGERY**

by

DARLENE S. LEE

DISSERTATION

Submitted to the Graduate School

of Wayne State University,

Detroit, Michigan

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Approved by:

Advisor

Date

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DEDICATION

This dissertation is dedicated to my Lord and Savior Jesus Christ. I can do all things through Christ, which strengtheneth me. It is also dedicated to my mother, Naddie Jo Booker. I'm very blessed to have a mother who loves me unconditionally and who believes in my ability to accomplish the purpose that God has ordained for my life. Thank you for the WHITE SHIRT. I also dedicate this dissertation to Michael Taylor, my uncle. You have played a major positive role in every aspect of my life for as long as I can remember from the minuscule to the major. I remember you directing me to keep my eyes on the Instructor and the Instructions. I did just that and the fruit that it yielded shall remain. Every girl needs an Uncle Mike.

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CHAPTER I

INTRODUCTION

Mass media (i.e., magazines and television) are the most salient mechanism through which Western society's standards of physical attractiveness are communicated (Harrison, Taylor, & Marske, 2006; Hargreaves & Tiggerman, 2003). Media generally promote Caucasian women, who are blemish free, tall, and slender, with narrow noses as the ideal representation of beauty (Sekayi, 2003). Research reveals individuals are prone to engage in negative self-evaluations following exposure to these images, which in turn can lead to a myriad of negative cognitive and behavioral responses, such as disordered eating (Botta, 1999; Harrison & Cantor, 1997), body dissatisfaction (Clay, Vignoles, & Dittmar, 2005), low self-esteem (Irving, 1990), weight concern (Posavac, Posavac, & Posavac, 1998), depression (Wills, 1991) and negative affect (Heinberg & Thompson, 1995). Sarwer and Crerand (2004) argue that plastic surgery is another alternative that individuals utilize to quell the body image dissatisfaction that may result following unfavorable evaluations with ideal media images. Body image is defined as the internal representation of your perception of your external appearance (Thompson, Heinberg, Altabe & Tantleff-Dunn, 1999).

In the past, researchers primarily focused on the negative effects of media on White women's body image (Cusumano & Thompson, 1997). However, a growing amount of research focuses on other ethnicities such as African American women. It appears that African American women tend to have greater body image satisfaction and are more resistant to the iconic White beauty standard (Botta, 1999), but when exposed to ideal media images of African American women they too experience body dissatisfaction (Milkie, 1999). African American women are generally more satisfied with their bodies than their Caucasian same

gender counterparts and prefer a moderately thin beauty ideal in contrast to the extremely thin ideal that Caucasian women subscribe to (Gentiles & Harrison, 2006).

New evidence, however, suggests that body dissatisfaction among Caucasian and African American women is reaching parity (Roberts, Cash, Feingold, & Johnson, 2006). Parity between the two groups may be the result of White women becoming less dissatisfied with their bodies or that African American women appearing more frequently in the media may influence White women cognitions that relate to ideals of beauty that include ideal images of African American women (Roberts et al., 2006). This suggests the emergence of a cross cultural beauty standard that combines physical characteristics of African American women such as full lips and more round buttocks (Holiday & Sanchez-Taylor, 2006), as well as some physical characteristics commonly associated with Caucasian women such as narrow noses and thin body shapes (Sekayi, 2003).

Since research has revealed that individuals compare themselves to and attempt to emulate beauty ideals promoted in the media (Harrison & Cantor, 1997), one can question whether African American and Caucasian women will attempt to appropriate the cross cultural beauty as well. However, the emulation of the cross-cultural beauty ideal is not obtainable through restrictive eating, extreme dieting or exercising alone. The cross-cultural phenotype can only be achieved in most cases through non-cosmetic and cosmetic surgical procedures, because the physical characteristics are generally culture specific.

The aim of this study is to investigate media and its effects on Caucasian and African American women's appropriation of each other's most desired culture-specific physical features, a phenomenon deemed as race-envy by the author of this study. Cultural

appropriation can be utilized to help explain this process. A definition of cultural appropriation is provided in the literature review to follow.

This dissertation will begin by discussing the relevant literature pertinent to this study. In this review I begin by providing an overview of the media effects and body image literature, cultural appropriation and factors that influence the selection of non-surgical and surgical cosmetic procedures to alter the physical features that mark one as other. The literature review also provides directions for the hypotheses and research questions set forth in this dissertation. Chapter Three discusses the scales used to develop the survey instrument, the independent and dependent variables, data collection and recordings, operational definitions of variables and study participants' demographic information. Chapter Four presents the results of the study. Finally, Chapter Five discusses study results and provides direction for future scholarship.

CHAPTER II

LITERATURE REVIEW

Mass media (i.e., magazines and television) are thought to play a major role in disseminating messages about socially sanctioned ideals of attractiveness (Harrison, Taylor, & Marske, 2006; Hargreaves & Tiggermann, 2003). For instance, beauty and fashion magazines are often used by women, in part to gain knowledge about current beauty and fashion trends, physical fitness and appearance maintenance (Levine & Smolak, 1996). According to Arnett (1995) advertisements for fashion and beauty products take up more than half of the space in fashion magazines and major articles center on fashion and beauty. Both African American and Caucasian females report that women who appear on television and in movies represent their ideal appearance (Botta, 2000). Media generally promotes Caucasian women who are blemish free, tall, and slender, with narrow noses as the ideal representation of beauty (Sekayi, 2003). Caucasian women appear to be more negatively influenced by ideal media images (Cusumano & Thompson, 1997; Irving, 1990, Richins, 1991) than other races.

African American women and girls reveal that they are more resistant to the iconic White beauty standard (Botta, 1999; Botta 2000; Gentiles and Harrison, 2006). African American women are generally more satisfied with their bodies than their Caucasian same gender counterparts and prefer a moderately thin beauty ideal in contrast to the extremely thin ideal that Caucasian women subscribe to (Gentiles & Harrison, 2006). In a recent study, Caucasian and African American women were exposed to magazine advertisements of ideal images of both African American and Caucasian women and both groups rated African American models to be more attractive than Caucasian models (Jefferson & Stake, 2009). This is plausible given that generally African American women who appear in magazines

commonly have Caucasoid features rather than traditional Negroid features such as broad noses, dark skin, and short very curly hair (Keenan, 1996; Leslie, 1995; Perkins, 1996). A recent content analysis of 120 photographs of African American and Caucasian models from major fashion magazines such as *Essence* and *Vogue*, and prominent lifestyle magazines such as *Brides*, found that there may be a new ideal of attractiveness represented in the media. Caucasian models tended to have more ethnic features (i.e. fuller lips) than usually ascribed to their culture (Sutter & Turley, 1998). These models tended to look more ethnic than the African American models. In other words, the ideal beauty described in this content analysis is a combination of physical features traditionally belonging to both African American and Caucasian women's somatype.

Since research has revealed that individuals compare themselves to and attempt to emulate beauty ideals promoted in the media (Harrison & Cantor, 1997), one can question whether African American and Caucasian women will attempt to appropriate the cross cultural beauty ideal as well. However, the emulation of the cross cultural beauty ideal is not obtainable through restrictive eating, dieting or exercising alone. The cross cultural ideal can only be achieved in most cases through non-cosmetic and cosmetic surgical procedures.

Cultural Appropriation

Cultural appropriation is defined as the use of a culture's symbols, artifacts, genres, rituals, or technologies by members of a different culture (Rogers, 2006). Cultural appropriation is multidimensional and broad in its scope. Speech and phonetic conventions, folklore, style, fashion, music, usage of the body, and the physical form itself are ascribed as belonging to one's cultural life (Crockett, 2008). When elements such as art, cultural practices, clothing, personal adornment, music, religion and language are adopted by members other

than the culture for which they are ascribed an appropriative act has occurred¹ (see Ontario Art Council's web address). Hall (1997) discusses the emergence and experiential ties of jazz music to African Americans. He asserts that African Americans were disassociated from the musical genre when it was integrated and appropriated by "White" America.

For Natives, stories about their cultural life are not told for entertainment purposes, but to provide insight into the relationships, attitudes and perceptions of their culture (Keeshig-Tobias, 1997). When these stories are taken and retold, (i.e., appropriated) without the permission nor the consultation of Natives, the essence of the culture is lost such as in the case of the Canadians' (i.e., non-native writers) depiction of the treatment of Native students within government-sponsored residential schools in the film "*Where the Spirit Lives*" (Keeshig-Tobias, 1997). Native Americans contest the appropriation of their names, images and symbols as objects used commercially to sell cars (e.g., Pontiac), and liquor (i.e., Crazy Horse Malt Liquor; Newton, 1997). Native names and likenesses have also been used as names of major sports organizations, such as the Washington Redskins or the Ottawa Hills Indians.

Jamison and Hard (2003) describe cultural appropriation as a story line within the discourse of technological change and whether a specific technological innovation is necessary or appropriate. The authors argue that technological innovation influences the way individuals within communities talk, think, and interact in daily life. For example, understanding the purposes of the "steam-engine" led to individuals cultural appropriating language used in employment situations such as "let off steam" and applying it to social situations in which someone is angry and needs to go "let off steam" (Jamison & Hard, 2003). Rodriguez (2006) argues that White youth use colorblind ideology (i.e., the notion of

¹ Ontario Art Council, <http://www.arts.on.ca/Page3570.aspx#rem>

sameness between races) to culturally appropriate the Hip Hop music genre for their own purposes. These studies converge to reveal that cultural appropriation occurs in Jazz music (Hall, 1997), Hip Hop music (Rodriquez, 2006) ethnic narratives and film (Keeshig- Tobias, 1997) and the commercialization of images, products and names of indigenous groups (Newton, 1997). Cultural appropriation occurs in a myriad of ways, and it is extensively practiced (Ziff & Rao, 1997).

Other concepts exist that mirror cultural appropriation. For example, Whites have embraced and appropriated African American Vernacular English (AAVE; Rampton, 1995). White youth affiliated with urban environments (e.g., school settings) often use AAVE to appropriate Black masculinity when circumstances such as a confrontation with an African American antagonist arises resulting in an increase in White masculinity (Bucholtz, 1999). Black masculinity, in the media, has often been associated with strength and physical power (Davis, 1981). White youth also emulate “black cool” and admit to being intrigued by black culture (Kitwana, 2005). Kitwana (2005) argues that youth across cultures (e.g., Hispanics, Caucasians, and Asians) have appropriated the African American created hip-hop culture, which refers not only to rap music but a “hip-hop specific language, body language, fashion, style, sensibility and worldview” (p. xii). Condry (2007) found that Japanese youth have also appropriated hip hop’s style along with the all of the dressings that come with it such as “thugged out fashion, gold teeth, and platinum chains” (p.640). Former Rap artist Vanilla Ice, famed Hip Hop artist Eminem, and Rhythm and Blues singer Christina Aguilera, all are noted for their skill at appropriating the artistic abilities of African American rap, hip hop and rhythm and blues artists (Kitwana, 2005), but without the disadvantages of being African American such as being discriminated against, all three artists retain their whiteness at the end

of appropriating the artistic styles of African American performers (Rux, 2003). These five studies show that cultural appropriation is implicit in linguistics (Rampton, 1995; Bucholtz, 1999), usage of the body (Kitwana, 2005), hip hop music, fashion, style and body language (Condry, 2007; Kitwana, 2005; Rux, 2003).

For the purpose of this investigation, cultural appropriation is defined as one culture's appropriation of the most desired physical features of a different culture through non-surgical and surgical cosmetic procedures. While cultural appropriation has not been applied to cosmetic surgery, anecdotal evidence and scholarly research suggests that the phenomenon does occur. For instance, articles in *Ebony* magazine describe how Caucasian women are appropriating the full lip shapes of African American women ("Lips are in! Measure of Attractiveness for African American Women," 1997; Normet, 1991). Jefferson and Stake (2009) found that Caucasian women were dissatisfied with their light skin tones and would darken their skin given the opportunity. African Americans have begun exchanging broad noses for narrow noses through nose reshaping surgery (Davis, 2003) suggesting the removal of a racially ascribed feature. When both African American and Caucasian women report African American models, who generally have Caucasoid features, as being more attractive than Caucasian models in magazines (Jefferson & Stake, 2009) this suggests a new ideal media image that has similar physical features that both groups identify with. A lack of these physical features by either group may lead to feature specific body dissatisfaction. Body dissatisfaction is an important factor in women's decisions to undergo non-surgical and surgical cosmetic procedures (Didie & Sarwer, 2003).

Body Image and Media

According to Thompson, Heinberg, Altabe and Tantleff-Dunn (1999), body image is defined as the “internal representation” of your own outer appearance. Researchers have put forth several body image definitions, but there remains a challenge to develop an agreed upon definition (Thompson et al., 1999). Irving’s (1990) landmark experiment investigating the effects of slides of thin fashion models on women’s body image brought scholarly attention to ideal media images and their potential negative influence on women’s body image. Irving exposed female college students with varying levels of bulimic symptomatology (high, moderate or low) to slides of fashion models portraying the media’s thin ideal, average size and plus size women. She found that regardless of the level of bulimic symptomatology, when exposed to the media’s thin ideal, subjects engaged in social comparison processes. In addition, participants with preceding higher levels of bulimic symptoms indicated more pressure to be thin from media, family, and peers (Irving, 1990). This process is exacerbated when women compare themselves to ideal media images and the results are unfavorable (Botta, 1999, 2000; Frisby, 2004; Hobza, Walker, Yakushko, & Peugh, 2007; Irving, 1990; Myers & Biooca, 1992; Trampe, Siero, & Stapel, 2007).

The emergence of the mass media appears to be credited with dictating ideal standards of beauty (Thompson et al., 1999). During the early 1920s the flat chest woman was the agreed upon ideal standard of beauty (Mazur, 1986) and as a result women began to wear restrictive clothing and to follow extreme dieting practices resulting in eating disorders (Fallon, 1990). By the 1930s the flat chest beauty ideal would be replaced by a leggy larger breast body shape as represented by the World War II pinup of Betty Grable (Mazur, 1986). The 1950s emphasized a curvaceous body shape equipped with large breasts and cinched

waist lines. Actress Marilyn Monroe and *Playboy* magazine are credited with the emergence of this ideal standard of beauty (Thompson et al., 1999). The standards of beauty continued to change and by the 1960s the angular and lean body shapes (e.g., model Twiggy represented this ideal shape) were preferred over the more curvaceous body shapes (Thompson et al., 1999).

During the years to follow, ideal body shapes became increasingly thin as evidenced by Garner, Garfinkel, Schwartz and Thompson's (1980) study that revealed that over a 20 year period (i.e., 1959 – 1978) *Playboy* magazine's centerfolds' weight for age and height had declined considerably and the size of the model's bust and waist decreased as well. In addition, the researchers also investigated the Miss America contestants and winners and found that the winners of the pageant weighed significantly less than the contestants (Garner et al., 1980). Wiseman, Gray, Mosimann, and Ahrens (1992) replicated Garner et al. (1980) study by using a more current time frame (i.e., 1979-1988). The investigation revealed that *Playboy's* centerfold's bust and waist continued to decrease as their height increased (Wiseman et al., 1992).

It is important to note that the rise of eating pathologies directly coincides with the media's promotion of an increasingly thin beauty ideal (Garner et al., 1980). The thin ideal appeared to be the dominant beauty shape for more than 30 years (Striegel-Moore, Silberstein & Rodin, 1986). These studies converge to reveal that for almost a century Caucasian women have been the idealized representation of Western Society's notion of attractiveness. In the same way that people approximated ideals of attractiveness in the past, one could speculate that emulation of a cross cultural beauty ideal would occur as well. There are major differences in the cross cultural beauty ideal in comparison to the Caucasian beauty ideals of

the past. The ideal images of attractiveness of the past focused primarily on ideal body shapes, whereas the cross cultural ideal's emphasis is not so much on the body shape as it is on cultural specific physical features (Normet, 1991; Singer, 2006; Sutter & Turley, 1998).

Race plays an important role in this process because it is the physical features of one culture that a different culture perceives as being more desirable than theirs. It is this concept that the author of this study deems as "race envy" that modifies cultural appropriation. Along this line of reasoning, individuals who are dissatisfied with specific physical features and the cultural membership ascribed to them may utilize cosmetic surgery as a tool to quell that dissatisfaction, as non-surgical and surgical cosmetic procedures are commonly performed on particular body areas that cause cognitive discomfort (Didie & Sarwer, 2003; Larson, Anderson, Maksud & Grunert, 1994).

Caucasian Women and Body Image

Caucasian women overall are the ideal media representation of attractiveness. As such, it is Caucasian women who are generally more dissatisfied with their bodies, than other races (Gentiles & Harrison, 2006; Grabe & Hyde, 2006). Henderson-King and Henderson-King (1997) exposed women to slides of ideal female media images and neutral images (e.g., stereo equipment and household products) portrayed in popular magazines and found that heavier women felt more negative about their bodies after viewing ideal images while thinner women reported more positive self evaluations. Jones and Buckingham (2005) investigated how women with high and low self-esteem responded to attractive and unattractive female images. The authors discovered that females with low self-esteem reported more of a decrease in body esteem following exposure to the attractive female image while women with high self-esteem reported a decrease in body esteem following exposure to the unattractive female image.

Heinberg and Thompson (1995) exposed female participants to a 10-minute tape of advertisements featuring either attractive thin women or non-appearance associated advertisements (e.g., commercials for insurance). The authors found that those exposed to the attractive thin media were less satisfied with their bodies than those exposed to the non-appearance focused advertisements. In addition, internalization of the attractive thin ideal media images resulted in greater negative emotional effects.

In a similar study, Cusumano and Thompson (1997) found that internalization of thin body shape ideals in magazines was a greater predictor of body image dissatisfaction among college women than mere awareness of these images. Thin internalization may also be a causal risk factor relating to body image disturbance (Thompson & Stice, 2001).

Sociocultural pressures may be another variable to consider when questioning vulnerability to ideal media images. The assumption is that society pressures individuals to conform to the current ideal standards of attractiveness as propagated in the media and these ideals are difficult to achieve (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). African American and Caucasian females report being socialized to believe that their appearance is evaluated by their friends and others on the basis of whether they look like current media ideals (Thompson et al., 1999).

Factors other than mere exposure to media images of attractiveness may exacerbate media influence. Trampe, Siero and Stapel (2007) found females with high body dissatisfaction were more apt to negatively self-evaluate following exposure to an attractive woman image than those with low body dissatisfaction. Body satisfied women reported a decrease in body satisfaction following exposure to the attractive woman image. Thus, women who cognitively engage in social comparison processes whether they are high or low

body dissatisfied are influenced by images of thin attractive women. The referent need not be human for body dissatisfied women to evaluate themselves more negatively. Women exposed to objects that mirror the thin ideal prototype such as a drawing of a thin vase engaged in negative self evaluations (Trampe et al., 2007).

These six studies indicate that only certain individuals are negatively influenced following exposure to ideal images of attractiveness such as body dissatisfied women (Trampe, Siero, & Stapel, 2007), women with low-esteem (Jones & Buckingham, 2005), women who are concerned with their weight (Henderson-King & Henderson-King, 1997), women who are aware of and internalize the thin ideal (Cusumano & Thompson, 1997; Thompson & Stice, 2001) and women who feel societal pressure to conform to ideal images due to media exposure (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999).

Scholars have investigated a number of media types' influence on the cognitions and behaviors of its audience, such as magazine photos of thin women (Trampe, Siero, & Stapel, 2007; Stice & Shaw, 1994), magazine advertisements (Frisby, 2004), slides of fashion models (Irving, 1990; Harrison, Taylor, & Marske, 2006), inanimate objects (Trampe, Siero, & Stapel, 2007), television commercial advertisements (Agliata & Tanteff-Dunn, 2004), television dramas (Botta, 1999), and situation comedies (Fouts & Burggraf, 2000).

Black Women and Body Image

Ideal beauty images portrayed in the mass media are generally of Caucasian woman making this overall notion of beauty unattainable for other groups such as African American women (Cusumano & Thompson, 1997; Perkins, 1996; Thompson & Stice, 2001). In light of this, many researchers have suggested that African American women would be more susceptible to the negative effects associated with exposure to ideal media images and would

have higher degrees of body image dissatisfaction than their White same gender counterparts (Perkins, 1996). This assumption is based on research that reveals African American women frequently watch more television than White women (Botta, 2000; Greenburg & Brand, 1994). Botta (2000) found that the amount of time spent watching television and television dramas did not predict body dissatisfaction in African American or Caucasian females. However, both groups did report the more they idealized television images the greater their drive for thinness and the more they experienced body dissatisfaction. In addition, the women these females see on television and in movies (i.e., idealized television image) project their ideal appearance (Botta, 2000).

In contrast to Botta's (2000) study, Abrams and Stomer (2002) found that African American females do not internalize ideal media images (Abrams & Stomer, 2002). Similarly, Milkie (1999) found African American girls to be resistant to comparing themselves to magazine images of thin Caucasian women. Frisby (2004) concluded that African American girls, despite having high or low body dissatisfaction, were not negatively influenced, nor did they engage in negative self evaluation processes after being exposed to advertisements of thin ideal Caucasian women depicted in popular fashion magazines. White girls, in the same study, not only identified with the ideal images of both African American and Caucasian women, but used them as a point of reference to assess their physical attractiveness (Frisby, 2004). However, when exposed to advertisements of ideal images of African American models, the African American girls in this study also experienced body dissatisfaction and employed social comparison processes (Frisby, 2004). For African American women their response is consistent with the social comparison literature that posits

the referent must be similar on some dimension (e.g., race) to yield comparison processes (Festinger, 1954).

Sekayi (2003) used both qualitative and quantitative methodologies to test whether 219 African American female college students attending a historically Black college had consciously adopted Western society's standard of beauty (i.e., extremely thin, white skin, and long straight hair). The study results indicated that the participants were resistant to ideal Caucasian beauty standards. Sekayi's (2003) findings could largely be due to the fact that the participants attended a historically Black college that generally celebrates the traditional African American standards of beauty (e.g., large hips and darker skin tones). In addition, African American women and girls generally subscribe to either a normal weight ideal (Flynn & Fitzgibbon, 1996) or a moderately thin ideal (Gentiles & Harrison, 2006). It appears that Caucasian women report dissatisfaction with their bodies whether exposed to ideal images of African American or Caucasian women (Frisby, 2004; Jefferson & Stake, 2009).

It is important to note that while African American women may be more resistant to the negative influences that result for some after viewing ideal images of Caucasian women, they may experience feature-specific dissatisfaction rather than overall body dissatisfaction. Research reveals that fashion magazines that target African American women routinely depict African American models with Caucasian features rather than those with traditional African American features such as dark skin and broad noses (Keenan, 1996). These studies suggest that overall African American girls and women in general experience cognitive discomfort and body dissatisfaction only following exposure to ideal images of Black women with Caucasian features. It is important to note that both Caucasian and African American females report several rewards as a result of appropriating ideal media images, such as increased

social status (Stunkard, 1974), increased self-confidence, higher self-esteem, improved happiness and social competence (Engeln-Maddox, 2006). Given the perceived rewards associated with emulating ideal media images, men endorsed cosmetic surgeries (i.e., breast augmentation and liposuction) for their other gender counterparts, and women endorsed cosmetic surgeries for themselves (Harrison, 2003).

Media and Cosmetic Surgery

The rise in cosmetic surgery procedures coincides with the proliferation of cosmetic surgery focused reality television programs. Over the past decade cosmetic surgery procedures have increased 446 % (American Society for Aesthetic Plastic Surgery, 2006). ABC's *Extreme Makeover* debuted in September 2003, and it was reported the most watched program for adults under the age of 50 (Sarwer & Crerand, 2004). Other programs such as *Dr. 90210*, *The Swan*, *Plastic Surgery: Before and After* and *I Want a Famous Face* soon followed. These programs typically showcase men and women with perceived physical flaws that are dramatically transformed through cosmetic surgery intervention. Crockett, Pruzinsky and Persing (2007) surveyed 42 people considering plastic surgery and found that 4 out of 5 asserted that viewing cosmetic surgery television programming influenced their decision to undergo cosmetic procedures. More than half of the participants (i.e., 57 %) reported to be high intensity viewers and believed that the programs mirrored real life cosmetic surgery situations (Crockett et al., 2007). Furthermore, cosmetic surgery program viewing is associated with body image dissatisfaction, body image investment and predicts feelings of societal pressure to obtain cosmetic surgery (Sperry, Thompson, Sarwer, & Cash, 2009).

Mazzeo, Trace, Mitchell, and Walker-Gow (2007) found that female college students with high thin internalization reported a decrease in self-esteem following exposure to an

episode of *The Swan*. Furthermore, Caucasian women in this study felt media pressure to be thin, but also reported having the control to alter their appearance post-video viewing and follow up evaluations two weeks later (Mazzeo et al., 2007). In other words, “The Swan” program may have instructed the female college students how to achieve the thin ideal. Cosmetic surgery news coverage and magazine articles may also contribute to acceptance of cosmetic surgery and influence decisions to undergo non-surgical and surgical cosmetic procedures. Breast dissatisfied women report the media educated them about breast augmentation surgery (Larson, Anderson, Maksud & Grunert, 1994; Palcheff-Wierner, Concannon, Conn, & Puckett, 1993). For more than 30 years (i.e., 1972 to 2004) the news media has highlighted cosmetic surgery focusing primarily on the health risks and benefits (Cho, 2007). Brooks (2004) content analyzed *Vogue*, *Harper’s Bazaar*, *US Weekly*, and *People* magazines over a two and half year period (i.e., October 2001 - June 2003) and found that of the 21 articles reviewed in *Vogue*, 13 contained at least one article about cosmetic surgery; *Harper’s Bazaar* contained 9 out of 21 articles; with *People* and *US Weekly* featuring cosmetic surgery related cover stories. *People* had 6 cover stories out of 12 articles. It is interesting to note, that the majority of articles, in all four magazines, overwhelmingly depict cosmetic surgery as an acceptable and approved form of beauty enhancement and maintenance (Brooks, 2004).

Firsthand accounts equate decisions to surgically alter the appearance with empowerment as well as a deserving reward (Brooks, 2004). Other articles feature aesthetic surgery as not only a commodity that is pragmatic, popular and glamorous, but synonymous with power, wealth and youth (Woodstock, 2001). Taken together cosmetic surgery focused magazines articles (Brooks, 2004; Woodstock, 2001) and television programming depict

cosmetic procedures as healthy alternatives to alter the physical features that cause psychological discomfort (Sarwer & Crerand, 2004).

Women and Cosmetic Surgery

Personal experience (i.e., one's personal experience with undergoing a cosmetic procedure), exposure to cosmetic surgery focused media messages (Delinsky, 2005; Cho, 2007), employment competitiveness, to be attractive to one's partner (American Academy of Facial Plastic and Reconstructive Surgery, 2008) older age (Henderson-King & Henderson-King, 2005), low self ratings of attractiveness, gender (Brown, Furnham, Glanville & Swami, 2007) and vicarious cosmetic surgery experience of friends and family, for women only (i.e., witnessing someone else undergo and recover from a cosmetic procedure; Delinsky, 2005; Brown et al., 2007) are factors that influence the decision to undergo non-surgical and surgical cosmetic procedures. In addition, increased psychological investment in physical appearance and internalization of ideal media images predict more positive attitudes toward cosmetic surgery among female college students (Sarwer, et al, 2005). These factors may have contributed to the sheer number of women undergoing cosmetic procedures. For instance, in 2008, more than 12.1 million surgeries were performed, with women comprising 91 % of those total procedures. Of the procedures performed Caucasians, Hispanics, African Americans and Asians accounted for 73%, 10%, 8 %, and 8%, respectively (American Society of Plastic Surgeons, 2009). The American Society of Aesthetic Plastic Surgeons (ASAPS; 2006) did not report the specific procedures each ethnic group selected. One can speculate, however, that the majority of buttock lifts, buttock implants and lip injections were selected primarily by Caucasian women because African American women's phenotype generally encompasses these particular physical features (Holliday & Sanchez-Taylor, 2006).

The American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) recently reported that of the rhinoplastys (i.e., nose jobs) performed in 2007, African Americans and Hispanics comprised 63% and 45 %, respectively, while 39% of Asian Americans were more likely to receive blepharoplastys (i.e, eyelid surgery) and Caucasians were almost evenly split between receiving blepharoplastys and rhinoplastys, 24 % and 27 % respectively (AAFPRS, 2008). Recent reports reveal the number of rhinoplastys performed on African Americans and Hispanics continues to rise. Of the rhinoplasty procedures performed in 2008, African Americans and Hispanics accounted for 85 % and 57 %, respectively, which was an increase of 22 % for African Americans and a 12 % increase for Hispanics, in a one year period (AAFPRS, 2009) suggesting the eradication of a feature that marks them as other than the dominant culture. The level of rhinoplastys among Caucasians slightly increased from 27% in 2007, to 29 % in 2008 (AAFPRS, 2009).

African American males and females on average report a subsequent increase in self-esteem following nose re-shaping surgery, which oftentimes makes a broad flat nose narrow, a traditional racial characteristic (Slupchynskyj, & Gieniusz, 2008). This form of cosmetic surgery is commonly referred to as “ethnic cosmetic surgery” in which identifiable facial features that mark people as “other” than the dominant culture are minimized or eradicated (Davis, 2003). Passing, also, is another reference to cosmetic surgery that allows “others” to avoid the racial markers that inhibit them from experiencing the benefits of membership ascribed to the dominant culture (Ginsberg, 1996). One could conclude, for women of color altering facial features that distinguish them from the dominant culture may then be a matter of appropriation to receive status rather than for aesthetic purposes alone. Culturally specific magazines (e.g., Essence) routinely depict African American women who have Caucasoid

features such as light skin, light eyes, narrow noses and long hair (Keenan, 1996; Leslie, 1995) as ideal standards of African American attractiveness. Research reveals that light skinned African American women with Caucasian features generally hold better occupations, benefit from higher economic statuses (Hill, 2000; Keith & Herring, 1991), and are considered more attractive and as a result receive some of the benefits associated with attractiveness such as being globally more competent (Jackson, Hunter, & Hodge, 1995) as well as more socially astute (Eagly, Ashmore, Makhijanai, & Longo, 1991) than their same gender dark skinned counterparts. Charles (2003) found that dark skinned Jamaican Blacks use skin lighteners as a tool to renegotiate their identities, and to participate fully in a society that frowns upon dark skin. Dermatologists report that an estimated 10% to 15 % of their patients received skin lightening treatments (Charles, 2003). This estimation does not take into account the number of individuals buying over-the-counter skin bleaching products or those sold illegally (2003). Therefore, for dark skinned African American women appropriating the physical characteristics of Caucasian women may help to move them toward the status that White women occupy, albeit without surrendering their own cultural identities (i.e., without relinquishing the race one identifies as belonging to). The motivation to seek cosmetic surgery for career opportunities (i.e., status) would be deemed a social motivation (Henderson-King & Henderson-King, 2005), supporting research that suggests African Americans who look more Caucasian in appearance (e.g., have lighter skin and narrow noses) hold better occupations than their dark skinned peers (Hill, 2000).

Anecdotal evidence suggests that Caucasian women may be appropriating the fuller lips and curvy buttocks (Normet, 1991; Singer, 2006) that are specific to the African American female culture and are traditional markers of Black women's sexuality (Holiday & Sanchez-

Taylor, 2006). Therefore, one could speculate that Caucasian women select lip injections and buttock implants as a move toward the feature specific attractiveness and sexuality that Black women occupy in relation to these physical features. For Caucasian women cosmetic surgery to improve the specific physical features that cause dissatisfaction would be deemed an intrapersonal motivation (Henderson-King & Henderson-King, 2005). One can conclude that non-surgical and surgical cosmetic procedures allow both African American and Caucasian women to culturally appropriate each others' most desired physical features without surrendering their cultural identities, but reaping the benefits associated with the possession of the different culture's physical features. To this end, the current study attempts to fill a gap in the media effects research by investigating the extent to which media influences both African American and Caucasian women to culturally appropriate each other's specific physical features generally belonging to one another's ascribed somatype. This study moves away from the typical media effects examination of eating disorders (Irving, 1990; Harrison & Cantor, 1997; Harrison, Marske & Taylor, 2006; Stice & Shaw, 1994), self-esteem (Clay, Vignoles & Dittmar, 2005; Jones & Buckingham, 2005), depression (Wills, 1991), weight concern (Posavac, Posavac, & Posavac, 1998), and negative affect (Heinberg & Thompson, 1995; Stice & Shaw, 1994).

Most of the cultural appropriation literature and similar concepts has been qualitative in nature (Hall, 1997; Keeshig-Tobias, 1997; Newton, 1997; Kitwana, 2005; Bucholtz, 1999). However, this study aims to contribute to the cultural appropriation literature by quantifying it and testing its processes in relation to one culture that utilizes non-surgical and surgical cosmetic procedures to appropriate the most desirable physical features of a different culture.

STATEMENT OF THE PROBLEM

Clearly, the literature on cultural appropriation and its connection to one culture using non-surgical and surgical cosmetic procedures to appropriate the most desired physical features of a different culture is lacking. In the same way that individuals attempted to emulate ideal media images of the past, one can assume that as new cross cultural beauty ideals are disseminated through the media, cultural appropriation will occur, as some individuals will endeavor to approximate them as well. Body image and cultural appropriation intersect when one culture becomes dissatisfied with their ascribed physical features following exposure to the ideal physical features of a different culture (Jefferson & Stake, 2009). Non-surgical and surgical cosmetic procedures can then be utilized to quell the dissatisfaction. This would be considered an appropriative act.

Most of the cultural appropriation literature focuses on dominant groups appropriating the materials and likenesses of minority groups from a position of power and privilege earning higher incomes, holding the most rewarding employment positions, and obtaining higher standards of living (Rowell, 1995). However, as the literature review of this study concludes both African American and Caucasian women find that each may desire physical features from one another's cultures. Therefore, both groups may receive some of the benefits ascribed to the different culture's respective physical features. For example, Caucasian women who appropriate the full lips and curvy buttocks of African American women may experience increased sexuality as these physical features are signature markers of sexuality and attractiveness (Lips are in!-Measure of attractiveness for African American women," 1997; Holiday & Sanchez-Taylor, 2006) within the African American culture. For Caucasian

women this would constitute an intrapersonal (Henderson-King & Henderson-King, 2005) move toward the sexuality that African American women occupy.

African American women who appropriate the light skin tones and narrow noses of Caucasian women may benefit by receiving better occupations, and higher economic statuses (Hamilton, Goldsmith, & Darity, 2007; Hill, 2000, Keith & Herring, 1991). For African American women this would constitute a social move (Henderson-King & Henderson-King, 2005) toward the status that Caucasian women occupy as members of the dominant culture. Non-surgical and surgical cosmetic procedures allow both groups to transform the physical features that they are dissatisfied with and perceive as flawed (Crockett, Pruzinsky, & Persing, 2007; Didie & Sarwer, 2003; Sarwer & Crerand, 2004).

Hypotheses and Research Questions

The hypotheses and research questions set forth in this study were developed to investigate media and its influence on one ethnic group utilizing non-surgical and surgical cosmetic procedures to alter their appearance to resemble that of a different culture. In addition, the author was interested in examining other factors such as social and intrapersonal reasons that might contribute to the cultural appropriation process. Therefore, presented below are the five hypotheses and two research questions set forth in this investigation. T-tests were conducted on all five hypotheses and both research questions. For hypotheses one, four and five 2 X 2 ANOVA factorial designs were also conducted.

Hypothesis One

H1: African American women are more likely to culturally appropriate than Caucasian women.

Caucasian women are propagated in the media as the overall ideal image of attractiveness in Western society (Sekayi, 2003) and as such generally experience the rewards associated with being members of the dominant culture. African American targeted beauty and fashion magazines frequently depict African American female models with Caucasoid features, such as light skin tones, narrow noses, and long straight hair, in their advertisements (Perkins, 1996; Keenan, 1996). Furthermore, research reveals that African American women who appear Caucasoid in appearance receive some the associated rewards such as earning higher wages (Hamilton, Goldsmith & Darity, 2007) and greater social status (Hill, 2000; Keith & Herring, 2001).

Therefore African American women with traditional Negroid features are more likely to cosmetically culturally appropriate than Caucasian women because of their second class status whether real or imagined. The rise in rhinoplastic procedures among African Americans (American Academy of Facial Plastic and Reconstructive Surgery, 2009) implies that cultural appropriation is in practice. Exposure to cosmetic surgery media messages may play a role in assisting African American women in their decisions to undergo non-surgical and surgical cosmetic procedures to eradicate the physical features that may prevent upward mobility.

Hypothesis Two

H2: African American women with high media use content and high exposure to Cosmetic surgery media messages are more likely to culturally appropriate than African American women with low media use content and low exposure to cosmetic surgery media messages.

African American and Caucasian females report that their attractiveness is based primarily on how closely their appearance reflects ideal media images (Thompson et al.,

1999). Women report that they would be happier, have increased confidence, and greater self-esteem if they resembled the current ideal media image (Engeln-Maddox, 2006). The current ideal appears to have physical features that are inclusive of both African American and Caucasian women's most desired physical features (Yehezekel & Turley, 2004; Sutter & Turley, 1998). Therefore, African American women who frequently are exposed to and use media such as magazines for beauty and fashion related information should be more inclined to culturally appropriate those with less media use. Long term brief exposure to ideal media images have been linked to increases body dissatisfaction (Hargreaves & Tiggerman, 2003). Dissatisfaction is a major factor in electing to undergo non-surgical and surgical cosmetic procedures (Didie & Sarwer, 2003). Therefore African American women with greater media use content and greater exposure to cosmetic surgery media messages (i.e., such as cosmetic surgery reality television programs or exposure to cosmetic surgery advertisements) are more likely to culturally appropriate than those with low media exposure.

Hypothesis Three

H3: Caucasians with high media use content (MUC) and high exposure to cosmetic surgery media messages are more likely to culturally appropriate than Caucasian women with low media use content and low exposure to cosmetic surgery media messages.

High exposure rather than low exposure to thin ideal television images have resulted in negative behavioral outcomes such as disordered eating for Caucasian women (Botta, 2000). Prominent fashion magazines that target a Caucasian audience have begun to depict Caucasian models with more ethnic features such as full lips (Sutter & Turley, 1998). In a recent study, Caucasian women report dissatisfaction with their light skin tones and thin lips (Jefferson & Stake, 2009). In the same way that greater exposure to thin ideal television

images resulted in disordered eating behavioral outcomes for Caucasian women (Botta, 2000), one can conclude that greater exposure to African American ideal specific features, would also result in the selection of non-surgical and surgical cosmetic procedures to approximate. Anecdotal evidence suggests that Caucasian women are culturally appropriating the curvy buttocks (Singer, 2006) and the full lips (Normet, 1991) of African American women. Therefore a cultivation process may be at work, in which Caucasian women with high media exposure believe that they are supposed to emulate the cultural specific features of African American women (Gerbner, Gross, Morgan & Signorielli, 1994)

Hypothesis Four

H4: African American women are more likely than Caucasian women to endorse cosmetic surgery for social reasons.

Endorsement of cosmetic surgery for social reasons include to be attractive to others, one's partner and to benefit career (Henderson-King & Henderson-King, 2005). Research reveals that fashion magazines are utilized by women, in part, to obtain knowledge about beauty and fashion (Arnett, 1995). African American female models with Caucasoid features are generally depicted in magazines that target an African American female audience (Keenan, 1996; Leslie, 1995). Therefore, frequent exposure to these images may influence African American women's perception that to be attractive they must have some physical features that mirror Caucasian women. For instance, evidence supports that African American women with Caucasoid features are considered more attractive than African American women who lack these features, and thus receive many of the benefits associated with attractiveness such as being globally more competent (Jackson, Hunter, & Hodge, 1995) and socially accepted (Eagly, Ashmore, Makhijanai, & Longo, 1991). Furthermore, African American

women with Caucasoid features generally hold better occupations and receive higher compensation than their same gender counterparts who have traditional Negroid features (Hill, 2000; Keith & Herring, 1991).

The viewing of cosmetic surgery reality television programs that show the transformation of perceived flawed features may result in behavioral outcomes for African American women who identify their Negroid features as inhibitors to opportunities commonly experienced by Caucasian women as members of the dominant culture (Delinsky, 2005; Cho, 2007). Therefore, African American women would be more likely than Caucasian women to endorse cosmetic surgery for social reasons given that Caucasian women generally occupy higher positions of status.

Hypothesis Five

H5: Caucasian women are more likely than African American women to endorse cosmetic surgery for intrapersonal reasons.

The endorsement of cosmetic surgery for intrapersonal reasons is associated with the desire to increase one's satisfaction with their appearance and improve one's self image. Several scholarly articles indicate that African American females are more satisfied with their appearance and bodies than their same gender Caucasian counterparts (Gentiles & Harrison, 2006; Jefferson & Stake, 2009). Therefore, Caucasian women would be more likely to endorse cosmetic surgery for intrapersonal reasons than African American women.

Research Questions

Research Question One

RQ1: Are younger African American women (under 50) more likely to culturally appropriate than older African American women (over 50)?

Research Question Two

RQ2: Are older Caucasian women (over 50) more likely to culturally appropriate than younger Caucasian women (under 50)?

CHAPTER III

METHODS

The effects of media (i.e., reading beauty and fashion magazines, primetime television viewing, and exposure to cosmetic surgery media messages) on African American and Caucasian women's willingness to exchange each others' most desirable physical features through non-surgical and surgical cosmetic procedures were examined. This chapter describes the procedures used to recruit participants, participant demographics and the principal instruments used in this investigation.

Participants

Participants were 88 women, from a midwestern plastic surgeon's practice, who had previously undergone non-surgical and surgical cosmetic procedures. The participants identified themselves as belonging to one of six groups (i.e., African American, Asian/Pacific Islander, Caucasian/European, Hispanic/Latino, Middle Eastern, and Native American). The racial composition of the participants was 65.9 % Caucasian ($N = 58$), 1.1 % Hispanic ($N = 1$), 29.5 % Black, ($N = 26$), 2.3% Middle Eastern ($N=2$) and 1.1 % other ($N=1$). The age of the participants ranged from 19 to 76 years old. African American and Caucasian women ($N = 84$) only were retained for further analysis as this was the primary group of interest and there were insufficient numbers of other racial groups to warrant further investigation.

Procedure

A purposive approach in recruiting potential participants was necessary to obtain meaningful data in regards to members of one culture appropriating of specific physical features belonging to a different culture through non-surgical and surgical cosmetic procedures. Participants were recruited from a Midwestern plastic surgeon that provided

access to patients' contact information only. First a "letter of support" (see Appendix A) from the Midwest plastic surgeon, who had agreed to allow the author to survey his patients, was submitted to and approved by Wayne State University's (WSU's) Human Investigation Committee (HIC). Second, each potential participant was mailed a "letter of introduction" (see Appendix B) from the plastic surgeon. The letter introduced the principal investigator, indicated the nature of the study, and detailed the plastic surgeon's role in the research. Third, the plastic surgeon provided the researcher with a patient list totaling 210 potential participants, from which 20 males were excluded since this study was interested in investigating the media's effect on cultural appropriation and attitudes toward cosmetic surgery for African American and Caucasian women.

As a result, 190 potential participants were identified and subsequently mailed the letter of introduction. A five day window was allowed before the researcher began contacting potential participants. Fourth, potential participants were contacted and read an oral consent script that inquired whether the plastic surgeon's letter of introduction had been received, and provided information regarding the risks and benefits of participating in the study and confidentiality procedures (see Appendix C). This script was also approved by WSU's HIC. A total of 102 people declined to participate and were thanked for their time. Eighty-eight individuals participated in the study.

The author determined that the telephone survey was the most appropriate method for the purpose of this study, rather than mail-in surveys, due to its higher response rate (Nardi, 2006). The survey consisted of questions that assessed media's influence on attitudes and behaviors regarding cosmetic surgery and demographic questions such as ethnicity, age,

marital status, highest level education completed, and socioeconomic status (see Appendix D for complete survey).

Variables

Independent Variables

The independent variables for this study are the frequency of reading beauty and fashion magazines, watching primetime television, exposure to cosmetic surgery media messages, using various types of media for specific reasons, and acceptance of cosmetic surgery scale's social and intrapersonal subscales (ACSS; Henderson-King & Henderson-King, 2005).

Media Use (MU)

The Media Use questionnaire (MU) is made up of two items measuring the number of hours spent per week reading beauty and fashion magazines, and the number of hours per day spent watching primetime television programs (see Appendix E for complete description of items). These two items were modified for use in this study from Althaus and Tewksbury's (2000) media use scale. For example, questions such as "*On a typical weekday, about how many hours do you spend watching news programs on television?*" were modified to "*How many hours per day do you typically spend watching primetime television programs?*" Research suggests that primetime television viewing is linked to body image dissatisfaction (Harrison & Cantor, 1997), and Sarwer and Crerand (2004) argue that body dissatisfaction is linked to cosmetic surgery. Therefore, the modification of these questions was necessary to obtain data for this investigation. Non-essential questions such as those that pertained to the frequency of Web usage and newspaper reading were discarded as they were not of interest in this study.

Cosmetic Surgery Media Exposure (CSME)

To measure the frequency of exposure to cosmetic surgery media messages, the author used Delinsky's (2005) 3-item questionnaire. Respondents reported on 5 – point Likert scales how often they read about cosmetic surgery, heard about cosmetic surgery or saw cosmetic surgery focused television programs with 1 = never and 5 = very often. These three items were used in previous research as well to determine media's influence to motivate individuals to seek cosmetic surgery (Swami, Arteché, Chamorro-Premuzic, Furnham, Haubner, & Voracek, 2008). A fourth item was added to this scale, "*How often do you follow celebrities' cosmetic procedures?*" See Appendix F for complete wording of scale. Inter-item correlation and reliabilities are recorded in Tables 3-1 and 3-2 below. For analyses in this study, the cosmetic surgery media exposure (CSME) variable was recoded into two groups, where "1" was low CSME, and "2" was high CSME, to examine whether high or low levels of CSME influence cultural appropriation and endorsement of cosmetic surgery for social and intrapersonal reasons. The CSME variable was split by its median, which was 10. Low CSME ranged from the lowest score to 9.99 and high CSME ranged from 10 through the highest score.

Table 3-1

Inter-item correlations of Cosmetic Surgery Media Exposure Scale

	Q3CSME1	Q4CSME2	Q5CSME3	Q6CSME4
Q3CSME1	1.00			
Q4CSME2	.35	1.00		
Q5CSME3	.42	.23	1.00	
Q6CSME4	.18	.37	.07	1.00

n = 88

Table 3-2

Reliabilities of Cosmetic Surgery Media Exposure Scale

Cronbach's Alpha = .60				
	Mean	Variance	Std. dev	Variables
Scale	10.72	9.32	3.05	4

Media Use Content (MUC)

The second scale to be used as an independent variable to assess the participants' use of different types of media for obtaining specific types of media is the 4-item Media Use Scale, modified from Althaus and Tewksbury's (2000) Media Use Scale. The scale was modified for management of questionnaire length and to address the specific hypotheses set forth in this study. For example, "how likely would you be to use television news as a way of keeping up with current issues and events?" was changed to "when you watch television news, how closely do you tend to follow beauty/fashion trends?" The items are rated on 7-point Likert scales with "1" indicating not at all closely and "7" indicating very closely. See Appendix G for complete wording of items. For analyses in this study the media use content (MUC)

variable was re-coded into a new variable with high and low levels, where “1” was low MUC and “2” was high MUC. The variable was split at the median, which were 12. Therefore low MUC ranged from the lowest score to 11.99 and high MUC ranged from 12 to the highest score. Inter-item correlations and reliabilities are described in Tables 3-3 and 3-4, respectively.

In addition, a new variable, *media.ex*, was computed based on the categories of CSME and MUC such that when conditions were met “1” was low for both the CSME and MUC variables, and “2” was high for both variables. These two variables were to be analyzed simultaneously to investigate whether individuals who are exposed to cosmetic surgery media messages also seek out specific types of media for specific types of content.

Table 3-3

Inter-item correlations and of Media Use Content Scale

	Q8MUC1	Q9MUC2	Q10MUC3	Q11MUC4
Q8MUC1	1.00			
Q9MUC2	.71	1.00		
Q10MUC3	.65	.81	1.00	
Q11MUC4	.48	.65	.71	1.00

n = 88

Table 3-4

Reliabilities of Media Use Content Scale

Cronbach's Alpha = .88				
Scale	Mean	Variance	Std. dev	Items
	13.45	43.17	6.57	4

Acceptance of Cosmetic Surgery Scale (ACSS)

This 15 – item scale assesses attitudes towards cosmetic surgery across three dimensions: intrapersonal, social, and consider. Cosmetic surgery to improve one’s self image benefits the self and represents the “intrapersonal dimension”. Cosmetic surgery to appear more attractive to others represents the “social” dimension. The “consider” component of the ACSS deals with the conditions under which one would be likely to consider undergoing cosmetic surgery. Each component contains five statements that the respondents subscribes to such as “Cosmetic surgery can be a big benefit to people’s self image” (intrapersonal), “If it would benefit my career I would think about having plastic surgery” (social) and “People who are very unhappy with their physical appearance should consider cosmetic surgery as an option” (consider). For this study only the intrapersonal and the social components of the scale were utilized because the participants had previously undergone either non-surgical or surgical cosmetic procedures (see Appendix H for complete Intrapersonal scale and Appendix I for complete Social scale).

The original scale ranged from 1 indicating strong disagreement and 7 indicating strong agreement (Henderson-King & Henderson-King, 2005). For the current study, the author modified the scale ranges to include 1 indicating complete disagreement to 5 indicating complete agreement. This decision was made in order to maintain questionnaire ranges consistency. The two subscales demonstrated strong internal consistency (Cronbach’s $\alpha = .83$ for intrapersonal and $.85$ for social) for the current study. Other scholars have found these scales to have high internal consistency when used to examine attitudes about cosmetic surgery (Henderson-King & Henderson-King, 2005; Swami, Chamorro-Premuzic, Bridges, & Furnham, 2009; Swami, Taylor, & Carvalho, 2009). These two measures were utilized as

both dependent and independent variables. Table 3-5 provides the inter-item correlations of the Intrapersonal and Social subscales of the Acceptance of Cosmetic Surgery Scales and Table 3-6 describes the Cronbach's Alpha for both scales.

Table 3-5

Inter-item Correlations of Acceptance of Cosmetic Surgery Scales (Intrapersonal and Social)

Intrapersonal

	Q36CSI1	Q37CSI2	Q38CSI3	Q39CSI4	Q44CSI9
Q36CSI1	1.00				
Q37CSI2	.59	1.00			
Q38CSI3	.53	.52	1.00		
Q39CSI4	.55	.39	.54	1.00	
Q44CSI9	.37	.60	.47	.47	1.00

n = 88

*Inter-item Correlations of Acceptance of Cosmetic Surgery Scales (Intrapersonal and Social)
continued.*

Social

	Q40CSS5	Q41CSS6	Q42CSS7	Q43CSS8	Q45CSS10
Q40CSS5	1.00				
Q41CSS6	.34	1.00			
Q42CSS7	.38	.72	1.00		
Q43CSS8	.55	.45	.60	1.00	
Q45CSS10	.56	.54	.55	.67	1.00

n= 88

Table 3-6

*Reliabilities of Acceptance of Cosmetic Surgery Scales Intrapersonal and Social***Intrapersonal**

Cronbach's Alpha = .83

Scale	Mean	Variance	Std. dev	Items
	22.36	11.45	3.38	5

Cronbach's Alpha = .85

Social

Scale	Mean	Variance	Std. dev	Items
	16.52	32.98	5.74	5

Dependent Variables**Cosmetic Surgery Physical Feature Scale**

The Cosmetic Surgery Physical Feature Scale (CSPFS; Lee, 2009) was developed by the author of this study to specifically measure cultural appropriation as there was no available instrument that measures cultural appropriation through the use of non-surgical and surgical cosmetic procedures (see Appendix J for complete wording of questionnaire). The instrument is based on previous research and anecdotal evidence that suggests non-surgical and surgical cosmetic procedures are used to alter the physical features that traditionally mark one culture as different from another (Charles, 2003; Normet, 1991; Singer, 2006). The instrument contains eight items (i.e., skin tone, hair texture, hair length, nose shape, breast sizes, buttocks' shapes, eyelids and lip sizes) with three parts for each item. Respondents were asked to describe their (a) natural appearance (e.g., my natural skin tone is?); (b) their appearance following cosmetic surgery procedures (e.g., my skin tone after cosmetic

procedures is?); and a (c) future desired look on a specific physical feature (e.g., my future desired skin tone is?).

Statements that addressed the cultural appropriation of eyes (e.g., my natural eyelids have folds or no folds) were excluded from this analyses as Asian women commonly receive cosmetic procedures to create recognizable folds or to Westernize their eyes (American Academy of Facial Plastic and Reconstructive Surgery, 2007). The number of Asian participants was too few in number to warrant inclusion of this question. Breast size related questions were also excluded as this feature was only included in the questionnaire as to not give away the true nature of the investigation. Therefore, for this study, six items measured individual culturally appropriated features (i.e., skin-tone, nose shape, hair length, hair texture, buttock shapes and lip sizes). These items were re-coded into an overall measure of cultural appropriation. However, the instrument was limited in its use for statistical analyses. As a result, each of the six variables were re-coded into new individual variables by computing $(b-a) + (c-b)$. This score represents the sum of any change that has already occurred (for example, skin tone after any procedures minus natural skin tone) and changes the respondent desires for the future (desired skin tone minus skin tone after any procedures already undertaken). A negative score (e.g., - 3) indicates an appropriation of physical features that typically belong to Caucasian women. A positive score (e.g., + 3) indicates an appropriation of physical features that are traditionally ascribed to African American women.

The highest score a participant could obtain was a 3 or -3 for each individual cultural appropriation feature variable. An overall measure of cultural appropriation was created by adding together each individual variable that represented a culturally appropriative feature (e.g., skin tone + nose shape + hair length + hair texture + buttock shapes + lip sizes). Due to

the cultural appropriation variables' negative scoring it was necessary to create a new variable by taking the square root of the square of the cultural appropriation variable, which resulted with the absolute value variable. This variable was utilized as the cultural appropriation variable for statistical analyses throughout the study. The race of the participants and the scores on the appropriative features indicated the amount of cultural appropriation.

Acceptance of Cosmetic Surgery Intrapersonal and Social Scales

The Acceptance of cosmetic surgery scale's intrapersonal and social subscales (Henderson-King & Henderson-King, 2005) was utilized as both independent and dependent variables in different analyses. These two scales were discussed earlier as independent variables (see Appendices J for the Intrapersonal scale and Appendix K for the Social scale).

Demographics

There were a total of 84 participants, which included 26 African American (31%) and 58 Caucasian (69%) women that were recruited from a midwestern plastic surgeon's practice. Demographics include age, income, education level, and marital status. The age of participants ranges from 19 to 76. Income levels range from \$25,000 - \$150,000. Educational levels range from high school graduate to doctoral degree. Table 3-7 reports the mean and standard deviations of the participants' age characteristics (see Appendix M for a detailed description of participant's demographics). For analyses race was re-coded into a new variable with two groups where "1" was African American and "2" was Caucasian to simultaneously compare these two groups means. In addition, age was recoded into a new variable with two levels where "0" was under 50 years old and "1" was over 50 years old to address Research Questions 1 and 2.

Table 3-7

Demographic Age Characteristics of Participants by Ethnicity

	African Americans (n=26)	Caucasians (n=58)
	<i>M (SD)</i>	<i>M (SD)</i>
Age	44.88 (12.15)	53.28 (13.26)

Chapter III describes the study's participants, the recruitment procedures, and independent and dependent variables to be used in this study. Chapter IV provides the results of the statistical analyses.

CHAPTER IV

RESULTS OF DATA ANALYSES

This chapter reports the results of analyses used to test the hypotheses and research questions set forth in this study. The purpose of this study was to investigate media effects on African American and Caucasian women's appropriation of each other's most desirable physical features through non-surgical and surgical cosmetic procedures. Specifically, there were five hypotheses and two research questions. T-tests were conducted on all hypotheses and research questions. For hypotheses one, four, and five an ANOVA 2 X 2 factorial design was conducted. Analyses began by conducting a correlation on all independent and dependent scales, in two blocks, with demographics in a separate table for clarity (see Table 4-1 and 4-2).

Table 4-1

Correlations Between Dependent Variable and Independent Variables

	Cultural Appropriation	ACSS-I	ACSS-S	CSME	MUC	MUMAG	MUPRTV
Cultural appropriation Pearson Correlation Sig (one tailed)	1.000 .145	.117 .145	.106 .168	.092 .204	.154 .081	-.085 .221	.046 .339
N	84	84	84	84	84	84	84
ACSS-I Pearson Correlation Sig (one tailed)	.117 .145	1.000 .000	.534** .000	.001 .498	.044 .346	-.005 .481	.114 .151
N	84	84	84	84	84	84	84
ACSS-S Pearson Correlation Sig (one tailed)	.106 .168	.534** .000	1.000 .000	.282** .005	.328** .001	.198* .039	-.020 .429
N	84	84	84	84	84	84	84

Table 4 – 1 Continued

Correlations between Dependent Variable and Independent Variables

	Cultural Appropriation	ACSS-I	ACSS-S	CSME	MUC	MUMAG	MUPRTV
CSME Pearson Correlation Sig (one tailed)	.092 .204	.001 .498	.282** .005	1.000	.700** .000	.344** .001	.077 .224
N	84	84	84	84	84	84	84
MUC Pearson Correlation Sig (one tailed)	.154 .081	.004 .364	.328** .001	.700** .000	1.000	.300 .003	.039 .363
N	84	84	84	84	84	84	84
MUMAG Pearson Correlation Sig (one tailed)	-.085 .221	-.005 .481	.193* .039	.344** .001	.300** .003	1.000	.160 .073
N	84	84	84	84	84	84	84
MUPRTV Pearson Correlation Sig (one tailed)	.046 .339	.114 .151	-.020 .429	.077 .244	.039 .363	.160 .073	1.000
N	84	84	84	84	84	84	84

Note. ACSS-I = Acceptance of Cosmetic surgery for intrapersonal reasons, ACSS-S = Acceptance of cosmetic surgery for social reasons, CSME = Cosmetic Surgery Media Exposure, MUC= Media Use Content, MUMAG = Media Use Magazines, MUPRTV = Media Use Primetime Television.

* $p < .05$. ** $p < .01$.

Table 4-2

Summary of Correlations of Demographics for Independent and Dependent Variables

	Cultural Appropriation	Age	Race
Cultural Appropriation Pearson Correlation Sig (one tailed)	1.000	.178 .052	-.236* .015
N	84	84	84
Age Pearson Correlation Sig (one tailed)	.178 .052	1.000	.290** .004
N	84	84	84
Race Pearson Correlation Sig (one tailed)	-.236* .015	.290** .004	1.000
N	84	84	84

* $p < .05$. ** $p < .01$.

The correlation results among all independent variables and the dependent variable, cultural appropriation, reveal an association between only the dependent variable cultural appropriation and the independent variable, race, $p = .015$.

Hypotheses

Hypothesis # 1

The first research hypothesis in this study predicts that African American women are more likely to culturally appropriate than Caucasian women. A t-test was performed. The results indicate that African American women ($M = 2.73$, $SD = 1.8$, $N = 26$) are more likely to culturally appropriate the physical features that typically belong to Caucasian women than were Caucasian women ($M = 1.93$, $SD = 1.3$, $N = 58$), $t(82) = 2.198$, $p = .015$) to culturally appropriate the physical features that typically belong to African American women. This hypothesis was supported. This study investigates the media's influence on African American and Caucasian women's cultural appropriation of each others' most desirable physical features therefore an ANOVA 2 X 2 factorial model was conducted to investigate whether there was a main effect for race (African American, Caucasian) and cosmetic surgery media exposure (CSME; high, low) and an interaction effect for both race and CSME on cultural appropriation. Results indicate that there was not a main effect for race $F(1, 80) = 2.036$, $p = .158$, nor CSME $F(1, 80) = 1.633$, $p = .205$. There was a significant interaction between one's race and CSME $F(1, 80) = 3.859$, $p = .053$.

Figure 4-1 illustrates the interaction between race and CSME and the effects on cultural appropriation. For African American women as CSME increases from low ($M = 1.87$, $SD = .99$, $N = 8$) to high CSME ($M = 3.11$, $SD = 2.0$, $N = 18$) cultural appropriation increases. For Caucasian women, there seems to be a small trend in the opposite direction. These results

suggest that Caucasian women report higher levels of cultural appropriation in the low CSME condition ($M = 2.08$, $SD = 1.4$, $N = 25$) compared to the high CSME condition ($M = 1.81$, $SD = 1.3$, $N = 33$).

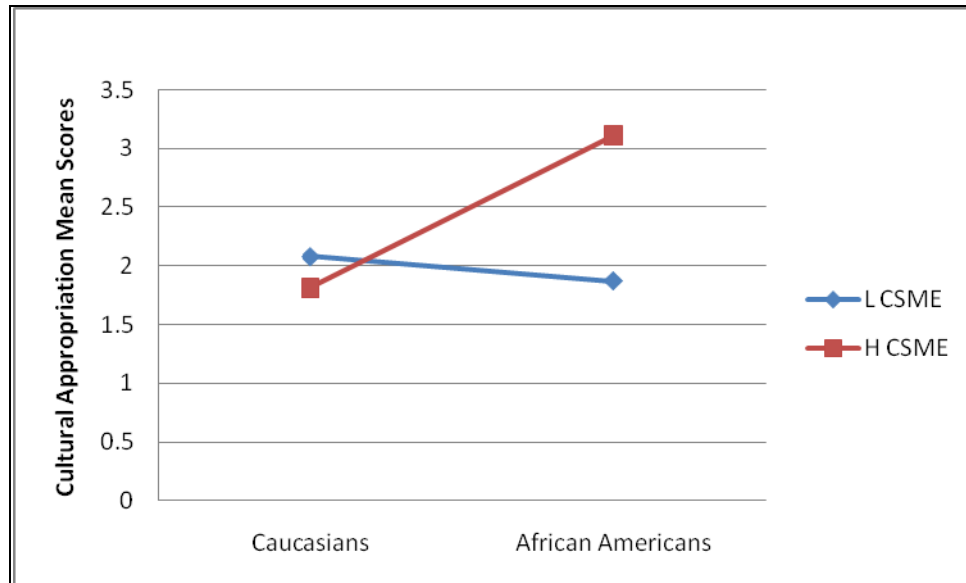


Figure 4-1 ANOVA 2 X 2 Interaction between race and CSME on Cultural Appropriation for African American and Caucasian women. Note .LCSME = low cosmetic surgery media exposure, HCSME = high cosmetic surgery media exposure

Hypothesis # 2

The second research hypothesis predicts that African American women with high media use content (MUC) and high exposure to cosmetic surgery media messages (CSME) are more likely to culturally appropriate than African American women with low media use content (MUC) and low cosmetic surgery media exposure (CSME). A t-test was conducted. The results indicate that African American women with high MUC and high CSME ($M=3.4$, $SD = 2.1$, $N=15$) are more likely to culturally appropriate than African American women with low MUC and low CSME ($M = 1.6$, $SD = 1.1$, $N = 5$), $t(18) = -1.783$, one-tailed $p = .045$. This hypothesis was supported.

Hypothesis # 3

The third research hypothesis predicts Caucasian women with high media use content (MUC) and high exposure to cosmetic surgery media messages (CSME) are more likely to culturally appropriate than Caucasian women with low media use content (MUC) and low exposure to cosmetic surgery media messages (CSME). This hypothesis was not supported. The t-test results indicate that Caucasian women culturally appropriate at the same level whether MUC and CSME was high ($M = 1.9, SD = 1.4, N = 24$) or low ($M=1.9, SD = 1.5, N = 19$), $t(41) = -.024$, one-tailed $p = .490$. This hypothesis was supported. It is important to note that for hypotheses two and three the media.ex variable was used as it simultaneously tests the levels at which participants are exposed to cosmetic surgery media messages (CSME) as well as the levels at which they purposefully seek out cosmetic surgery focused information and current beauty and fashion trends (MUC). However, examining these two variables concurrently yields 63 of the 84 cases in this study.

Hypothesis # 4

The fourth research hypothesis predicts that African American women are more likely than Caucasian women to endorse cosmetic surgery for social reasons. A t-test was conducted. The results indicate that African American women are significantly less likely ($M = 14.9, SD = 5.9, N = 26$) than Caucasian women ($M = 17.5, SD = 5.5, N = 58$) $t(82) = -1.970$, one tailed $p = .026$) to endorse cosmetic surgery for social reasons. It appears that Caucasian women are more likely than African American women to endorse cosmetic surgery for social reasons. This hypothesis was not supported. An ANOVA was also conducted on the 2 X 2 factorial model to test whether there was a main effect for cosmetic surgery media exposure (CSME; low, high) and race (African American, Caucasian) and an interaction effect for both

race and CSME on African American and Caucasian women's willingness to endorse cosmetic surgery for social reasons. The results indicate a significant main effect for CSME $F(1,80) = 9.163, p = .003$. The main effect for race was also significant $F(1,80) = 9.768, p = .002$. The results do indicate a significant interaction between one's race and CSME $F(1,80) = 8.911, p = .004$. See Figure 4-2 for results.

Figure 4-2 illustrates the interaction between race and CSME for endorsement of cosmetic surgery for social reasons. As illustrated in the figure, African American women ($M = 17.39, SD = 5.3, N = 18$) and Caucasian women ($M = 17.58, SD = 6.1, N = 33$) endorse acceptance of cosmetic surgery for social reasons at the same level in the high CSME condition. For Caucasian women, it appears that they endorse cosmetic surgery for social reasons at generally the same level, whether CSME was high ($M = 17.58, SD = 6.13, N = 33$) or low ($M = 17.52, SD = 4.73, N = 25$). There was a different pattern for African American women. As the level of CSME increases from low ($M = 9.38, SD = 2.62, N = 8$) to high ($M = 17.39, SD = 5.32, N = 18$) the level of endorsement of cosmetic surgery for social reasons dramatically increases. Results also suggest that African American women in the low CSME condition ($M = 9.33, SD = 2.6, N = 8$) do not endorse cosmetic surgery for social reasons.

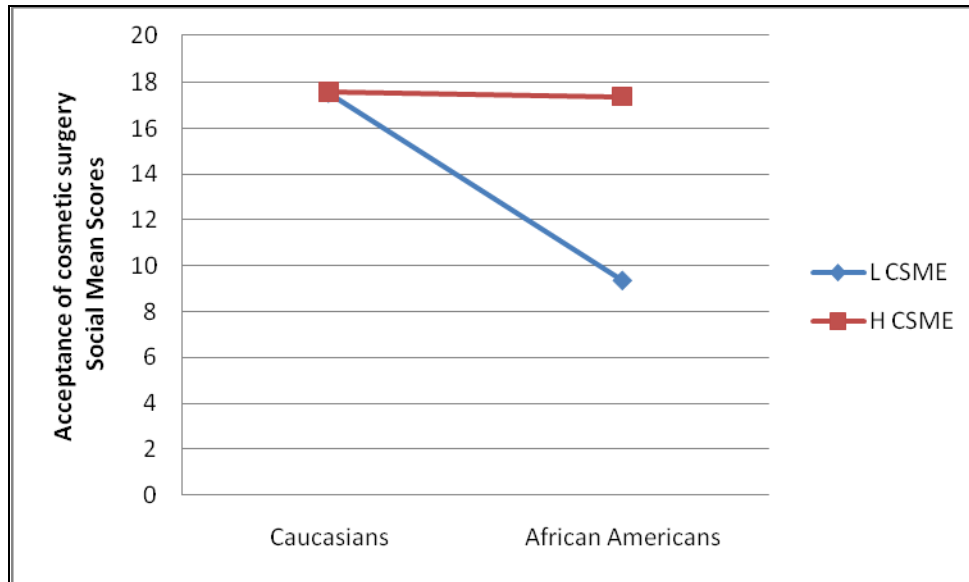


Figure 4-2. ANOVA 2 X 2 interaction between race (African American, Caucasian) and CSME (low, high) Acceptance of cosmetic surgery for social reasons. Note. CSME= cosmetic surgery media exposure, LCSME = low cosmetic surgery media exposure, HCSME = high cosmetic surgery media exposure

Hypothesis # 5

The fifth research hypothesis predicts Caucasian women are more likely than African American women to endorse cosmetic surgery for intrapersonal reasons. A t-test was run and the hypothesis was supported. Results indicate that Caucasian women ($M = 23.1$, $SD = 2.7$, $N = 58$) are more likely than African American women to endorse cosmetic surgery for intrapersonal reasons ($M = 20.6$, $SD = 3.9$, $N = 26$), $t(82) = -2.835$, one tailed $p = .003$. An ANOVA 2 X 2 factorial design was also conducted to test whether there would be main effects for CSME (high, low) and race (African American, Caucasian) and an interaction between CSME and race. Results indicate a significant main effect for race, $F(1, 80) = 17.112$, $p = .000$. There was not a main effect for CSME $F(1,80) = 1.731$, $p = .192$. Results do indicate a significant interaction between CSME and race $F(1,80) = 9.366$, $p = .003$ (see Figure 4-3).

Figure 4-3 illustrates the interaction between race and CSME and the endorsement of cosmetic surgery for intrapersonal reasons. There was no CSME main effect for Caucasian women, they seem to endorse cosmetic surgery for intrapersonal reasons at generally the same level whether CSME conditions were low ($M = 23.88$, $SD = 2.0$, $N = 25$) or high ($M = 22.55$, $SD = 3.1$, $N = 33$). However, for African American women the level of CSME influences endorsement of cosmetic surgery for intrapersonal reasons. As the CSME increases from low ($M = 18.38$, $SD = 4.4$, $N = 8$) to high ($M = 21.72$, $SD = 3.3$, $N = 18$) so does the level of endorsement of cosmetic surgery for intrapersonal reasons. However, in the low CSME condition Caucasian women ($M = 23.88$, $SD = 2.0$, $N = 25$) endorse cosmetic surgery for intrapersonal reasons at a greater level than African American women ($M = 18.38$, $SD = 4.4$, $N = 8$).

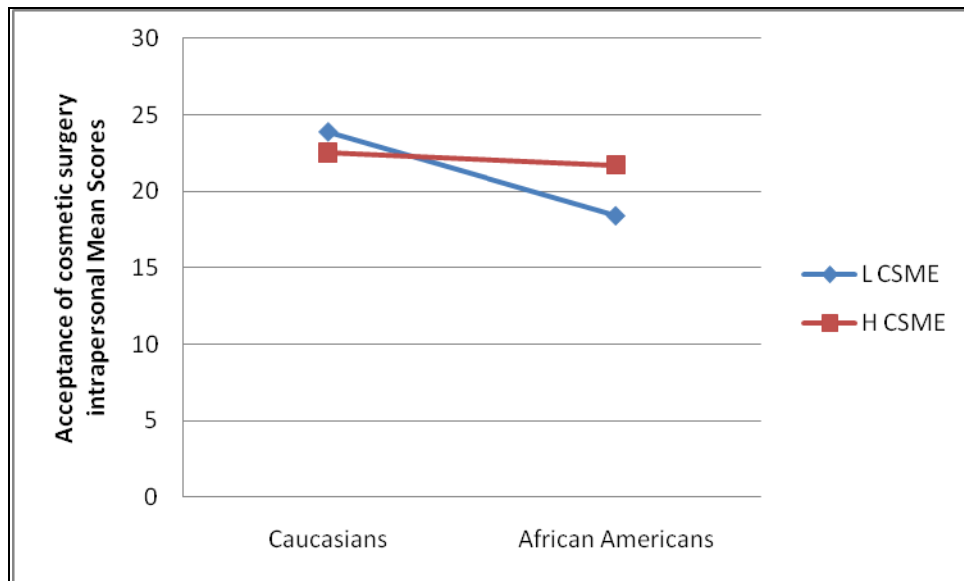


Figure 4-3 ANOVA 2 X 2 Interaction between Race (African American, Caucasian) and CSME (high, low) acceptance of cosmetic surgery for intrapersonal reasons. Note. CSME = cosmetic surgery media exposure, LCSME = low cosmetic surgery media exposure, HCSME = high cosmetic surgery media exposure

Research Questions

Research Question # 1

Research question one asked whether younger African American women were more likely to culturally appropriate than older African American women. The median age of the participants was 50. Therefore a variable containing two age groups were created where “0” was under 50 and “1” was over 50 years old to test the research questions. T-tests were conducted for both research questions. Findings indicate that African American women under 50 years old ($M = 2.76$, $SD = 2.0$, $N = 17$, $t(24) .125$, $p = .902$) and African American women over 50 years old ($M = 2.66$, $SD = 1.5$, $N = 9$) culturally appropriate near the same level.

Research Question # 2

Research question two asked whether older Caucasian women were more likely to culturally appropriate than younger Caucasian women. The results indicate that Caucasian women over 50 ($M = 2.19$, $SD = 1.4$, $N = 41$, $t(56) -2.750$, $p = .009$) are more likely to culturally appropriate than Caucasian women under 50 ($M = 1.29$, $SD = .98$, $N = 17$).

In summary, Chapter IV reported the results of the hypotheses and research questions examined in this study. Chapter V will discuss the implications of the data analyses results and directions for research.

CHAPTER V

DISCUSSION

The purpose of this study was to investigate the media's effect on African American and Caucasian women's appropriation of each others' cultural specific ideal physical features through non-surgical and surgical cosmetic procedures. In addition, it was important to explore some of the underlining factors such as social and intrapersonal motivations that influence the decision to culturally appropriate. This chapter provides a discussion of the results relevant to the research hypotheses and questions set forth in this investigation, study limitations, and directions for future research.

Restatement of the Problem

Cultural appropriation has previously been investigated in terms of one culture's appropriation of the music styles (Hall, 1997), indigenous group's names, images (Newton, 1997), and narratives (Keeshig-Tobias, 1997), and the appropriation of workplace discourse in social situations (Jamison & Hard, 2003). The cultural appropriation literature lacked an investigation of the phenomena into one culture appropriating the most desired physical features of a different culture through non-surgical and surgical cosmetic procedures. Sarwer and Crerand (2004) assert that dissatisfaction with specific physical features is a primary reason that individuals elect to undergo cosmetic medical treatments.

Cultural appropriation connects to the body image literature in that it is one culture's dissatisfaction with their own traditional physical features that may result in the cultural appropriation of a different culture's traditional physical features through non-surgical and surgical cosmetic procedures for the advantages ascribed to the specific physical feature.

Cultural appropriation has been examined specifically through qualitative methodology. This study was an attempt to quantify the concept.

Summary of Findings

Hypothesis one predicted that African American women were more likely to culturally appropriate than Caucasian women. This hypothesis was supported. These results are not surprising given that African American women recognize and understand that they belong to a minority culture as they are required to pronounce their minority status through government, educational and medical informational documents. The infrequent representation of African American women in the media also serves as a reminder of their minority status. In addition, beauty and fashion magazines targeted toward African American women routinely depict African American women with Caucasoid features (i.e., light skin, long straight hair, narrow noses and light eyes) in their advertisements as representative of ideal image of African American women (Keenan, 1996). Furthermore, research reveals that African American women whose appearance closely resembles Caucasian women's appearance have increased opportunities for social upward mobility (Hill, 2000; Keith & Herring, 1991).

These findings only suggest that African American women are more likely to culturally appropriate than Caucasian women and should not be taken as an indication that Caucasian women are excluded from the practice. Since anecdotal evidence suggests that Caucasian women with thin lips are approximating the full lips ascribed to African American women (Normet, 1991). Jefferson and Stake (2009) found that Caucasian women in their study were dissatisfied with their lips, flat buttocks and pale skin tones and given the opportunity would elect to darken their skin. To investigate whether there was a main effect for race and

cosmetic surgery media exposure an ANOVA 2 X 2 factorial was conducted and the results indicated that there was not a main effect for race or cosmetic surgery media exposure (CSME). However, there was a significant interaction effect for both African American and Caucasian women. For African American women the amount of media exposure plays an important role in cultural appropriation. As their exposure to cosmetic surgery media messages increases from low to high cultural appropriation increases dramatically. One explanation is that a cultivation process may be at work, in which long term consumption and repeated exposure to ideal images of Caucasian women may lead African American women to believe that they need to approximate the Caucasian ideal (Gerbner, 1969) given that African American females on average watch more television than their same gender Caucasian counterparts (Botta, 2000). This may result in behavioral outcomes utilizing non-surgical and surgical cosmetic procedures to emulate the ideal images represented in the media (Fallon, 1990; Mazur, 1996).

For Caucasian women, the findings suggest that mere brief exposure to ideal media images of African American women leads to cultural appropriation. This finding is consistent with other research that reveals that brief exposure to ideal images is linked to body dissatisfaction for Caucasian women (Cusumano & Thompson, 1997; Groesz, Levine, & Murnen, 2002). Research has revealed that some Caucasian women experience body dissatisfaction following exposure to ideal images of African American women (Jefferson & Stake, 2009). This dissatisfaction oftentimes leads to psychological discomfort and behavioral outcomes to approximate ideal media images such as disordered eating (Harrison & Cantor, 1997; Harrison, Taylor, & Marske, 2006; Irving, 1990; Stice & Shaw, 1994).

The second hypothesis predicted that African American women with high media use content (MUC; i.e., seeking out beauty related information by reading fashion magazines, and watching television news) and high exposure to cosmetic surgery media messages (CSME; i.e., frequently listen to, hear about and see cosmetic surgery advertisements on television) are more likely to culturally appropriate than African American women with low media use content (MUC) and low exposure to cosmetic surgery media messages (CSME). This hypothesis was supported. These results suggest that African American women with high media use content (MUC) seek out information about beauty and fashion trends in magazines, follow celebrity latest fashion trends and pay close attention to any beauty related news stories. In addition, they more often read about, hear about, and see a greater number of cosmetic surgery media messages than African American women with low MUC and CSME. One explanation for this finding is that African American women with high MUC and high CSME on a more frequent basis are not only shown how they should look (i.e., I am motivated and I can do it), but how to achieve the desired appearance (i.e., I should do it). It follows that they feel pressured by media to achieve media ideals of attractiveness (Gentiles & Harrison, 2006).

Hypothesis three predicted that Caucasian women with high media use content (MUC) and high exposure to cosmetic surgery media messages (CSME) would be more likely to culturally appropriate than Caucasian women with low MUC and CSME. Here, there was only a slight difference in cultural appropriation between the high MUC and CSME and the low MUC and CSME. Caucasian women seem to culturally appropriate at the same level whether MUC and CSME was high or low. One explanation for this is that Caucasian women appear more frequently in the media and the standard of attractiveness begins with their

cultural group and then flows downward to other ethnic groups. Therefore, one could conclude that they are affected at the onset of exposure to ideal media images and therefore seek out information to obtain the ideal appearance. In other words, they are immediately aware of, internalize, and feel pressure to acquire the socially sanctioned media ideals of attractiveness.

Hypothesis four predicted that African American women were more likely than Caucasian women to endorse cosmetic surgery for social reasons. This hypothesis was not supported. Caucasian women were significantly more likely to endorse cosmetic surgery for social reasons than African American women. This finding was surprising given that Caucasian women in general occupy a higher social status than African American women (Goldsmith, Hamilton, & Darity, 2007). In addition, a 2 X 2 factorial design model tested for main effects for race (African American and Caucasian) and cosmetic surgery media exposure (CSME) and an interaction between race and CSME. There was a statistically significant main effect for both race and CSME. Both African American and Caucasian women with high exposure to cosmetic surgery media messages endorse cosmetic surgery for social reasons at the same level. However, for African American women as CSME increases from low to high, their endorsement of cosmetic surgery for social reasons dramatically increases. One plausible explanation is that as they frequently see, hear and read about cosmetic surgery (CSME) they may recognize and may understand the social benefits that may be possible with cosmetic surgery, such as a possible improvement in employment opportunities and higher wages (Hill, 2000; Keith & Herring, 1991) and the perception of being more attractive and globally more competent (Jackson, Hunter, & Hodge, 1995).

For Caucasian women there was a different pattern. Their endorsement of cosmetic surgery for social reasons remained at the same level whether CSME was high or low. An explanation for this finding may be that Caucasian women may have internalized the benefits of looking like media ideals and implicit within the scope of cosmetic surgery for social reasons is the perception that one will be attractive to self and to others. Exposure to cosmetic surgery media messages simply may provide instruction on how to achieve the ideal media look. Also, Caucasian women see themselves more frequently in the media, whether in magazine advertisements and television commercials, than any other racial group as such a normalizing effect may be at work in which they believe that they should like ideal media image as a result, whether real or imagined, may experience the benefits of doing so (Gerbner, 1969).

Hypothesis five predicted that Caucasian women were more likely than African American women to endorse cosmetic surgery for intrapersonal reasons. This finding was not surprising, given that Caucasian women on average receive a greater number of cosmetic procedures than African American women. In addition, Caucasian women may feel pressure to be attractive to a greater degree than African American women, because Caucasian women overall are more frequently represented in the media as the iconic ideal of beauty. Consequently, a social comparison process may result, in which ideal Caucasian media images are used as points of reference to indicate where one stands on the attractiveness continuum (Milkie, 1999). Therefore, exposure to cosmetic surgery media messages provides information on how to achieve the ideal look. As cosmetic surgery media messages often depict before and after pictures of models who had perceived flaws corrected, showing individuals the transformative process of cosmetic surgery (Didie & Sarwer, 2003).

Furthermore, a 2 X 2 factorial was conducted to test whether there was a main effect for race and CSME.

There was a main effect for race. For Caucasian women as CSME decreases their endorsement of cosmetic surgery for intrapersonal reasons increases. This finding could mean that for Caucasian women, it only takes brief exposure to CSME to yield endorsement of cosmetic surgery for intrapersonal reasons. Groez, Levine and Murnen (2002) found that some individuals are influenced after brief exposure to ideal media images, and this exposure could lead to behavioral outcomes such as cosmetic procedures to mimic the media ideals. For African American women as exposure to CSME increased their endorsement of cosmetic surgery for intrapersonal reasons increased as well. This finding may indicate that at the onset of exposure to CSME no registration takes place but continual exposure to CSME begins to garner their attention and they may become aware of the media's promotion of cosmetic surgery as a commodity that is synonymous with wealth and power (Woodstock, 2001).

Research question one asked whether younger African American women culturally appropriate more than older African American women. The results indicated that both groups culturally appropriate near the same level. One possible explanation is that for African American women age may not be a factor in their decisions to culturally appropriate. Other factors increase the possibility of cultural appropriation. For instance, the perception that their social status may improve could be an underlining factor for both younger and older African American women with traditional Negroid features. This explanation is plausible given that research reveals that African American women with Caucasoid features hold better occupations and receive higher compensation (Hill, 2000; Goldsmith, Hamilton & Darity, 2007; Keith & Herring, 1991).

The results of the analysis of research question two revealed older Caucasian women were more likely to culturally appropriate than younger Caucasian women. It is interesting to speculate why older Caucasian women are more apt to culturally appropriate than younger. One possible explanation is that research suggests that the currently Caucasian models in the media tend to have more ethnic features than African American models have Caucasian features (Sutter & Turley, 1998) and exposure to these media-represented ideals suggests that one needs to have an ethnic appearance (e.g., full lips, and curvy buttocks) to be considered attractive. In addition, anecdotal evidence supports this assumption (Normet, 1991; Singer, 2006). Another interpretation of this finding is that age may not be a factor that is related to cultural appropriation, but instead to youth. Henderson-King and Henderson-King (2005) found that older age was a significant predictor of endorsement of cosmetic surgery. Another explanation is that older women appear in films infrequently and when they do appear they are usually considered unattractive (Saucier, 2004).

Study Limitations

This study is not without its limitations. One potential limitation of this study related to the sample is that 102 of the persons contacted to participate in the study declined to do so. Refusal to participate in research on sensitive topics is common, though this does present concerns for systematic bias. We should also note that the reliability of the cosmetic surgery media exposure scale was lower than expected. Future scale work should investigate stronger measures for assessing exposure to cosmetic surgery media messages. Lastly, this study can be considered an initial foray into this area of research. Future studies should develop a more complete list of relevant factors to cultural appropriation process (e.g., self-esteem, sociocultural influences, and conformity pressures, ect).

Recommendations for Future Direction

This research has identified several areas for future investigation. First, the current study could be expanded by utilizing a larger sample size inclusive of other ethnicities, which will allow for generalizing the study's findings to a larger population. Second, future research should content analyze cosmetic surgery focused television programs and advertisements to compare the ratio of Caucasian women to African American women depicted in the advertisements and in the television programs. It would also be interesting to note the types of procedures African American models depict in comparison to those Caucasian models depict to ascertain whether the physical features advertised for modification represent one culture's physical feature appropriation of a different culture. Third, it would be interesting to investigate African American and Caucasian women's cultural appropriation of each others' most desirable physical features along with a measure of psychological and physical social distance to examine whether closing the social distance gap is a factor in one culture's appropriation of the physical features of a different culture through non-surgical and surgical cosmetic procedures. Fourth, future studies should not only include the cosmetic surgery physical feature scale (CSPFS) but a measure of ethnic identity such as the Multi-group Ethnic Identity Measure (Phinney, 1992), as a means of further exploring additional factors that may influence whether one's ethnic identity (i.e., weak or strong) is a predictor of cultural appropriation. Fifth, this kind of analyses might consider using each of the predictor variables in this study in a regression model to see how each contributes to the overall effect on cultural appropriation. Sixth, scholars should also examine the relationship between media exposure and acceptance of cosmetic surgery for both social and intrapersonal reasons.

Although self discrepancy theory is implicit within the cosmetic surgery physical feature measure (CSPFS), future research should consider other theoretical frameworks that could possibly help to explain the cultural appropriation process such as uses and gratification theory (Rubin, 1994), social learning theory (Bandura, 1977), and diffusion of innovation theory (Everett, 1962).

In summary, the attempt to investigate media's effect on one culture's utilization of non-surgical and surgical cosmetic procedures to cultural appropriate the most desired physical features of a different culture is a fruitful endeavor. In addition, this study provides communication scholars with a unique opportunity to explore further media effects and its influence on one culture appropriation of the physical features of a different culture.

Appendix A: COSMETIC SURGEON'S LETTER OF SUPPORT

July 20, 2009

Human Investigation Committee
Wayne State University
101 E. Alexandrine
Detroit, MI 48201

Dear Human Investigation Committee,

This is a letter of support to confirm that **I, ABC, M.D.**, have agreed to allow Darlene Lee, a doctoral candidate at Wayne State University, to contact patients at my practice, **business title**, who have undergone cosmetic medical treatments for participation in her research project. I am fully aware of the scope of her research, which explores attitudes towards cosmetic surgery and media exposure. If you have any questions or concerns I can be contacted at **(xxx) xxx-xxxx**.

Sincerely,

ABC, M.D.

Appendix B: COMPLETE TEXT OF COSMETIC SURGEON'S LETTER OF INTRODUCTION

Dear Ms. XYZ

I would like to invite you to participate in a research study in which I will be working with Darlene Lee, a Wayne State University doctoral candidate. The purpose of this research is to explore the relationship between attitudes toward cosmetic surgery and the media. Ms. Lee will call in few days with the telephone survey that will take **approximately 15 minutes** to complete. The survey will ask general questions about your media use, your attitudes regarding cosmetic surgery, cosmetic procedures you have undergone, your attitudes towards society standards of attractiveness, and some demographic information such as your gender and level of education.

Ms. Lee will be provided with only your name and contact information, solely for the purpose to conduct the research study. In addition, no identifying information such as your name or your contact information will be recorded on the survey, which ensures that your survey responses cannot be linked to you in any manner. Following the completion of the survey your contact information will be shredded.

We recognize that participation in this research takes time and effort. **Therefore, your name will be entered into a drawing and you could win a mini computer.** Your participation in this study is voluntary and choosing not to participate will not affect your relationship with me as your physician. If you have any questions, please contact my office at (xxx) xxx-xxxx. Thank you for your consideration. We hope you will help us with the study,

Sincerely,

ABC, M.D.

Appendix C: COMPLETE TEXT OF ORAL INFORMED CONSENT SCRIPT

Oral Informed Consent Script:

Title of Study: Media Exposure and Attitudes towards Cosmetic Surgery

Principal Investigator (PI): Darlene Lee
 Department of Communication
 (313) 577-2945

Introduction:

Hello Is XYZ available? This is Darlene Lee from Wayne State University. Did you receive a letter from Dr. ABC, a physician at **business title**, inviting you to participate in a telephone survey that he and I are conducting that deals with media exposure and attitudes towards cosmetic surgery?

If potential participant says they have not received Dr. ABC's letter of introduction, the following script will be read:

Before I can continue on with this conversation inviting you to participate in the telephone survey, you must receive Dr. ABC's letter. It will inform you in detail the nature of the study and his role in the research. If you provide me with your address, I can mail you the letter or I can contact Dr. ABC's office and have him mail the letter. Whether Dr. ABC or I mail the letter, you should receive it within a couple of days and you should then expect another phone call from me within five days, after you've had time to review the letter in its entirety, ok. Thank you so much for your time XYZ and have a great day.

If potential participant says yes they have received Dr. ABC's letter of introduction the PI will continue with the "Oral Informed Consent Script," which is as follows:

Purpose:

Then you understand that you are being asked to participate in a research study that deals with media exposure and attitudes toward cosmetic surgery. This study is being conducted at Wayne State University.

Study Procedures:

If you take part in the study, you will be asked:

- Questions that pertain to your general use of media, and your feelings towards cosmetic surgery.
- The survey should not take more than 15 minutes to complete.

Compensation:

- You will not be paid for taking part in this study. However, Dr. ABC will enter your name in a drawing in which you could win a mini-computer.

Confidentiality:

- All information collected about you during the course of this study will be kept under lock and key without identifiers. This means that no one will be able to connect you to the answers

that you provided on the survey and your contact information will be shredded at the conclusion of the study.

Voluntary Participation /Withdrawal:

Also, taking part in this study is voluntary. You are free to not answer any questions or to withdraw at any time during the survey process.

Questions:

If you have any questions about this study now or in the future, you may contact Darlene Lee at az6537@wayne.edu or (313) 577-2945. If you have questions or concerns about your rights as research participant contact Professor Hayg Oshagan at Wayne State University at (313) 577-9315.

Participation:

By completing the telephone questionnaire you are agreeing to participate in this study.

Appendix D: COMPLETE TEXT OF SURVEY QUESTIONNAIRE

Let's start with some general questions about your media use. Please listen carefully as I read the following questions and then answer the questions as accurately as possible.

1. Approximately, how many HOURS PER WEEK do you typically spend reading beauty/fashion magazines? ENTER APPROXIMATE AMOUNT OF TIME (IN HOURS PER WEEK) _____

2. How many HOURS PER DAY do you typically spend watching primetime television programs?

APPROXIMATE AMOUNT OF TIME (IN HOURS PER DAY) _____

3. On a scale of 1 to 5, with one being never and five being very often, how often would you say you watch **television programs** about cosmetic surgery?

1	2	3	4	5
Never	Hardly at all	Sometimes	Often	Very often

4. On a scale of 1 to 5, with one being never and five being very often, how often would you say you **read articles** about cosmetic surgery?

1	2	3	4	5
Never	Hardly at all	Sometimes	Often	Very often

5. On a scale of 1 to 5, with one being never and five being very often, how often would you say you follow celebrities' latest cosmetic surgery procedures?

1	2	3	4	5
never				very often

6. On a scale of 1 to 5, with one being never and five being very often, how often would you say you **see advertisements** for cosmetic surgery?

1	2	3	4	5
never				very often

7. Please tell me what specific cosmetic surgery programs (e.g., Dr. 90210, Extreme Makeover, Nip/Tuck etc.) that you primarily watch..

Now, I'm going to read several statements asking about how often you use different types of media and different types of content. On a scale of 1 to 7, with one being not at all closely and seven being very closely:

- (2) More light than dark
- (3) More dark than light
- (4) Very dark
- (0) Exactly as is

13. A. My natural hair texture is:

- (1) Very straight
- (2) More straight than curly
- (3) More curly than straight
- (4) Very curly

B. After cosmetic procedures my hair texture is (may include the use of curling irons, hair straightening products such as chemical relaxers, or curly perms ect.):

- (1) Very straight
- (2) More straight than curly
- (3) More curly than straight
- (4) Very curly

C. My future desired hair texture is (may include the use of curling irons, hair straightening products such as chemical relaxers, or curly perms ect.):

- (1) Very straight
- (2) More straight than curly
- (3) More curly than straight
- (4) Very curly
- (0) Exactly as is

14. A. My natural hair length is:

- (1) Very long
- (2) More long than short
- (3) More short than long
- (4) Very short

B. After cosmetic procedures my hair length is (may include hair replacement, hair extensions,

wigs, ect...):

- (1) Very long
- (2) More long than short
- (3) More short than long
- (4) Very short

C. My future desired hair length is (may include hair replacement, hair extensions, wigs, ect...):

- (1) Very long

- (2) More long than short
 - (3) More short than long
 - (4) Very short
 - (0) Exactly as is
15. A. My natural eyelids have:
- (1) Folds in eyelids
 - (2) No Folds in eyelids
- B. After cosmetic procedures my eyelids have (this may include double eyelid surgery):
- (1) Folds in eyelids
 - (2) No folds in eyelids
- C. My future desired eyelids have (this may include intentions to undergo double eyelid surgery):
- (1) Folds in eyelids
 - (2) No Folds in eyelids
 - (0) Exactly as is
16. A. My natural nose shape is:
- (1) Very narrow
 - (2) More narrow than broad
 - (3) More broad than narrow
 - (4) Very broad
- B. After cosmetic procedures my nose shape is (may include nose re-shaping surgery or the use of cosmetics to make nose appear differently shaped):
- (1) Very narrow
 - (2) More narrow than broad
 - (3) More broad than narrow
 - (4) Very broad
- C. My future desired nose shape is (may include nose re-shaping surgery or the use of cosmetics to make nose appear differently shaped):
- (1) Very narrow
 - (2) More narrow than broad
 - (3) More broad than narrow
 - (4) Very broad
 - (0) Exactly as is
17. A. My natural lip sizes are:
- (1) Very thin
 - (2) More thin than full

- (3) More full than thin
- (4) Very full

B. After cosmetic procedures my lips are (may include lip augmentation/lip injections/lip plumping lipstick ect...):

- (1) Very thin
- (2) More thin than full
- (3) More full than thin
- (4) Very full

C. My future desired lips are (may include lip augmentation/lip injections/lip plumping lipstick ect...):

- (1) Very thin
- (2) More thin than full
- (3) More full than thin
- (4) Very full
- (0) Exactly as is

18. A. My natural breasts sizes are:

- (1) Very small
- (2) More small than large
- (3) More large than small
- (4) Very large

B. After cosmetic procedures my breasts are (may include padded bras/breast augmentation / reduction):

- (1) Very small
- (2) More small than large
- (3) More large than small
- (4) Very large

C. My future desired breasts are (may include padded bras/breast augmentation / reduction):

- (1) Very small
- (2) More small than large
- (3) More large than small
- (4) Very large
- (0) Exactly as is

19. A. My natural buttocks are:

- (1) Very flat
- (2) More flat than curvy
- (3) More curvy than flat
- (4) Very curvy

B. After cosmetic procedures my buttocks are (this may include butt pads/lift/implants/ or booty poppers or buttock shaping garments ect...):

- (1) Very flat
- (2) More flat than curvy
- (3) More curvy than flat
- (4) Very curvy

C. My future desired buttocks are (this may include butt pads/lift/implants/ or booty poppers or buttock shaping garments ect...):

- (1) Very flat
- (2) More flat than curvy
- (3) More curvy than flat
- (4) Very curvy
- (0) Exactly as is

20. Now, please tell me what **surgical and non-surgical cosmetic procedures** you have undergone that I didn't mention (surgical cosmetic procedures may include liposuction and non-surgical procedures may include Botox injections) begin with the surgical procedures please.

Surgical Procedures

- _____ Abdominoplasty (tummy tuck)
- _____ Blepharoplasty (cosmetic eyelid surgery)
- _____ Breast augmentation
- _____ Breast lift
- _____ Breast reduction
- _____ Buttock augmentation
- _____ Buttock lift
- _____ Cheek implants
- _____ Chin augmentation
- _____ Facelift
- _____ Forehead lift
- _____ Upper eyelid lift
- _____ Lower eyelid lift
- _____ Gynecomastia, treatment of (male breast reduction)
- _____ Hair transplantation
- _____ Lip augmentation (other than injectable materials)
- _____ Lipoplasty (liposuction)
- _____ Lower body lift
- _____ Neck Lift
- _____ Otoplasty (cosmetic ear surgery)
- _____ Rhinoplasty (nose reshaping)
- _____ Thigh lift
- _____ Upper arm lift
- _____ Vaginal rejuvenation
- _____ Other (please specify)

Nonsurgical Procedures

- Chemical fillers/ injection (e.g., Botox, please specify where injected)
 lip
 Nasolabial fold
 Crows feet
 Other
 Restalane injection (please specify where injected) _____
 Chemical peel
 Dermabrasion (not including microdermabrasiona)
 Facial rejuvenation:
 1. Fraxel
 2. IPL laser treatment
 3. Noninvasive tightening
 Injection lipolysis
 Laser hair removal
 Laser skin resurfacing
 Laser treatment of leg veins
 Microdermabrasion
 Sclerotherapy
 Soft tissue fillers: (for each, please specify where injected)
 1. Autologous fat _____
 2. Calcium hydroxylapatite (Radiesse/Radiance) _____
 3. Collagen _____
 4. Hyaluronic acid (Hylaform, Restylane) _____
 5. Poly-L-Lactic Acid (Sculptral) _____
 Polymethyl Methacrylate (Artecoll, Arrefil).
 Skin lightening (this may include over the counter skin lightening products)
 Skin darkening (this may include over the counter skin tanning products/ tanning salons)
 Other, please specify _____

21. Now, tell me what **surgical and non-surgical cosmetic procedures** you plan to undergo in the future.

Surgical Procedures

- Abdominoplasty (tummy tuck)
 Blepharoplasty (cosmetic eyelid surgery)
 Breast augmentation
 Breast lift
 Breast reduction
 Buttock augmentation
 Buttock lift
 Cheek implants
 Chin augmentation
 Facelift
 Forehead lift
 Upper eyelid lift
 Lower eyelid lift

- Gynecomastia, treatment of (male breast reduction)
 Hair transplantation
 Lip augmentation (other than injectable materials)
 Lipoplasty (liposuction)
 Lower body lift
 Neck Lift
 Otoplasty (cosmetic ear surgery)
 Rhinoplasty (nose reshaping)
 Thigh lift
 Upper arm lift
 Vaginal rejuvenation
 Other (please specify) _____

Non-Surgical Procedures

- Chemical fillers/injections (e.g., Botox injections, please specify where injected)
 lip
 Nasolabial fold
 Crows feet
 Other
 Restalyn injection (please specify where injected)
 Chemical peel
 Dermabrasion (not including microdermabrasion)
 Facial rejuvenation:
 1. Fraxel
 2. IPL laser treatment
 3. Noninvasive tightening
 Injection lipolysis
 Laser hair removal
 Laser skin resurfacing
 Laser treatment of leg veins
 Microdermabrasion
 Sclerotherapy
 Soft tissue fillers: (for each, please specify where injected)
 1. Autologous fat _____
 2. Calcium hydroxylapatite (Radiesse/Radiance) _____
 3. Collagen _____
 4. Hyaluronic acid (Hylaform, Restylane) _____
 5. Poly-L-Lactic Acid (Sculptra) _____
 Polymethyl Methacrylate (Artecoll, Arrefil).
 Skin lightening (this may include over the counter skin lightening products)
 Skin darkening (this may include over the counter skin tanning products/ tanning salons)
 Other, please specify _____

41. I would think about cosmetic surgery in order to keep looking young.
 1 2 3 4 5
 completely disagree completely agree

42. If it would benefit my career I would think about having cosmetic surgery.
 1 2 3 4 5
 completely disagree completely agree

43. I would seriously consider having cosmetic surgery if I thought my partner would find me more attractive.
 1 2 3 4 5
 completely disagree completely agree

44. Cosmetic surgery can be a big benefit to people's self-image.
 1 2 3 4 5
 completely disagree completely agree

45. If a simple cosmetic procedure would make me more attractive to others, I would think about trying it.
 1 2 3 4 5
 completely disagree completely agree

Now, I would like to ask you some demographic questions...

46. You are: _____ Male _____ Female

47. How old are you?: _____

48. You would describe your race/ethnicity as:
 _____ African-American
 _____ Asian/Pacific Islander
 _____ Caucasian/European
 _____ Hispanic/Latino
 _____ Middle Eastern
 _____ Native American / Inuit
 _____ Other _____ (Please Specify)

49. You are:
 _____ Single
 _____ Married

50. Your highest level of educational attainment is:
 _____ Not a high school graduate
 _____ High school graduate (including equivalency)
 _____ Some college or associate degree

- Bachelor's degree
 Master's degree
 Doctoral degree or professional degree

51. Approximately, what was your total household income last year?

- | | |
|---|--|
| <input type="checkbox"/> more than \$25,000 | <input type="checkbox"/> more than \$100,000 |
| <input type="checkbox"/> more than \$50,000 | <input type="checkbox"/> more than \$150,000 |
| <input type="checkbox"/> more than \$75,000 | <input type="checkbox"/> Other |

Thank you for your time.

Appendix E: MEDIA USE QUESTIONNAIRE

1. MU1: Approximately, how many HOURS PER WEEK do you typically spend Reading beauty/fashion magazines? APPROXIMATE AMOUNT OF TIME (IN HOURS PER WEEK)

2. MU2: How many HOURS PER DAY do you typically spend watching primetime television programs? APPROXIMATE AMOUNT OF TIME (IN HOURS PER DAY)

Appendix F: COSMETIC SURGERY MEDIA EXPOSURE SCALE

3. CSME1: On a scale of 1 to 5, with one being never and five being very often, how often would you say you watch **television programs** about cosmetic surgery?

1	2	3	4	5
Never	Hardly at all	Sometimes	Often	Very often

4. CSME2: On a scale of 1 to 5, with one being never and five being very often, how often would you say you **read articles** about cosmetic surgery?

1	2	3	4	5
Never	Hardly at all	Sometimes	Often	Very often

5. CSME3: On a scale of 1 to 5, with one being never and five being very often, how often would you say you follow celebrities' latest cosmetic surgery procedures?

1	2	3	4	5
Never	Hardly at all	Sometimes	Often	Very often

6. CSME4: On a scale of 1 to 5, with one being never and five being very often, how often would you say you **see advertisements** for cosmetic surgery?

1	2	3	4	5
Never	Hardly at all	Sometimes	Often	Very often

Appendix G: MEDIA USE CONTENT SCALE

8. MUC1: When you read a **beauty/fashion magazine** how closely do you tend to follow celebrities' beauty/fashion trends?
- | | | | | | | |
|--------------------|---|---|---|---|--------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Not at all closely | | | | | Very closely | |
9. MUC2: When you watch **entertainment television news** how closely do you tend to follow celebrities' beauty/fashion trends?
- | | | | | | | |
|--------------------|---|---|---|---|--------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Not at all closely | | | | | Very closely | |
10. MUC3: When you watch **entertainment television news** how closely do you tend to follow beauty/fashion news?
- | | | | | | | |
|--------------------|---|---|---|---|--------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Not at all closely | | | | | Very closely | |
11. MUC4: When you watch **entertainment television news** how closely do you tend to follow cosmetic surgery news?
- | | | | | | | |
|--------------------|---|---|---|---|--------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Not at all closely | | | | | Very closely | |

**Appendix I: ACCEPTANCE OF COSMETIC SURGERY SCALE SOCIAL
SUBSCALE**

40. I would think about cosmetic surgery in order to keep looking young.

1	2	3	4	5
completely disagree				completely agree

41. If it would benefit my career I would think about having cosmetic surgery.

1	2	3	4	5
completely disagree				completely agree

42. It makes sense to have plastic surgery if your partner thinks it will make you more attractive.

1	2	3	4	5
completely disagree				completely agree

43. If a simple cosmetic procedure would make me more attractive to others, I would think about trying it.

1	2	3	4	5
completely disagree				completely agree

45. I plan to have more cosmetic procedures in the future.

1	2	3	4	5
completely disagree				completely agree

Appendix J: COSMETIC SURGERY PHYSICAL FEATURE SCALE

12. CSF1: A. My natural skin tone is:
 (1) Very light
 (2) More light than dark
 (3) More dark than light
 (4) Very dark
- B. After cosmetic procedures my skin tone is now (this may also include tanning or over-the-counter skin lightening products/procedures):
 (1) Very light
 (2) More light than dark
 (3) More dark than light
 (4) Very dark
- C. My future desired skin tone is (this may also include tanning or over-the-counter skin lightening products/procedures):
 (1) Very light
 (2) More light than dark
 (3) More dark than light
 (4) Very dark
 (0) Exactly as is
13. CSF2: A. My natural hair texture is:
 (1) Very straight
 (2) More straight than curly
 (3) More curly than straight
 (4) Very curly
- B. After cosmetic procedures my hair texture is (may include the use of curling irons, hair straightening products such as chemical relaxers, or curly perms ect.):
 (1) Very straight
 (2) More straight than curly
 (3) More curly than straight
 (4) Very curly
- C. My future desired hair texture is (may include the use of curling irons hair straightening products such as chemical relaxers, or curly perms ect):
 (1) Very straight
 (2) More straight than curly
 (3) More curly than straight
 (4) Very curly
 (0) Exactly as is
14. CSF3: A. My natural hair length is:
 (1) Very long

- (2) More long than short
- (3) More short than long
- (4) Very short

B. After cosmetic procedures my hair length is (may include hair replacement, hair extensions, wigs, ect...):

- (1) Very long
- (2) More long than short
- (3) More short than long
- (4) Very short

C. My future desired hair length is (may include hair replacement, hair extensions, wigs, ect...):

- (1) Very long
- (2) More long than short
- (3) More short than long
- (4) Very short
- (0) Exactly as is

15. CSF4: A. My natural eyelids have:

- (1) Folds in eyelids
- (2) No Folds in eyelids

B. After cosmetic procedures my eyelids have (this may include double eyelid surgery):

- (1) Folds in eyelids
- (2) No folds in eyelids

C. My future desired eyelids have (this may include intentions to undergo double eyelid surgery):

- (1) Folds in eyelids
- (2) No Folds in eyelids
- (0) Exactly as is

16. CSF5: A. My natural nose shape is:

- (1) Very narrow
- (2) More narrow than broad
- (3) More broad than narrow
- (4) Very broad

B. After cosmetic procedures my nose shape is (may include nose re-shaping surgery or the use of cosmetics to make nose appear differently shaped):

- (1) Very narrow
- (2) More narrow than broad
- (3) More broad than narrow
- (4) Very broad

C. My future desired nose shape is (may include nose re-shaping surgery or the use of cosmetics to make nose appear differently shaped):

- (1) Very narrow
- (2) More narrow than broad
- (3) More broad than narrow
- (4) Very broad
- (0) Exactly as is

17. CSF6: A. My natural lip sizes are:

- (1) Very thin
- (2) More thin than full
- (3) More full than thin
- (4) Very full

B. After cosmetic procedures my lips are (may include lip augmentation/lip injections/lip plumping lipstick ect...):

- (1) Very thin
- (2) More thin than full
- (3) More full than thin
- (4) Very full

C. My future desired lips are (may include lip augmentation/lip injections/lip Plumping lipstick ect...):

- (1) Very thin
- (2) More thin than full
- (3) More full than thin
- (4) Very full
- (0) Exactly as is

18. CSF7: A. My natural breasts sizes are:

- (1) Very small
- (2) More small than large
- (3) More large than small
- (4) Very large

B. After cosmetic procedures my breasts are (may include padded bras/breast augmentation / reduction):

- (1) Very small
- (2) More small than large
- 3) More large than small
- (4) Very large

C. My future desired breasts are (may include padded bras/breast augmentation / reduction):

- (1) Very small
- (2) More small than large

- (3) More large than small
- (4) Very large
- (0) Exactly as is

19. CSF8: A. My natural buttocks are:

- (1) Very flat
- (2) More flat than curvy
- (3) More curvy than flat
- (4) Very curvy

B. After cosmetic procedures my buttocks are (this may include butt pads/lift/implants/ or booty poppers or buttock shaping garments ect...):

- (1) Very flat
- (2) More flat than curvy
- (3) More curvy than flat
- (4) Very curvy

C. My future desired buttocks are (this may include butt pads/lift/implants/ or booty poppers or buttock shaping garments ect...):

- (1) Very flat
- (2) More flat than curvy
- (3) More curvy than flat
- (4) Very curvy
- (0) Exactly as is

Appendix K: PARTICIPANTS' DEMOGRAPHICS

Participant Demographics: Race/Ethnicity

	Frequency	Percent
African American	26	31.0
Caucasian	58	69
Total	84	100.0

Participant Demographics: Education

	Frequency	Percent
High School graduate	10	11.9
Some college/Associates Degree	34	40.5
Bachelor's Degree	22	26.2
Master's Degree	15	17.9
Doctorate Degree	3	3.6
Total	84	100.0

Participant Demographics: Marital Status

	Frequency	Percent
Single	34	40.5
Married	50	59.5
Total	84	100.0

Participant Demographics: Income

	Frequency	Percent
\$25,000	17	20.2
\$50,000	13	15.5
\$75,000	17	20.2
\$100,000	15	17.9
\$150,000	11	13.1
Other	11	13.1
Total	84	100.0

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ABSTRACT**MEDIA EFFECTS: CULTURAL APPROPRIATION AND ATTITUDES TOWARDS
COSMETIC SURGERY**

by

DARLENE S. LEE**May 2010**

Advisor: Dr. Hayg Oshagan
Major: Media Arts and Studies
Degree: Doctor of Philosophy

The current study investigates media's influence on Caucasian women to cultural appropriate the physical features generally ascribed to African American women through non-surgical and or surgical cosmetic procedures and vice versa. Participants were 26 African American women and 54 Caucasian women who had previously undergone either non-surgical or surgical cosmetic procedures. Results indicate that African American women were more likely to cultural appropriate than Caucasian women. For African American women high media exposure to cosmetic surgery media messages played a significant role in the cultural appropriation process. Results also indicated that Caucasian women cultural appropriate at the same level, whether media use content and media exposure to cosmetic surgery media messages was high or low. Older age was also a factor in cultural appropriation for Caucasian women. Cultural appropriation was measured using the Cosmetic Surgery Physical Feature Scale (CSPFS; Lee, 2009). High media use content and high exposure to cosmetic surgery media messages were directly related to African American women's endorsement of cosmetic surgery for social reasons. Caucasian women were also more likely

than African American women to endorse cosmetic surgery for intrapersonal reasons. Social and intrapersonal was measured using the Acceptance of Cosmetic Surgery Scale's (ACSS) Social and Intrapersonal Subscales (Henderson-King & Henderson-King, 2005)

AUTOBIOGRAPHICAL STATEMENT

DARLENE S. LEE

CONTACT INFORMATION power2dsl@aol.com**EDUCATION**

- May 2010 **WAYNE STATE UNIVERSITY**, Detroit, Michigan
Doctorate of Philosophy in Communication
Minor: Social Psychology/Sociology
Date of Graduation: May 6, 2010
- May 2005 **GRAND VALLEY STATE UNIVERSITY**, Allendale, Michigan
Masters of Science Degree in Communications
- May 1998 **GRAND VALLEY STATE UNIVERSITY**, Allendale Michigan
Bachelors of Arts Degree in Communications
Areas of Concentration: Public Relations, and Print and Broadcast
Journalism

PROFESSIONAL EXPERIENCE

- 2006–2009 **WAYNE STATE UNIVERSITY**, Detroit, Michigan
College of Fine Performing and Communication Arts
Communication Department
Graduate Teaching Assistant
- 2009-Current **WAYNE STATE UNIVERSITY**, Detroit, Michigan
College of Fine and Performing Arts
Communication Department
Adjunct Professor