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Women with Facial Disfigurements: Impact of Media-Constructed Images of Beauty

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WOMEN WITH FACIAL DISFIGUREMENTS:
IMPACT OF MEDIA-CONSTRUCTED IMAGES OF BEAUTY

A Thesis

Presented to

The Faculty of the School of Journalism and Mass Communications

San José State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

Sophia M. Papadopoulos

December 2010

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by

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APPROVED FOR THE SCHOOL OF JOURNALISM AND MASS
COMMUNICATIONS

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DECEMBER 2010

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ABSTRACT

WOMEN WITH FACIAL DISFIGUREMENTS: IMPACT OF MEDIA-CONSTRUCTED IMAGES OF BEAUTY

by Sophia M. Papadopoulos

The purpose of this study was to analyze whether women with congenital or acquired facial disfigurements were negatively influenced by the images of beauty found in television, magazines, newspapers, and advertisements and to determine how these images affected their overall perceptions of self. A qualitative study was conducted through in-depth telephone interviews with 25 women with various facial disfigurements. The study showed that, although media-constructed images of beauty did have some influence on the participants' overall perceptions of self, other factors such as the manner in which the participants were treated, their own personal insecurities about their appearance, and their life-experiences growing up and living with facial disfigurements were found to have had a greater influence on their self-esteem, self-worth, and overall perceptions of self.

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I dedicate this research study to the many women who have suffered, endured, and have overcome the challenges of growing up and living with facial disfigurements. You are true warriors of life.

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CHAPTER ONE: THE RESEARCH PROBLEM

Introduction

In a society in which ideas and ideals of beauty are constructed by the images that the media create, viewers watching these images, especially women, may become affected by the messages behind these representations of beauty. The reality that attractive people, particularly attractive women, have an upper hand in almost every situation in life makes it difficult for those who do not live up to the standards of the ideal beauty to experience a life free of bias and prejudice. However, this bias has been present in American society for years and affects those who are overweight, unattractive, or unconventional in appearance, thus creating what some call *lookism* or physical appearance-based prejudice.

At the same time, lookism may be reinforced by the images of beauty as reflected in the media. These images may not only make it difficult for people with a normal appearance to be accepted as worthy human beings, but they can make it even more difficult for people who are either born with or have acquired facial and/or bodily disfigurements to be regarded as people who matter.

In this study, the researcher examined whether women with facial disfigurements were influenced negatively by the images of beauty as presented in the media. The researcher also explored whether these images of beauty altered their perceptions of self, how they felt others perceive them, whether their self-concept was compromised, and whether their self-worth and self-esteem were diminished as a result.

The important concepts that the researcher addressed are the sociobiological and sociocultural perspectives on physical appearance as related to women with facial disfigurements, and a description of the causes of disfigurement—acquired versus congenital. The four common myths associated with disfigurements were also discussed: surgery can heal all wounds, disfigurements represent ugliness and/or evil, attractive people are more successful, and the severity of disfigurements. The researcher also reviewed the available literature on the benefits of beauty, why unattractive men are more accepted in American society than unattractive women, and how certain advertisements and the standard female prototype—provocateur—are used to perpetuate the vulnerabilities of women. The literature also addressed the concept of “what is beautiful is good and what is ugly is bad,” the reasons why beauty is highly valued in American society, and how the presence and consumption of television content and advertisements that portray the ideal images of beauty can add to physical appearance-based prejudice towards one’s self and others.

Finally, Bandura’s (2002) social learning theory, which was used as the theoretical framework for the study, was discussed.

Statement of the Problem

In American society, physical appearance is immensely valued. Because of this, women who do not fit the media’s standard of beauty may be ridiculed. This occurrence may arise from the images of ideal beauty that are constructed by the media. These images include: flawless skin, a thin physique, and an almost perfect physical appearance overall. In turn, viewers watching these images, especially women with facial

disfigurements, may be affected by this social construction of reality. As a result, psychological, social, and emotional issues may arise, and self-esteem and self-worth may diminish.

The purpose of this study was to analyze whether women with facial disfigurements are negatively influenced by the images of beauty that are found in television, magazines, newspapers, and advertisements and to determine the extent to which, if any, these images affect the women's overall perceptions of self. The reason for choosing to use women with facial disfigurements as participants was that research has shown that, in an interpersonal domain, facial attractiveness is important.

Significance of the Study

It was important to conduct research on the extent to which, if any, media-constructed images of beauty have on women with facial disfigurements because little or no research has been conducted on this group. The study also examined lookism, a term that has primarily been explored by authors of books about popular culture but rarely studied by social scientists.

Much research has been conducted on how the media influence women with a normal appearance through the images of beauty they present. As a result of these images, many studies have reported (Stangier, Adam-Schwebe, Muller, & Wolter, 2008; Eisend & Moller, 2006; Evans, 2003; Brown & Dittmar, 2005; and Lin, 1998) negative outcomes, some which include eating disorders, body dysmorphic disorder, low self-esteem and self-worth, shame and anxiety, and the objectification of women as sexual objects. Because of the lack of research in this particular area, it was valuable to

determine whether women with facial disfigurements are affected in the same negative ways as women without facial disfigurements.

Chapter Two provides background information on the social, psychological, and emotional effects that a person with a facial disfigurement may endure as well as the difference between congenital and acquired disfigurements. Lookism is discussed in a manner that may help explain the development and the consequences of being physically different.

Relevant academic and nonacademic (popular) literature pertaining to media's influence on an audience is reviewed, and both media-based and medical-based studies are discussed and applied to the research study. In addition, the sociobiological and sociocultural perspective of appearance is discussed in relation to the research study, and social learning theory is presented as the basis for the study's theoretical framework.

Chapter Three includes a description of the method used to gather the data for analysis. The researcher conducted a study of 25 women with facial disfigurements. The data from in-depth telephone interviews with the participants were used to provide data on whether women with facial disfigurements are negatively influenced by media-constructed images of beauty and, if so, whether the images altered their perceptions of self, how they felt others perceive them, and whether their self-esteem was diminished.

Chapter Four presents the results of the study. It includes an explanation of participant profiles and a discussion of the results from the four research questions.

Finally, Chapter Five includes the conclusions and implications drawn from the results of the study, an explanation of the contributions to the literature, and directions for future research.

CHAPTER TWO: REVIEW OF THE LITERATURE

The literature review will describe and clarify the findings of academic research on the influence media-constructed images of beauty may have on women with facial disfigurements. This section also includes a discussion of the nonacademic and/or popular literature on the same topic (Millstone, 2008; Singh, 2009; Saffire, 2000; Kilbourne, 1999; Cortese, 2004; Greer, 1999; Wolf, 1991; and Dupont, 1999); these authors discuss the media's contributing role to physical appearance-based prejudice through television, advertisements, social influences, and social norms.

The reason for including nonacademic sources in discussing lookism and its impact on women with facial disfigurements is because lookism—physical appearance-based prejudice—has been discussed primarily by authors of popular culture; little or no research has been conducted by academic researchers on the subject of lookism in relation to media and their influence on a particular audience. In addition, the nonacademic sources were included to place the study in an appropriate context in relation to media and because this social science study was aimed at providing empirical evidence on the question of whether women with facial disfigurements are negatively affected by the images of ideal beauty as presented by the media.

The literature describes in further detail the types of facial disfigurements that exist and how they are acquired, the challenges that people with facial disfigurements have to deal with or overcome in their personal lives, and how the media perpetuate certain negative ideas about people with disfigurements. Both the academic and nonacademic literature on lookism, media, and beauty are discussed, social learning

theory is explained, the sociocultural and sociobiological perspective of physical appearance is presented, and a brief overview of the available relevant studies on the influence media-constructed images of beauty have on an audience is given.

Non-Academic Literature: Lookism, Media, and the Role of Disfigurement

Living in an appearance-conscious society that bases a person's value, intelligence, and ability on her physical attributes is not only difficult for women whose appearance is considered normal, but it is more difficult for women whose face or body is disfigured or visibly different in some way. People have insecurities and the ongoing challenge of accepting themselves as they are. However, when a person has a congenital or acquired disfigurement, that challenge may become even harder to overcome on a personal and social level.

Myths about facial disfigurement

To understand how women with facial disfigurements react to images of beauty as depicted in the media, it is important to first understand the underlying social and psychological effects that coincide with a particular disfigurement and the way that disfigurement affects a woman and her self-perception as a result of her disfigurement. It is also valuable to acknowledge the types of disfigurements that exist and how they are acquired.

Millstone (2008), a health professional adviser and clinical supervisor for *Changing Faces*—a charity that provides psychological support to children, adolescents, and adults with disfigurements—discussed the causes of disfigurements, the myths and assumptions associated with people who have them, the reality these people face as a

result of their disfigurements, and the feelings they experience. Millstone wrote that, according to a government survey conducted by the Office of Population Censuses and Surveys (1988), “there are at least 400,000 people severely affected by disfigurement in the UK.” It should be noted that the number of people recorded with disfigurements would be higher if those affected with disfigurements from the United States and other countries worldwide were included.

Causes of disfigurement

Millstone (2008) discussed the causes of disfigurements which fall into two categories—congenital and acquired,

. . . birthmarks; medical conditions that involve cranio-facial disfigurement, for example [congenital hemangioma], Apert’s syndrome, neurofibromatosis, and cleft lip and palate; and skin conditions such as eczema and vitiligo . . . Acquired causes include: medical conditions that result in disfigurement, such as head and neck cancer; facial paralysis; development of skin conditions; and traumatic injury, such as burns and scarring. (Millstone, 2008)

Because of these causes of disfigurement, many times people who have them not only experience distress that is associated with their condition, but when they go out in public they may also have to deal with the stares of people who are curious as to what caused their disfigurements. This way of living creates stress and anxiety for the individual with the disfigurement, which may result in her withdrawal from society and social interaction.

Myths and assumptions about disfigurements are present in American culture. The perceptions people have of those with disfigurements may be conditioned by what they see on television, in movies, and in theater. At the same time, seeing people with disfigurements may cause anxiety for those who do not understand or are unable to

comprehend what it is like to be a person with a disfigurement. This anxiety may also arise from the fear of not being able to handle a disfigurement or a disfiguring condition if they were to personally acquire one.

Millstone (2008) discussed the four common myths associated with disfigurements, the first of which is the myth of surgery,

This myth assumes that aesthetic or cosmetic surgery is a magic wand that will “fix” everything. As a result, this can lead to false expectations, not only on the part of patients but also on that of the general public. For, while surgery can certainly help reduce conspicuousness of a disfigurement and improve functioning, it rarely does this without leaving other scars. (Millstone, 2008)

Even when surgery is performed to correct different types of disfigurements that a person may have, whether congenital or acquired, emotional and/or psychological scars that already have developed as a result of the condition may still permanently remain or others can develop. This is especially true when the patient realizes that the surgeon who performed her surgery may have been successful in fixing one aspect of her disfigurement, either functional or aesthetic, but that the procedure left other scars as a result. This undoubtedly can lead to disappointment, especially when the patient imagined different results or had high expectations.

The second myth described by Millstone (2008) is that disfigurements represent ugliness and/or evil,

This myth assumes that having a disfigurement also means having a damaged personality. It is often perpetuated by the media, films and fairy tales, where “bad” people are frequently portrayed by characters with a disability or disfigurement. As a result, many people may be afraid of someone with a disfigurement or may feel free to ridicule them. In reality, of course, a facially disfigured person is in no way intrinsically frightening or “evil,” and a disfigurement certainly does not influence moral character or intelligence. (Millstone, 2008)

The ugliness and/or evil myth has been reinforced by the media through movies such as *Batman Forever* (1995) in which the character of “two-face” is the evil villain; half his face is normal and the other half is disfigured. Another example is *The Phantom of the Opera* (2004). Here, the main character who has had a facial disfigurement from birth is sentenced to a life of solitude underneath the stage of the opera house.

Joseph C. Merrick, more readily known as “the elephant man,” is another good example of how the media portray people with disfigurements. Born with a condition called *Proteus Syndrome*, Merrick’s face and body were grotesquely disfigured. The syndrome affected his tissues, caused his bones to protrude from his body, and made his skin the texture of cauliflower. Because of his disfigurement, the only job Merrick could obtain was that of becoming a side-show attraction in the circus. Portrayed as a monster in various versions of the film, *The Elephant Man* (1980), Merrick was seen as an oddity and someone to be feared. And because of portrayals like these, viewers may begin to think that people with disfigurements should be feared, avoided, and ridiculed.

The third myth described by Millstone (2008) is that attractive people are more successful,

This myth assumes that people have to look good to be successful in life and, again, is often perpetuated by the media. As a result, this can lead to feelings of failure or uselessness, and may result in the general lowering of expectations by both the person with the disfigurement and other people. The reality is that many people who have a facial disfigurement live normal, successful lives and enjoy fulfilling relationships and achievements. (Millstone, 2008)

Although people with disfigurements can lead successful lives, have lucrative careers, and acquire meaningful relationships, the reality is that the media signify that

attractive people have an advantage over unattractive people. Rarely, if ever, are persons with disfigurements seen on television, in entertainment, or in advertisements. If they are, it is usually on medical-based television shows such as *Extreme Make-Over* (2002), *Medical Mysteries* (2007), or on talk shows such as “The Maury Povich Show” (1991). Hardly, if ever, is a person with a disfigurement shown in or hired for a job involving mainstream entertainment or advertisements.

The fourth and final myth described by Millstone (2008) is that of severity,

This is, perhaps, the most common myth of all, and assumes that the more severe the disfigurement, the more distress is experienced, and vice versa. However, research on the psychosocial impact of disfiguring conditions shows that severity of the underlying pathology does not predict distress. Indeed, studies have identified perceived noticeability—as opposed to objective noticeability—as the important factor. If a person's disfigurement is perceived by others as causing less distress because it appears to them to be less severe, this diminishes not only the disfigurement but also the very real need to understand the extent to which that person might be experiencing their visible difference emotionally. (Millstone, 2008)

Although the severity of a person's disfigurement may be reduced through the perception of those who see her, for the person with a disfigurement, the severity of her disfigurement can still be exacerbated by how she feels others perceive her and by the personal experiences she has had as a result of having a facial disfigurement.

The reality of disfigurement

Since people with disfigurements experience life differently from the rest of society, it is important to understand how social norms change when a person is physically different in some way. Millstone (2008) provided some examples:

- There is a real sense of being invisible yet at the same time highly visible—people stare;

- Strangers feel they have permission to comment and ask questions about a person's appearance;
- A person with a disfigurement may feel uncertain of what to expect from others, or what to say in response;
- Many feel they are “on duty” all the time, and have to maintain a near-constant vigilance, which can result in increased self-consciousness;
- Some will feel alone and isolated, and therefore cannot go out, or believe they cannot have intimate relationships;
- Others express feelings of anger, embarrassment, and a need to be “fixed”;
- Sometimes there is a lack of communication with family and friends; [and]
- Many will feel the social pressures associated with stereotyping and myths linked to disfigurement. (Millstone, 2008)

Millstone’s explanation of the myths of disfigurements is vital to an understanding of how certain perceptions about people with disfigurements can create misconceptions about who they are, how they live, and the challenges they face in everyday interactions with others. The myths also signify how people with disfigurements live a life that is somewhat different and sometimes more difficult in terms of social interaction and social acceptance than the rest of the population.

Dr. A.K. Singh, head of the department of plastic surgery at CSMMU, Lucknow, further stated that,

. . . there is no doubt in the fact that the majority of serious cases of disfigurement we work on are that of girls. Sadly in our society females are expected to be presentable and pleasing to look at and if they lose that appealing look for some reason they are shunned by all. Reasons may range from accidents, birth deformity and attacks on them, but in almost all the cases, the delay in getting treatment is so much that there is very little that can be done. Predictably these children have no option but to live with the scars and deformities which can be very emotionally disturbing for them. (Singh, 2009)

Lookism

There is little reported research in the academic literature on whether media-constructed images of beauty have affected women with facial disfigurements. However, it has been suggested that physical appearance-based prejudice, also known as lookism, affects how women with facial disfigurements view themselves, how they feel others in society view them, and how social and psychological issues develop as a result.

Ism- as Saffire (2000) explained is,

. . . in reference to forms of discrimination . . . On the analogy of *racism*, a term that began as *racialism* in 1907 but dropped the second syllable in 1935, we have *sexism* (1968) and *ageism* (1969). And now a relatively new entry . . . Oxford's 1999 "20th Century Words," by John Ayto, defines *lookism* as "prejudice or discrimination on the grounds of appearance (i.e., uglies are done down and the beautiful people get all the breaks)." The lexicographer's earliest citation was in *The Washington Post Magazine* in 1978, which reported that fat people coined a defensive word: *lookism*—discrimination based on looks. (Saffire, 2000)

In relation to lookism, social learning theory is discussed in the subsequent section and is used as the theoretical framework for this study.

Popular Literature

Since there is little academic research that directly focuses on the influence of media-constructed images of beauty on women with facial disfigurements, the following nonacademic literature (Kilbourne, 1999; Cortese, 2004; Greer, 1999; Wolf, 1991; and Dupont, 1999) is discussed.

The role of advertisements

Since advertisements depicting attractive women are found in television, on billboards, in magazines, and on the Internet, the audience is not able to escape these ever-present images of beauty. In as such, advertisements that include fabricated images

of beauty used to entice the public's interest in a product can sometimes lead to unwanted psychological and emotional responses in viewers.

Kilbourne (1999) reported that “. . . the average American sees more than three thousand ads per day and spends more than three years of his or her life watching commercials” (p. 12). She stressed how “advertising is our environment” (p. 59) and that no matter how much people may try to avoid it, it is almost impossible because “advertising not only appears on radio and television, in our magazines and newspapers, but also surrounds us on billboards, on the sides of buildings, [and is] plastered on our public transportation” (p. 58).

Cortese (2004) noted that “ad deconstruction reveals a pattern of symbolic and institutionalized sexism” (p. 51). In advertisements, a woman is an object, a thing that is created. She is so perfect that she becomes unreal.

Cortese (2004) offered a description of the ideal female prototype,

The exemplary female prototype in advertising, regardless of product or service, displays youth (no lines or wrinkles), good looks, sexual seductiveness, and perfection (no scars, blemishes, or even pores). The perfect provocateur is not human; rather, she is a form and hollow shell representing a female figure. Accepted attractiveness is her only attribute. She is slender, typically tall and long-legged. (p. 53)

Cortese (2004) noted that women are fed these illusions by a “cultural ideology [that] tells women that they will not be desirable to, or loved by men unless they are physically perfect” (p. 53).

Greer (1999) wrote that advertisements, in particular, are used to create insecurities in women to psychologically bind them into buying the products they promote,

Every women knows that, regardless of her other achievements, she is a failure if she is not beautiful . . . The UK beauty industry takes 8.9 billion Euros a year out of women's pockets. Magazines financed by the beauty industry teach little girls that they need make-up and train them to use it, so establishing their lifelong reliance on beauty products . . . Pre-teen cosmetics are relatively cheap, but within a few years more sophisticated marketing will have persuaded the most level-headed woman to throw money away on alchemical preparations containing anything from silk to cashmere, pearls, proteins, royal jell . . . anything real or phony that might fend off her imminent collapse into hideous decrepitude. (p. 19-23)

Greer (1999) further explained that 30 years ago a woman only needed to look good but now she also has to “. . . have a tight, toned body, including her buttocks and thighs, so that she is good to touch all over” (p. 19-23). To reach this level of physical appeal, women do not hesitate to shell out thousands of dollars each year. And although they may obtain the type of beauty they want, as Wolf (1991) explained, the real winners in the end are the “. . . powerful industries—the \$33-billion-a-year diet industry, the \$20-billion cosmetics industry, the \$300-million cosmetic surgery industry, and the \$7-billion pornography industry . . .” (p. 17). Dupont (1999) noted that studies have shown that “ad images showing beautiful people significantly determine the public's perception of the advertised product” (p. 63).

Although advertisers use a powerful tool, attractive people, to persuade consumers to buy certain products or to buy into a certain lifestyle, it is not only the endless exposure to the images of beauty that proliferate lookism, it is also the wide availability and usage of media such as television that contributes to the problem.

Audience Surveys

Television and new media

As American society has become more technologically advanced, there are many gadgets and gizmos such as personal digital assistants (PDA's), iPhones, and mp3 players, for example, that have been created to appease people's need for instant news gathering, e-mail-checking, music-listening, and entertainment. However, television, as a source of news, entertainment, and the digital connection to the world, continues to be the media that many people gravitate to when they want to know the events of the day, watch a good show, or just relax. And among the images that an audience receives from its use of the Internet, magazines, and movies, the presence of television is invariably a part of its daily life.

Crawford and Unger (2004) explained that,

Television commercials are much more sexist than the programming. Women in TV ads are about four times more likely to be provocatively dressed than men are. Women are particularly likely to be presented as sex objects in advertisements delivered during weekend afternoon sportscasts whose audience is primarily men. (p. 35)

Neuman (1991) wrote that “. . . the average household television set is on for an average of a little over 7 hours per day, with the average adult watching for about 4.5 hours” (p. 89). These were some of the results found in a five-year study on “whether the new electronic media and the use of personal computers in the communication process [would] lead to a fragmentation or ‘demassification’ of the mass audience” (Cambridge University Press, 2008). The study was conducted by Neuman in cooperation with the *New York Times*, the *Washington Post*, *Time Warner*, and with the senior corporate

planners at *ABC*, *CBS*, and *NBC*. Since then, the numbers on the hours of television watched by Americans has significantly increased.

According to the Nielsen Company, which collects audience data on television, the Internet, and mobile usage in the United States, during the third quarter of 2008, Americans spent more time “using the ‘three screens’ than they did during the same time period last year” (“The Nielsen Company,” 2008). The three screens refer to television, the Internet, and mobile devices.

According to the Nielsen Company, in the third quarter of 2008, the overall usage of television was 282,289 users, during the second quarter there were 281,746 users, and during the third quarter of 2007 there were 277,916 users. Nielsen data gathered from its national TV and Internet panels indicated an overall increase of 1.6% in television usage by Americans from 2007 to 2008.

In terms of monthly usage, the Nielsen Company’s findings indicated an overall increase of 4.1% of television watched in the third quarter of 2008 than in the third quarter of 2007. Nielsen (2008) also found that women tend to watch more television than men do.

In recent findings on the use of television for the second quarter of 2009, Nielsen found that,

. . . online and mobile video consumption were up considerably, year over year, in terms of time spent and size of audience. The mobile video audience increased 70% from a year prior and time spent watching online video increased 46% in the same period. (“The Nielsen Company,” 2009)

However, even with the increase of online and mobile video consumption, Nielsen (2009) further noted,

While online and mobile are taking on an increasing role in the American media experience, traditional TV consumption continues to grow and remains at a seasonal all-time high (141 hours a month in the second quarter).

Nielsen also suggested that, with American consumers adding “. . . video consumption platforms . . . to their existing technology instead of replacing them, there will be a . . . continued growth [and usage] of both Internet and TV consumption” (“The Nielsen Company,” 2009).

Overall, Nielsen found that “Americans are spending more time than ever with their televisions, computers and mobile phones, yet television remains the dominant choice for video consumption . . . viewers watched more than 142 hrs a month—5 hours more than last year” (“The Nielsen Company,” 2008). And with the ever-increasing number of consumers also purchasing digital video recorders (DVRs), the hours of television watched will no doubt continue to increase.

To understand the overwhelming presence of television consumption by the American public, it is important to note the numerical break-down calculated by Wanda Leibowitz (2006), a writer for associatedcontent.com, based on The Nielsen Company’s research. She wrote that,

. . . the average American has television usage habits that include watching television for more than 4 hours every day. That works out to more than one full day a week (28 hours) spent watching television. If you figure that amount over a year, the average American spends the equivalent of two whole months out of every year watching television. (Leibowitz, 2006)

Furthermore,

An individual with average television usage practices who is living in the United States will spend roughly one out of every six years of his or her adult life watching television. A United States citizen with average television usage habits,

and who enjoys a life-span of 65 years or longer, will have spent a total of over 9 whole years in front of the TV! (Leibowitz, 2006)

Academic Literature: Lookism and Beauty

In accordance with Saffire's explanation of the emergence of the word and meaning of lookism, Etoff (1999) stated that "we face a world where lookism is one of the most pervasive but denied prejudices" (p. 39). Since what people perceive as beautiful or ugly is subjective, lookism as a form of prejudice is difficult to define and address. Etoff (1999) explained that "beauty influences our perceptions, attitudes, and behavior toward others" (p. 25). She quoted economist David Marks as stating that ". . . beauty is as potent a social force as race or sex. But unlike racism and sexism, which we are conscious of, 'lookism' or beauty prejudice, operates at a largely unconscious level" (p. 25).

Etoff (1999) also discussed how beauty or ". . . looking good has survival value" (p. 25). Although many people would not want to admit that an attractive person receives preferential treatment over an unattractive person, the reality is that this has and continues to be the case,

From infancy to adulthood, beautiful people are treated preferentially and viewed more positively. This is true for men as well as women. Beautiful people find sexual partners more easily; and beautiful individuals are more likely to find leniency in the court and elicit cooperation from strangers. Beauty conveys modest but real social and economic advantages, and equally important, ugliness leads to major social disadvantages and discrimination. (p. 25)

It appears that people who do not fit a certain standard of beauty may not only be out of luck in their personal lives but also in their social encounters as well. However,

lookism and/or a person's perception of self and other is something that can also be learned from his/her social environment, social influences, and through the media.

Sociobiological and sociocultural perspective of appearance

Jackson (1992) analyzed previous scientific research, which affirms that “. . . a woman's physical appearance is more important than a man's in determining a variety of life outcomes, particularly interpersonal outcomes” (p. xi). She also explained the importance of physical appearance through sociobiological and sociocultural perspectives. Deriving from Darwin, Jackson wrote that “. . . sociobiologists have argued that sexual selection is responsible for the greater importance of facial appearance for females than males” (p. 21). Sociobiologists also agree that evolution applies a stable and predictable selection for characteristics that result in reproductive success. There are two types of selection that are differentiated in sociobiology: natural selection and sexual selection.

As explained by Daly and Wilson (1978), “natural selection is a process of differential reproduction, hence a process of the competitive ascendancy of whatever features serve to increase reproductive success” (p. 264). Daly and Wilson (1983) further stated that sexual selection “. . . takes place whenever individuals of one sex (usually males) compete for mating opportunities or when individuals of one sex (usually females) choose mating partners” (p. 93). The role of physical appearance in relation to these selection processes is connected to the result of reproductive success. The reason that physical appearance is more important to the males' mating preferences than that of females' is because an attractive physical appearance in females represents a stronger

indication of health and reproduction success. Goodman and Gorlin (1977) wrote that unattractiveness sometimes represents possible underlying “. . . genetic defects and functional deficits such as Down’s syndrome” (p. 25). Jackson (1992) added that “. . . a preference for attractiveness would help to screen out individuals with genetic irregularities, disease, or other biological handicaps—that is, individuals with lower reproductive potential” (p. 25).

Jackson (1992) wrote that the sociocultural perspective is used to understand how human behavior focuses on the cultural context, which influences individual behavior.

Also, according to the sociocultural perspective,

. . . physical appearance is more important for females than males because our American culture values an attractive appearance more in females than in males. Differential responses to the attractiveness of females and males reflect the internalization of cultural values . . . physical attractiveness itself has no inherent value. The culture imparts value to it and in a way that depends on gender. (p. 36)

In her analysis, Jackson (1992) concluded by explaining how physical appearance is more important for women to possess than for men. However, the empirical evidence she presented was that physical appearance in women follows a context as to *when* it is more important and *why*. In an interpersonal domain, facial attractiveness is more important; this is because women are judged on their physical beauty, especially by the opposite sex. Through their physical appearance, aesthetically appealing women are more likely to attract a potential mate, which leads to intimate relations. As Jackson wrote, an attractive physical appearance is also important in a professional domain because,

. . . studies in the actual workplace suggest that attractiveness benefits both sexes.

Attractive people earn more money and obtain jobs of higher status than do less-attractive same-sex others . . . Facial attractive people are [also] more persuasive than are less attractive people. (p. 209)

Physical attractiveness is also a factor in the social domain. Jackson stated that,

. . . unattractive individuals are less likely to be helped by others, especially when the person needing help is female and the potential helper is male. The effects of facial disfigurement on helping are more equivocal, and may depend on characteristics of the helping situation, such as the duration of contact required to render help. (p. 210)

Berscheid (1986) took a different approach. She stated that, since there are so many other variables that influence the quality of an individual's life, individuals have to assess whether the importance of a certain level of an attractive physical appearance will, in fact, matter in their attempts to lead a full and meaningful life. This approach appears to be valid because, for example, if a person wants to be a movie star, it goes without saying that an attractive physical appearance is part of the requirement. But, if a person chooses a different career path or has different goals that he/she wants to accomplish that does not require an exceptional level of beauty, then that person's appearance may be satisfactory.

However, Hatfield and Sprecher (1986) contended that an attractive appearance does have its advantages. They also stated that, even if someone is not beautiful in the conventional sense, they should at least try to obtain an average appearance,

It is some advantage to be beautiful or handsome rather than average. You would gain something if, through great creativity and sacrifice, you became a stunning person, instead of an extraordinarily ordinary one. You would gain something but not much. Stunning people have only a slight advantage over their more ordinary peers. What is really important is to become at least *average*. The average looking have a real advantage over the homely or disfigured. (p. 357)

The benefits of beauty

Beauty matters. Brand (2000) wrote that “beauty was once . . . deemed [as] timeless, unchanging, and universal” (p. 6) by the ancient Greek philosopher Plato. In modern day society, this statement may still be true.

Silvers (2000) noted that, when people see a person who is physically different in some way, they sometimes tend to look away. This practice of ignoring a person with a physical disability may cause that person to feel isolated and as if she is of no importance. Silvers noted that “not being looked at isolates people with physical anomalies, forestalling interpersonal connectedness and distancing them from social participation” (p. 197-198),

. . . if the appearance of real age or disabled people is threatening because it is portentous of our own impending physical and social decline, there should be comparable menace in representations of aging or disability. That is, it is hard to see why viewing representations or imitations of deformed or deteriorating bodies should be any less portentous than viewing real deformed or deteriorating bodies. (p. 204)

Halprin (1995) explained how women of all backgrounds, cultures, ages, and ethnicities have been plagued by many myths surrounding appearance. She noted that, although society, culture, and even internal perceptions of self can alter how individuals view themselves and others, people do not have to be shackled to the limitations of superficiality. Both beauty and ugliness can have a power all its own—one that women must embrace and utilize.

Halprin (1995) added that “our appearance, such a strong part of female identity, is routinely held against us when we don’t conform to constantly changing mainstream standards of size, shape, fitness, and ethnicity” (p. 43). Since first impressions matter and

since those impressions are usually judged based on physical appearance alone, women find themselves in a dichotomous scenario. They are rewarded for being beautiful and reprimanded for being ugly,

. . . appearance has much to do with how women are received in the world. Both beauty and ugliness are problematic for us. We are endangered, raised on pedestals, and trivialized for being beautiful; on the other hand we are insulted, ignored, and shunned for being ugly . . . Most of us, men and women, strive for beauty and shun ugliness. Women, though, hold ourselves responsible for being beautiful, and we are held responsible by our culture. We may follow or defy fashionable standards, but we are very much aware of them and of ourselves in relation to these standards. (p. 7)

Halprin also asserted that women have been expected to be “. . . naturally beautiful, effortlessly beautiful . . . [an] expectation [that] has prevailed for many centuries” (p. 6).

Similar to Silvers’ contention, that persons who are disfigured or physically different tend to be avoided by others, Halprin (1995) also noted that “. . . the usual attitude toward ugliness . . . is that it is something to avoid, to get rid of, to overcome . . .” (p. 158). This observation is particularly true for women who are considered ugly. Halprin added that “the ugly woman, even if she too is brilliant, accomplished, and rich, must still deal with the relentless standard, almost always internalized, which tells her she is inferior as a woman because of her ugliness” (p. 158). In contrast, Halprin noted,

The ugly white man is free to be brilliant, accomplished, rich, even a movie star or television anchor . . . since appearance is not considered a defining characteristic for a man, provided . . . that he is white, ethnically acceptable, and can afford to dress respectably, an ugly man is not considered to be any less a man. (p. 158)

Beauty as “good” and “ugly” as bad. In regards to the notion of beauty as good and ugly as bad, Halprin (1995) noted that,

The exploration of beauty leads inexorably to ugliness. While beauty is usually an ambivalent concept, symbolizing both good and evil, innocence and experience, appearance and reality, ugliness almost always symbolizes badness or evil. In rigid systems, where bad is bad and good is good, ugliness doesn't usually transform into anything else. (p. 156-157)

The notion of beauty as good and ugliness as bad has been explored by other authors as well. Like Halprin, Crawford and Unger (2004) emphasized that women who deviate from the social norm in terms of physical appearance are treated differently by society and especially by men,

The consistency of and stability of images of women and men may lead people to believe that there is a social consensus about gender. It is difficult to remember who is left out—older women, “imperfect” women with disabilities, and all those women who cannot or will not participate in making themselves attractive to men. (p. 43)

Crawford and Unger (2004) also discussed how the media give value to the notion that anything or anyone who is beautiful is intrinsically good, whereas anything or anyone that is not is automatically bad,

Good looks are an asset for both males and females. So many positive social judgments are made about physically attractive people that researchers coined the phrase “What is beautiful is good!” But physical attractiveness is more salient in judgments about females than in judgments about males. Most images of women in the media are beautiful images. Female bodies are displayed more than male bodies and judged more harshly. (p. 44)

Zebrowitz (1997) expanded the perspective of beauty as good, noting that it is derived from a concept called “the attractiveness halo” (p. 145). Zebrowitz explained that “the attractiveness halo . . . derives from exposure to cultural representations of attractive and unattractive people . . . Western culture, and probably others as well, associate beauty with good things and ugliness with bad things” (p. 145).

Media-Based Academic Studies

The following media-based academic studies provide insight into the influence of the media on an audience through television exposure, magazine content, advertisements, the media's constructed images of beauty, the benefits of facial attractiveness, and the influence of exposure to facial attractiveness.

Influence of television exposure.

Tiggemann (2005) found that, although the total time Australian students spent watching television was not related to body image, there was a relationship with the time spent watching particular genres. Students who watched soap operas were more likely to internalize the cultural ideals of beauty, and both the boys and girls were more driven to achieve thinness. The boys, however, had a greater drive to achieve masculinity. The results also showed that it was the type of content that influenced participants' body image, not the amount of content that was watched. Also, "the influence of watching soap operas on the drives for thinness and muscularity was mediated by internalization and appearance schemas" (p. 375), meaning that, "television viewing affects these cognitive structures, which in turn influence weight-and eating-related behaviors" (p. 375).

The researcher stated that, when the adolescents were watching television as a means of "escaping negative affect or social learning, [this] was correlated with negative body image" (p. 375). She found that the girls' motives for watching television were more for social learning, whereas the boys watched for enjoyment. The girls were also

more likely to have overall body concerns after such exposure. The researcher further stated that reading fashion magazines may lead to stronger effects on body image since they are sought out as a means for social learning, whereas television use usually involves reasons other than social learning. At the same time, the researcher found that, although television watching for social learning did negatively influence the participants' body image, watching television for pure enjoyment had no consequences.

Overall, the results showed that adolescents are active consumers of media content and, as such, using television as a means to learn about life can lead to more negative body images and “symptoms of disordered eating” (p. 375-376).

Influence of magazine content.

Morry and Staska (2001) conducted a study to test whether magazine exposure correlated with body shape dissatisfaction, self-objectification, and eating disorder symptomology in undergraduate women and men. The results showed that the participants who read beauty magazines (females) and those who read fitness magazines (males), “had a greater concern about their physical appearance” (p. 276) and internalized societal ideals. Participants were also more prone to “disordered eating behaviors than those that did not” (p. 276). For the female participants, the use of beauty magazines “predicted self-objectification, mediated by internalization” (p. 269). For the male participants, “only internalization predicted self-objectification . . . [and] . . . fitness magazines predicted body shape dissatisfaction, mediated by internalization” (p. 269). For the female participants, “only internalization predicted body shape dissatisfaction”

(p. 269). At the same time, “reading magazines also predicted eating problems for men and women, [but for the female participants], this was mediated by internalization” (p. 269).

Influence of television and magazines: Similar, yet different.

Tiggemann (2003) investigated whether exposure to television and magazines contributed to lowered body satisfaction and eating disorders in women. She found that, although both magazine and television usage related to body dissatisfaction, they did not relate to disordered eating in the same way. The results showed that “television-watching, but not magazine reading, was related to self-esteem” (p. 426). Television watching was also related to weight but not to the internalization of the thin ideal as fashion magazine reading was. Moreover, the “. . . internalization of the thin ideal mediated the effects of magazine exposure on body dissatisfaction” (p. 426).

The results also indicated that there was a negative correlation between television watching and awareness of sociocultural pressures. In fact, women who watched more television were “relatively less aware of sociocultural body ideals” (p. 427). Interestingly, the results also suggested that “weight moderates the influence of internalization” (p. 427). Those who were overweight internalized the images more than those who were not and, as a result, this caused an increase in “body dissatisfaction and disordered eating . . .” (p. 427).

Furthermore, it was found that “exposure to a large dose of thin idealized images [can lead] to negative body experience . . .” (p. 427) and “women with the highest levels of body dissatisfaction may be more vulnerable to internalization of the thin ideal or may

be interested in and seek out specific media content” (p. 427). This means that women with lower self-esteem may be more inclined to seek out, purchase, and read

. . . fashion magazines, with their explicit depictions of beauty and instructions on appearance enhancement. It may be this active and motivated involvement in the reading of fashion magazines which renders it more closely associated with internalization of thin ideals than is the case for television watching. (p. 427)

Overall, both television usage and fashion magazine reading among the participants contributed to a lowered self-esteem and an increase in eating disorders. However, it was interesting but not surprising that the participants who already had low self-esteem were more vulnerable to the images of beauty and to the thin-ideal to which they were exposed.

Influence of advertisements.

Bessenoff (2006) conducted a study to test whether women viewing advertisements that contained the thin-ideal affected the way in which the participants viewed their body image. The results of the study indicated that,

. . . the women with high levels of body image self-discrepancy experienced higher levels of dejection-and agitation-related mood; lowered self-esteem, particularly in the domain of appearance; and increased levels of depressive thoughts when they viewed thin-ideal advertisements than when they viewed advertisements that did not depict the thin ideal. (p. 247)

However, it was found that the women who demonstrated a lower level of body image self-discrepancy did not confirm these differences between conditions. Overall, the researcher found that the women who had “high body image self-discrepancy [were] at greater risk for negative consequences from exposure to thin-ideal media” (p. 247).

Gurari, Hetts, and Strube (2006) explored whether “implicit self-evaluations (ISEs) and explicit self-evaluations (ESEs) are differentially susceptible to influence” (p.

273). These were measured after 71 undergraduate female participants were exposed to the images of beauty found in magazine advertisements and to control advertisements that contained no body images. The results of the study indicated that,

. . . exposure to idealized images of beauty left ESEs virtually unaffected, but influenced participants' ISEs, although only for target words associated with attractiveness . . . The in-group and gender primes were included to establish whether one part of the self-concept might be influenced by the manipulation while another is not (e.g., a woman might be led to feel worse about herself, but not about her gender group). Instead, not only were implicit attractiveness evaluations of one's self affected, but so were implicit attractiveness evaluations of one's in-group and gender. (p. 279)

The control participants also indicated “stronger associations between the three identities (self, in-group, and gender) and beauty than did experimental participants, suggesting that exposure to the idealized portrayals of attractiveness severed the positive association that ordinarily exists between these identities and beauty” (p. 279). The participants' outward behavior was also “influenced by the manipulation because they [represented] a less direct or more implicit measure . . . participants exposed to the idealized images consumed less junk food than did control participants and spent more time reading the health related magazines . . .” (p. 279-280).

Overall, the researchers stated that their findings support the assertion that “certain images may indeed lead participants to behave in ways different than they otherwise would even when their explicit self-evaluations are unaffected” (p. 280).

Influence of media-constructed image of the ideal beauty.

Engeln-Maddox (2006) examined how college-age women would predict their lives would change if “. . . their appearance [was] consistent with a media-supported female beauty ideal” (p. 258). The researcher asked her participants to rate how and if

their lives would change if they looked like the media ideals they were asked to describe. She found that the women tended “. . . to link positive and likely life expectations with looking like the media ideal, [which] was significantly associated with both internalization of media ideals and appearance related dissatisfaction” (p. 258). Instead of focusing just on the body aspect of media ideals, which usually consist of extreme thinness, Engeln-Maddox explored general appearance-related perfection and its effects on women.

The participants were also asked to reflect on American society’s view of how the media-generated ideal woman looks. The women were then instructed to write their description of the appearance of this woman and were then asked to think about the ways they believed their lives would change if they looked like the ideal woman they described. The results of the written responses indicated that the women “. . . associated a wide variety of rewards with looking like the media ideal . . . Results [also] indicated that they believed their lives would change in important and positive ways” (p. 263).

Discussing the study’s results, Engeln-Maddox noted that,

Linking positive expectations with a media ideal and believing these expectations to be highly likely appears to be a significant predictor of the extent to which a woman internalizes the ideal. The finding casts doubt on the notion that women value the cultural beauty ideal only for its own sake. Rather, the evidence presented in this study suggests that many women may seek to emulate their ideal because they seek the social, psychological, and practical rewards associated with this ideal. (p. 264)

Engeln-Maddox’s findings also suggested that “women are capable of maintaining their own individual formed ideas of beauty, while still recognizing that

achieving the standards espoused by the media could change their lives in positive ways” (p. 264).

Benefits of facial attractiveness.

Van Leeuwen and Macrae (2004), who conducted an experimental study to test whether facial attractiveness produces a positive response in people, found that participants assigned positive words to the images of attractive faces, showing that those who possess facial attractiveness experience advantages over those who do not. The results of the study also showed that,

. . . stereotypes associated with facial attractiveness also influence behavior implicitly—that is, under conditions in which attention is neither directed to a person’s face nor an explicit appraisal of the individual is required . . . This therefore confirms that the evaluative correlates of facial attractiveness influence people’s responses even when a face is an irrelevant aspect of the task at hand . . . This effect, moreover, is elicited by attractive targets of either sex and demonstrated by both male and female respondents alike. (p. 643-644)

Influence of exposure to facial attractiveness.

Newton and Minhas (2005) studied three groups of women: 24 who were undergoing orthodontic treatment, 22 who were undergoing orthognathic treatment, and 20 women receiving no current treatment. The researchers used these three groups to test whether exposure to images of attractive faces would cause a decrease in the satisfaction of the participants’ view of their facial attractiveness. In their study, participants were shown 20 images of attractive faces and 20 neutral images of beautiful houses.

The results of the study indicated that the women who sought out orthodontic treatment and who were exposed to the idealized facial images had a greater

dissatisfaction with the appearance of their own face. Newton and Minhas stated that “orthognathic patients had the highest levels of facial dissatisfaction on this measure, whereas participants with no history of seeking either orthodontic treatment or orthognathic treatment had the lowest levels” (p. 6).

The overall results of the study indicated that women who seek medical treatment, especially those who want to correct an unsatisfactory feature related to their facial appearance, become more aware of their imperfections and therefore may be more sensitive to the images of beauty to which they are exposed.

Medical-Based Academic Studies

The following medical-based academic studies directly relate to the researcher’s study and offer insight into the psychosocial, psychological, and social functioning of persons with various congenital or acquired facial disfigurements.

Disfigurements, body image, and psychosocial functioning.

Thombs, Magyar-Russell, Bresnick, Fauerbach, and Notes (2008) tested “a proposed framework for understanding the trajectory of body image dissatisfaction among burn survivors, and [also a longitudinal study] that [investigated] the role of body image in overall psychosocial functioning” (p. 205). Seventy-nine hospital patients completed the Satisfaction with Appearance Scale assessment; only they were included in the study.

The results indicated that women and those with larger burns on their total body surface area had an increase in body dissatisfaction over time. This was “reflected in the significant interactions between sex and TBSA and time, respectively, in the [repeated-

measures analysis of covariance] model” (p. 209). Also, the “importance of appearance had a relatively strong consistent relationship with body image at all three time points” (p. 209) and “the impact of an altered appearance on a burn survivor's social life [was] greater for women than for men and for those with a larger TBSA” (p. 209).

This study was unique because it was the first to “track changes in body image over the first year of recovery from a severe burn” (p. 209). Further findings also indicated that “body image mediated the relationship between pre-burn psychosocial functioning and post-burn psychosocial functioning” (p. 209). This finding suggests that “adjusting to appearance changes is an integral part of adapting after a severe burn” (p. 209).

The researchers concluded by stating that, since “appearance standards in North American culture are stricter for women than for men . . . consequently, women tend to have lower body image” (p. 209) regardless of whether they are burn victims themselves.

Appearance anxiety, social interaction, and camouflage cream.

Kent (2002) conducted a study on “a model of disfigurement that integrates psychological and sociological viewpoints on appearance anxiety” (p. 377).

Participants initially included 139 clients who were scheduled for appointments with their local practitioner between September and December of 1999. The clients attended the British Red Cross Skin Camouflage Service. These clients “were sent an initial questionnaire package [to answer after their first appointment] . . . Four months after the appointment [they were sent] a second questionnaire package” (p. 380-381).

The results of the study indicated that “general well-being . . . increased for those who reported higher levels of general satisfaction with the cosmetic creams. The belief that appearance would determine how others see them . . . was reduced” (p. 383). Also, the camouflage cream “helped in some ways but not in others . . . it did not help clients to deal with concerns about negative social evaluations” (p. 384). Moreover, “concerns about rejection and social exclusion . . . and core beliefs about the importance of appearance in their own and others’ eyes were not altered” (p. 384).

Overall, the results indicated that “medical interventions are helpful emotionally” (p. 384), but the researcher went further and asked if this was because of a “reduction of clinical severity *per se* or [does the medical intervention, in this case camouflage cream] reduce shame and the reliance on behavioral avoidance?” (p. 384).

The researcher further suggested that “a combination of a cognitive behavioral therapy approach—which aims to alter schema—and social skills training—which aims to increase a person’s coping repertoire—could have a greater effect on well-being than either intervention alone” (p. 384).

Sociocultural norms, ideal appearance, and self-worth.

Strahan, Lafrance, Wilson, Ethier, Spencer, and Zanna (2008) tested “. . . whether the salience of sociocultural norms for ideal appearance leads women to base their self-worth more strongly on appearance, which in turn leads them to feel more concerned with others’ perceptions and less satisfied with their bodies” (Strahan et al., 2008). For the purpose of this review, only the first study is discussed, as it directly relates to the research questions.

In their study, the researchers “. . . tested whether appearance contingencies of self-worth would mediate the impact of ideal images on women’s body satisfaction and concern with others’ perceptions” (Strahan et al., 2008). To do so, they manipulated the “. . . salience of sociocultural norms for ideal appearance by exposing some women to media images that strongly convey these norms (commercials containing images of thin, attractive women) and others to neutral stimuli” (Strahan, et al., 2008). The researchers also measured how strongly participants “. . . based their self-worth on appearance, how satisfied they were with their bodies, and how concerned they were with others’ perceptions” (Strahan, et al., 2008). The results of the study indicated that,

. . . the sociocultural norms for appearance have a significant impact on women’s dissatisfaction with their bodies and the extent to which they are concerned with other people’s perceptions of them. Furthermore, exposure to images reflecting these norms led women to base their self-worth more strongly on their appearance, which in turn led them to feel less satisfied with their bodies and more concerned with others’ opinions. (Strahan, et al., 2008)

Disfigurement and self-concept.

Moss and Carr (2004) conducted a study to “determine whether variation in psychological adjustment to physically disfiguring conditions is related to organization of the content of appearance-related information in the self-concept” (p. 737). For this study, participants were “recruited from two self-help organizations and the plastic surgery and burn unit at Derriford Hospital, Plymouth” (p. 740). Participants included members from the Acne Support Group and the Neurofibromatosis Association as well as patients waiting at the hospital.

The results of the study indicated that “poor adjustment was associated with high compartmentalization of appearance and non-appearance adjectives within the self-

concept, and that appearance adjectives were more central in poor adjusters than in good adjusters” (p. 743). Also, an “increased complexity of the self-concept was associated with poor adjustment, and that this effect was not moderated through the differential importance of self-aspects” (p. 744). In addition, the

. . . implication of greater compartmentalization among poor adjusters is that being poorly adjusted is to have more discrete parts of the self-concept system, which contain information about one’s appearance . . . the poor adjusters’ self-concepts are organized in such a way that appearance information is more important and central to them. (Moss & Carr, 2004)

Overall, the results indicated that “poorer adjustment was associated with more complex self-descriptions than good adjustment . . . Poor adjusters are involved in a lot of self-referent cognitive activity, continually elaborating their self-concepts . . .” (p. 744). Since the poor adjusters are constantly thinking about and are aware of their altered appearance, they do not have the luxury of having a “non-appearance related information [buffer]” (p. 745). This is especially evident if they find themselves being stared at by people in social situations, which causes their “appearance-dominated thoughts” (p. 745) to become stronger. The results also indicated that,

. . . appearance-dominated self-conceptions are elaborate and densely packed with information. A myriad of thoughts, feelings and memories are associated with the poor adjusters’ view of themselves and their appearance . . . the self-concept organization of those who are poorly adjusted makes them prone to complex appearance-dominated thoughts which are not easily allayed. (p. 745)

Disfigurement, social functioning, and self-efficacy.

Hagedoorn and Molleman (2006) studied “the moderating role of social self-efficacy (i.e., the belief that one is capable of exercising control over the reactions and openness of other people) with respect to the link between facial disfigurement and

psychological and social functioning” (p. 643). The 76 participants were recruited during a check-up visit with their physician. Criteria on the types of patients included those with a tumor in the head and neck area; those who were treated with surgery and/or radiotherapy; patients with a life expectancy of at least 6 months; and persons between the age of 18 and 70 years. The results of the study, based on a structured interview and a self-administered survey, indicated that,

. . . patients with more (rather than less) severe facial disfigurement experienced more psychological distress, more distress in reaction to unpleasant behavior of other people, and more social isolation, but only when they believed that they were not very capable of exercising control over the reactions and openness of other people. Because the belief that one is disfigured is subjective and not necessarily congruent with the actual “objective reality,” . . . [the] findings were consistent with respect to facial disfigurement defined as visibility of the disease rated by patients and facial disfigurement defined as impairment of facial expression rated by physicians. (p. 646)

Overall, the results demonstrated that “social self-efficacy is an important asset, especially for patients with severe facial disfigurements” (p. 646).

Overview

Academic researchers such as Tiggemann (2003), Morry & Staska (2001), Tiggemann (2005), Bessenoff (2006), Gurari et al. (2006), Engeln-Maddox (2006), and Van Leeuwen & Macrae (2004) provided insight into the media’s influence on an audience through their use of, and exposure to television, magazines, and the beauty ideal.

Some of the medical-based studies also offered a deeper understanding on the ways in which people with acquired disfigurements learn to adjust to their new altered appearance (Thombs et al. 2008), how persons who seek certain facial-related treatments

are more aware of their facial appearance (Newton & Minhas, 2005), how camouflage cream works to alleviate some but not all of the stress a person with a facial disfigurement experiences (Kent, 2002), the role of self-concept in those with facial disfigurements (Moss & Carr, 2004), and the role of self-efficacy in those with facial disfigurements (Hagedoorn & Molleman, 2006).

However, although the previous studies did not directly relate to how the images of beauty as presented by the media influence *women with facial disfigurements* in particular, the studies did indicate that the images of beauty found in the media tend to have a negative influence on women's body image, self-worth, and self-esteem. The results of the studies reviewed showed that, after the female participants were exposed to images of beauty that were presented to them either through photographs, television advertisements, or magazine images of the thin-ideal, their perceptions of self were altered, satisfaction with their body decreased, their social anxiety increased, and their self-esteem diminished.

The studies also indicated that Bandura's (2002) social learning theory, discussed in the subsequent section, is viable, and that people do learn from their environment. Bandura's (2002) explanation of learning through biological events was also relevant in relation to the findings discussed. Individuals who are born with a congenital condition or those who acquire a disfigurement from being burned in a fire, for example, learn about and adapt to their physical difference differently than those with a normal appearance. And since people learn from their environment, the content to which they

are exposed can influence the way in which they relate to or learn about the world and about themselves.

Symbols, as Bandura (2002) discussed, are also means by which people learn from their environment. When women are exposed to certain images of beauty found in the media environment, those images become symbols—symbols that guide people to think, act, and judge others and themselves based on those symbols.

Research has shown that women with disfigurements may develop an altered self-concept that is based on their appearance. The focus on self may explain why they may be more vulnerable to the images of the ideal beauty they are exposed to—a vulnerability that may lead them to internalize those images. Through this potential internalization, these women may turn the images of the ideal beauty inwardly and begin to base not only their own self-worth solely on their appearance, but they may also begin to feel as though others also judge them on their appearance as well.

Social Learning Theory of Mass Communication

Bandura's (2002) social learning theory provides the theoretical framework for much social science research on cognitive media effects. McQuail (2005) noted that “the basic idea of . . . social learning theory is that we cannot learn all or even much of what we need to guide our own development and behavior from direct personal observation and experience alone,” and that people have to “learn much from indirect sources, including mass media” (p. 493). According to Bandura (2002), “human behavior has often been explained in terms of unidirectional causation, in which behavior is shaped

and controlled either by environmental influences or by internal dispositions” (p. 121).

Bandura wrote,

Social cognitive theory explains psychosocial functioning in terms of triadic reciprocal causation. In this transactional view of self and society, personal in the form of cognitive, affective, and biological events; behavioral patterns; and environmental events all operate as interacting determinants that influence each other factors; and environmental events all operate as interacting determinants that influence each other bidirectionally. (p. 121)

Bandura (2002) noted that “human self development, adaptation, and change are embedded in social systems. Therefore, personal agency operates within a broad network of sociostructural influences” (p. 121). These social systems that Bandura discussed are also included in the media system. Since media are widely present in people’s lives, it is hard for viewers to escape the sociostructural influences that they create. As a result, viewers may begin to adapt or develop new behaviors from the images or messages they receive from the media.

Symbolizing capability.

Bandura (2002) explained how symbols are the threads that connect the way in which humans learn from their environment. Symbols can also shape behavior and the way in which people act and judge others, how they judge events, and how they interpret situations. Bandura stated that “an extraordinary capacity for symbolization provides humans with a powerful tool for comprehending their environment and creating and regulating environmental events that touch virtually every aspect of their lives” (p. 122). And it is through these symbols that much of what people experience is through “. . . external influences [that] affect behavior through cognitive processes rather than directly” (p. 122). At the same time, there are “cognitive factors [that] partly determine

which environmental events will be observed, what meaning will be conferred on them, whether they leave any lasting effects, what emotional impact and motivating power they will have, and how the information they convey will be organized for future use” (p. 122). Bandura further explained that “it is with symbols that people process and transform transient experiences into cognitive models that serve as guides for judgment and action. Through symbols, people give meaning, form, and continuity to their experiences” (p. 122).

External influences that Bandura discussed include the media, which are a major factor in how people learn about others, themselves, and the world in general. Since symbols, such as images of beauty, are used by the media to sell a product, lifestyle, or idea, these types of symbols can influence the audience. When TV viewers see how an attractive young woman with flawless skin, a toned body, and sex appeal is used to advertise a product, they may reflect on these different symbols and develop their own meaning, either positive or negative, from the image presented.

Vicarious capability.

Bandura (2002) discussed how an individual’s social reality is also shaped by vicarious experiences,

A major significance in symbolic modeling lies in its tremendous reach and psychosocial impact. Unlike learning by doing, which requires altering the actions of each individual through repeated trial-and-error experiences, in observational learning a single model can transmit new ways of thinking and behaving simultaneously to countless people in widely dispersed locales . . . Consequently, [people’s] conceptions of social reality are greatly influenced by vicarious experiences—by what they see, hear, and read—without direct experiential correctives. To a large extent, people act on their images of reality. The more people’s images of reality depend on the media’s symbolic environment, the greater is its social impact. (p. 126)

Since it is impossible for people to experience everything directly, they do so by indirect, vicarious means. The media are great aids that allow viewers to experience things or a certain reality in a way that may not be possible otherwise. The pitfall of these vicarious experiences, however, is that a viewer may take what she sees in media as social reality, thus altering her understanding of the way the world and people truly are.

Bandura (2002) stated that, in addition to symbols, it is the amount of television that influences the viewers' reality as well,

Televised representations of social realities reflect ideological bents in their portrayal of human nature, social relations, and the norms and structures of society. Heavy exposure to this symbolic world may eventually make the televised images appear to be the authentic state of human affairs . . . Televised influence is best defined in terms of the content people watch rather than the sheer amount of television viewing. More particularized measures of exposure to the televised fare show that heavy television viewing shapes viewers' beliefs and conceptions of reality. (p. 137)

Although television produces representations of social realities, it is not only television that influences an audience. Print media do so as well. As Bandura (2002) wrote,

. . . portrayals in the print media similarly shape conceptions of social reality. To see the world as the televised messages portray, it is to harbor misconceptions . . . Verification of personal conceptions against televised versions of social reality can thus foster some collective illusions. (p. 137-138)

At the same time, the media, according to Bandura (2002), do not have to be directly a part of someone's life to influence them in some way,

. . . the media can implant ideas either directly or indirectly or through adopters . . . In some instances the media both teach new forms of behavior and create motivators for action by altering people's value preferences, efficacy beliefs, outcome expectations, and perception of opportunity structures . . . the effect of the media may be entirely socially mediated. That is, people who have had no exposure to the media are influenced by adopters who have had the exposure and

then, themselves, become the transmitters of the new ways. Within these different patterns of social influence, the media can serve as originating as well as reinforcing influences. (p. 143)

Although there have been many theories used to explain the influence of the media on audiences, the theory that best explains how the media affect its viewers is Albert Bandura's (2002) social learning theory. However, it is important to acknowledge some of its drawbacks. According to Rumsey and Harcourt (2005),

Existing theories aiming to explain and understand individuals' experiences of their appearance have been of limited use due to the tendency to focus on the pathological approach and because of the myriad of complex factors likely to play a role in determining adjustment to appearance. These include cognitive and emotional responses, family environment, peer values, the response of others, the sociocultural context, actual physical appearance and developmental stage. (p. 191)

Rumsey and Harcourt (2005) explained that, although there are some “. . . social cognition models [that] may help to explain some appearance-related behaviors, they are often inadequate when trying to understand the complexity of individuals' experiences of living with appearance-related concerns or disfigurement” (p. 48-49). Even with its limitations, social learning theory serves as the theoretical framework for this study.

Theoretical Framework

For the purpose of this study, Bandura's (2002) social learning theory was used to analyze the influence, if any, that media-constructed images of beauty have on women with facial disfigurements. Bandura's explanation of social learning relating to an individual's psychosocial functioning was used to determine whether the participants were influenced by personal, biological, and environmental factors. Based on these three

factors, the researcher then further explored whether such experiences helped to shape the way in which the participants viewed themselves and how they felt others viewed them based on their physical appearance.

The researcher also used Bandura's explanation of vicarious experience to analyze whether the participants' image of self was influenced by the media's symbolic environment, whether they base social reality on the images they see in the media, and whether the media have been a learning tool in their exploration of how the world operates through the social norms the media create for its viewers to follow.

Furthermore, Bandura's explanation of media exposure was used to analyze whether the participants have developed their beliefs and concepts of reality through their use of certain type of media. Through this, self-worth, self-esteem, and self-concept were analyzed.

Lookism was also used to analyze whether the participants have experienced prejudice because of their facial disfigurements, and if they believe others have judged them and continue to judge them based on physical appearance.

Research Questions

The research questions, which are based on the literature review and the theoretical framework, are as follows:

- 1.) What type of media do the participants use on a regular basis?
- 2.) To what extent, if any, do media-constructed images of beauty contribute to how women with facial disfigurements learn about beauty and about themselves in relation to the images of beauty to which they are exposed?

- 3.) To what extent, if any, is the decision of a person with a facial disfigurement in wanting to try to cover and/or change her physical appearance influenced by media-constructed images of beauty?
- 4.) To what extent, if any, do media-constructed images of beauty influence how a woman with a facial disfigurement is perceived, judged, and/or treated by others?

CHAPTER THREE: METHOD

This chapter provides a description of the method that was used to gather the data for this study. It includes a discussion of the questionnaire used to obtain quantitative and qualitative data from the 25 female participants.

Research Design and Method

The researcher conducted a study on if and/or how women with facial disfigurements are negatively influenced by the images of beauty as presented by the media through television, magazines, newspapers, and advertisements, and to indicate whether those images alter the women's perceptions of self, how they feel others perceive them, and whether self-worth and self-esteem are diminished as a result.

The study was conducted through telephone interviews using a questionnaire that had 7 quantitative questions and 26 in-depth open-ended questions. The quantitative portion of the questionnaire consisted of demographics: (age, ethnicity, residence, occupation, marital status, number of children) and whether their facial disfigurements are congenital or acquired.

The qualitative portion of the questionnaire consisted of 26 questions on the extent of facial disfigurements, the type of conditions, and the area of the face that is affected. Participants were also asked to describe their experiences growing up with and living with facial disfigurements, whether the media have influenced them in wanting to change their appearance, how they have been treated by others based on their physical appearance, and whether media-constructed images of beauty have had a negative influence on their perceptions of self and how they feel others perceive them.

The demographic questions and the question on the type/severity of each participant's disfigurement were included in participant profiles, which were developed to humanize the participants, to provide necessary background information about them, and to provide a context for the results.

The next nine questions pertained to whether the participants have had a desire to try to conceal their facial differences, whether they have had plastic (reconstructive) surgery or any other surgery related to their facial differences, and how influential they believe media-constructed images of beauty have been on their thoughts of changing their appearance. These questions were asked to determine whether the participants felt a need to try to conceal their facial differences through various means, including surgery, and whether that need was influenced by their exposure to media.

The next six questions referred to whether the participants have been asked about their facial differences by other people; how they feel people perceive their facial differences when they first meet them; whether they have ever been treated in a prejudicial manner because of their facial appearance; whether they believe that the images of beauty as presented by the media have affected the way in which people perceive them; how much they believe the images of beauty as presented by the media have contributed to physical appearance-based prejudice; and whether they believe that the images of beauty as presented by the media have hindered the types of opportunities they have in life.

These questions were asked to determine whether the participants' facial differences have influenced how other people react to them, how they are treated by

persons they encounter, whether they have been treated unjustly because of their facial differences, whether they believe the media have influenced others on how to judge people based on appearance, and whether their facial differences have had an influence on the type(s) of social interactions, social experiences, and opportunities they have had or will have.

The next six questions referred to the participants' media use, including the hours of television watched per week, the number of times they read the newspaper per week, the type of media they use on a regular basis (television, magazines, newspapers), the type(s) of show(s) they watch on a regular basis, the kinds of magazines, if any, they purchase and read, and the types of advertisements they could recollect that were selling beauty products and/or the media's image of beauty. These questions were asked to decipher whether the type of media used, the amount used, and the messages from these outlets influenced the participants' perceptions of beauty and their thoughts about their own physical appearance.

The last four questions pertained to the participants' description of their image of the ideal physical beauty, their opinion of the images of beauty as presented by the media, whether they believe the media offer a realistic view of women's physical appearance, and what physical attributes they believe are more important to possess in American society. These questions were asked to determine whether the participants' perception of beauty has been influenced by the media's constructed images of the ideal beauty. These, along with several of the preceding questions, were open-ended, allowing the participants to give detailed explanations.

Since the participants live in different cities and states throughout the United States, the data were gathered through in-depth telephone interviews. The participants were guaranteed confidentiality.

Data Analysis

To analyze the data collected, the researcher developed multiple tables indicating the results from each survey question and in-depth interview questions. The researcher then separated and went through each of the answers given by the participants to the six quantitative questions and provided the numerical figures for each of the six demographical categories. The researcher also indicated the overall dispersion in age, ethnicity, gender, residence, occupation, marital status, whether the participants have children, and whether their facial disfigurements are congenital or acquired. The same method was used for the questions that referred to the type of, and the amount of media used. Based on the information collected, each question was placed in a table that specified how many hours of television are watched, what type(s) of show(s) are watched, what type of media are used, and if there was any influence that may have resulted from the use of these type of media.

For the in-depth open-ended interview questions, the researcher took each participant's answer and typed the relevant comments in separate tables. The tables were consecutively categorized based on each question asked. This was done so that the researcher could describe and explain any similarities/differences among the participants. The data relevant to each category was identified and examined using a method called constant comparison (Boeije, 2002), in which each response was compared with the rest

of the responses collected. This method was also used to analyze any thematic patterns within the responses. This process is inclusive and was used to reflect all of the variables within the responses. The responses that were found to be similar were grouped accordingly and analyzed. The overall results of the questionnaire are presented in the Results chapter.

Field Work and Preliminary Research

The researcher contacted David Roche, an inspirational humorist and motivational speaker, who was born with a facial disfigurement. She requested his help in recruiting women with facial disfigurements. Mr. Roche was more than willing to be of assistance and forwarded his list of contacts, which included women with facial disfigurements and organizations that support people with disfigurements. Potential participants were contacted by the researcher through e-mail. In the e-mail the researcher introduced herself, the institution she is from (SJSU), and her purpose for contacting them. The researcher also explained that Mr. Roche referred them to her. The researcher continued by explaining her background in the subject matter she is studying and her interest in the media's influence on this audience. The researcher concluded by asking them to be a part of her study and guaranteed that their participation and answers would remain confidential. The researcher also gave them a deadline, November 14, 2008, for their response to her invitation.

From the list of contacts, Debbie Oliver, Executive Director of *Ameriface.org*, contacted the researcher and offered her assistance in recruiting women with facial disfigurements for the study. The participants are from different regions of the United

States and were identified as potential subjects based on their growing up and living with congenital or acquired facial disfigurements.

Limitations of the Study

Since the study used a purposive sample of volunteers, the findings cannot be generalized to the larger population of women with facial disfigurements.

Definition of Terms

Key words and concepts that were used in the study to provide a deeper understanding of the subject matter—whether media-constructed images of beauty negatively influence women with facial disfigurements—are as follows:

Acquired disfigurements

Acquired causes include: medical conditions that result in disfigurement, such as head and neck cancer; facial paralysis; development of skin conditions; and traumatic injury, such as burns and scarring (Millstone, 2008).

Congenital disfigurements

Any disfigurement that is present at birth as a result of a birthmark, or a medical condition that involves cranio-facial disfigurement. For example congenital hemangioma, cleft-lip and palate, and skin conditions such as eczema and vitiligo. (Definition used for the purpose of this study).

Facial Disfigurement/ Facial Difference

Any area of the face that is damaged, scarred, misshapen, and/or asymmetrical in appearance as a result of a congenital or acquired condition/syndrome. (Definition used for the purpose of this study).

<i>Lookism</i>	Prejudice or discrimination based on physical appearance and especially appearance believed to fall short of societal notions of beauty (Merriam-Webster, 2007).
	A newer word for discrimination or prejudice against people based on their physical appearance and gender expectations. Lookism discriminates against both “beautiful” and “ugly” people, as it is prejudice against a person for the way they look, positively and negatively (Urbandictionary, 2008).
<i>Media-constructed images of beauty</i>	Any image(s) of beauty created and presented on, by, or through media such as television, the Internet, advertisements (print and digital), and magazines. (Definition used for the purpose of this study).
<i>Self-concept</i>	The mental image one has of oneself (Merriam-Webster, 2009).
<i>Self-esteem</i>	The part of self-concept that involves an individual’s evaluations of his or her self-worth (Adler & Towne, 2003).
<i>Self-worth</i>	The sense of one’s own value or worth as a person; self-esteem; self-respect (Costello, 1995).
<i>Social Norms</i>	The rules that a group uses for appropriate and inappropriate values, beliefs, attitudes and behaviors. These rules may be explicit or implicit. Failure to stick to the rules can result in severe punishments, the most feared of which is exclusion from the group. A common rule is that some norms must frequently be displayed; neutrality is seldom an option (ChangingMinds.org, 2008).

CHAPTER FOUR: RESULTS

Introduction

This study was designed to determine whether media-constructed images of beauty negatively affected women with facial disfigurements. Telephone interviews were conducted with 25 female participants with congenital or acquired facial disfigurements. The women were asked about their experiences growing up and living with facial disfigurements and whether media images of beauty affected their perceptions of self and that of others.

The results of the study showed that, although media images of beauty did have some influence on some of the participants' perceptions of self, interpersonal factors and lookism—physical appearance-based prejudice—were more influential. The interpersonal factors included: how the participants were treated by others when they were young children and as adults; being asked about their facial differences by other people and/or receiving rude or unwanted comments throughout their life; and experiencing prejudice or unkind behavior from other people.

Some other factors included: people assuming that, because the participants have facial differences, it meant that they were either mentally deficient, had a learning disability, or were intellectually defective in some way, or people generally being mean and/or rude to them when they are out in public.

For those who stated that they were affected by the images of beauty found in the media, some of the reasons given were that they were more susceptible to the images of beauty they were exposed to when they were younger and during their high school and/or

college years. Some participants stated that, as they grew older, they have noticed or were influenced by advertisements promoting anti-aging products, thus making them feel more self-conscious about their appearance and about aging overall.

In this section, the results from the questionnaire are presented in five sub-sections: participant demographics that are included under participant profiles and four sub-sections that address each of the four research questions.

Participant Profiles

The participants were adult women who were of various ethnic backgrounds and who were from different parts of the United States.

Twenty-four of the participants have congenital disfiguring conditions/syndromes, and one has an acquired facial disfigurement. Their conditions/syndromes range in severity from mild to major, with the severe conditions/syndromes causing additional physical complications. The majority of the participants also has or had a job/career in the social service, education, or medical field. Fourteen of the 25 participants are single and only 10 of the 25 participants have children.

Age. In this sample, the age distribution is as follows: 10 participants were between the ages of 21-30, 6 were between 31-40, 5 were between 41-50, and 4 were between 51-56. The overall age range was between 21 and 56 years of age.

Ethnicity. A majority of the participants (14) were Caucasian. Other ethnic/racial backgrounds were: African American, European-American, Hispanic, and mixed races such as half Caucasian and half Hispanic, and half German, half Hispanic with some Japanese and Indian ethnicity.

Residence. Seven of the 25 participants were from California (Los Angeles, Pasadena, Elk Grove, San Diego, San Jose, Monrovia, and Long Beach), and three were from New Jersey (Clinton, Jersey City, and Orange). Others were from Birmingham, Alabama; Scottsdale, Arizona; Downers Grove, Illinois; Lafayette, Louisiana; Burlington, Massachusetts; Laurel, Maryland; Montrose, Michigan; Las Vegas, Nevada; Rio Rancho, New Mexico; Forest City, North Carolina; Columbus, Ohio; Fort Worth, Texas; Shelburne, Vermont; and Washington (Seattle and Spokane).

Occupation. A majority of the participants have or had a career in education, child care, social work, or the medical field. A few other participants have careers in law enforcement, public speaking/writing, administration, film, business, athletics, and management. Of the remaining participants, one is an archivist, one is a researcher, one is a case manager and chaplain, one has been trying to set up a craniofacial clinic in her town, two are stay-at-home mothers, one works in a library, one is a full-time graduate student, one is a college student, and one is unemployed.

Marital Status. A majority of the participants (14) are single. The remaining participants said they are married, engaged, in a relationship, or divorced.

Participants were asked to state their marital status to indicate whether their facial differences have affected their ability to develop intimate relationships. The fact that the majority of the women stated that they are single may indicate that their facial disfigurements may make it difficult for them to be self-assured and to be self-confident in themselves and in their appearance, thus making it difficult to interact with and/or to

attract members of the opposite sex or partners. But, it is also possible that these women are single by choice or they do not wish to be in a relationship at this point in their lives.

At the same time, the women who are married, were married, or are in a relationship stated that, each of them had an extra hurdle to get over—that of explaining to each of their potential partners about how and/or what caused their facial differences. However, they also stated that, once they explained to their potential partners the causes for their facial differences, over time, their significant others were able to see past their physical appearance and accept them for who they are.

As one participant stated,

I've had a lot of conversations with people about that over the years. I think, when people first see it [facial disfigurement], it's a bit of a shock because it's so different, but then on the second or third meeting, what I've heard people say is that it disappears, and that used to piss me off. "What do you mean it disappears?" But I understand that because when I'm around friends of mine who have acute differences . . . I have a friend who has cerebral palsy. At first, his tremors and his speech and how he moves his body was just really uncomfortable to be around, and now I couldn't think of him any other way. I don't notice it. It's just who he is. P. F. (personal communication, January 29, 2009)

Children. Of the 25 participants, only 10 stated that they have a child or children.

The women who have children taught them about physical differences from an early age.

As one participant stated in regards to her two daughters,

I've always been very open with them. Even when they were very, very young, they knew in as much as they could understand then, and, as they've grown older, they've been there with me every step of the way and they've been supportive . . . I think my children are very compassionate not only with people who are different as far as appearance, but who have mental disabilities or whatever. There's just something about being in a family with somebody who is different. It makes you much more sensitive and much more compassionate towards others. T. B. (personal communication, February 22, 2009)

When another participant was asked about whether her two sons have ever asked her about what caused her facial difference, she responded,

It's the funniest thing—they never asked me. When they were old enough to understand, I did tell them what it was because I'm sure their friends were curious and they probably asked. But they never told me that their friends were asking. It struck me as being strange but they never asked me. I don't know if they just accepted that this was mom . . . Both of my boys are very open and very compassionate to people. B. G. (personal communication, February 8, 2009)

From the participants' responses, it was evident that, since their children have grown up living with a mother who has a facial disfigurement, they learned from an early age that people with physical differences are just like everybody else. Their mothers' conditions helped them to become more understanding and tolerant of people with physical differences or disabilities, and it taught them to not judge a person based on physical appearance.

Type and extent of participants' facial disfigurements. Of the 25 participants, 24 have congenital facial disfigurements and one has an acquired facial disfigurement. Some of the participants who were born with congenital facial disfigurements also suffered from more than one condition/syndrome. In order of severity, ranging from least to the most severe: 5 have a unilateral cleft-lip and palate; 12 have some form of cleft-lip and palate (bi-lateral); 2 participants also have a mild form of a hemangioma in addition to their other conditions/syndromes; 1 participant has a port-wine stain; 2 have Atresia-Microtia in addition to their other conditions/syndromes; 1 has Duane's syndrome in addition to her other condition/syndrome; 4 have Treacher Collins syndrome; 4 have Goldenhar syndrome; 1 has Embryonal Rhabdomyosarcoma; 1 has Nager syndrome; 1 has Crouzon syndrome; and 1 has Robinow syndrome.

Participants were asked to describe the extent of their facial disfigurements, the type of conditions/syndromes they have, and the area of the face that is affected to indicate the severity of their conditions/syndromes, the level of discomfort they have suffered because of their conditions/syndromes, and the physical challenges they have encountered because of their particular condition/syndrome.

Many of the participants' conditions/syndromes have affected more than just their face. The majority have also suffered other physical ailments as a result of their facial differences. Although some of the conditions/syndromes were more severe in nature than others, participants with less severe facial disfigurements have encountered their own challenges, either physically, emotionally, or psychologically.

It was interesting to note that, of the 25 participants, 12 have some form of cleft-lip and palate and 5 have a unilateral cleft-lip and palate. These types of congenital facial conditions were found to be the most common among the birth defects.

Two of the participants, one with the complex unilateral cleft-lip and palate and one with a bilateral cleft-lip and palate, also have a mild form of a hemangioma, which is a vascular birthmark. One participant has a port-wine stain, which is also a type of vascular birthmark. In comparison to the remaining conditions discussed, the above congenital conditions (hemangioma, port-wine stain, cleft lip and palate) are relatively the least severe.

Four of the participants have Treacher Collins syndrome, a congenital syndrome. The four women said that they either have little or no external ear-lobes, were born without cheekbones, or were born without a lower jaw or with a recessed chin and jaw.

In addition, they also have a small jaw, downward slanting eyes, and a certain level of partial or full hearing loss.

One participant stated that she was born deaf, had to have a tracheotomy placed in her neck until the age of seven so that she could breathe, and had to have a gastro tube put into her abdomen until the age of 10 so that she could be fed.

Of the four women who have Treacher Collins syndrome, one stated that she wears a hearing aid because of the hearing loss caused by her syndrome, and the other three stated that they are hard of hearing as a result of their syndromes. As one participant described her syndrome,

My ears are malformed and I'm hard of hearing. The other thing that's most noticeable is that my jaw is underdeveloped, especially on the right side of my face. There's a noticeable difference between the two sides of my face. It has some effects on my eyes. I'm not able to blink my right eye. My right ear has *microtia*—the outer-ear is completely underdeveloped so, when you look at it, it's nothing but the remnants of surgery, which was not particularly successful; it looks really bad. When I was born, there was a little ear bud down low by my cheek, and they [doctors] were able to relocate it in a sort of normal location. It's located where it should be but it's very malformed. B. G. (personal communication, February 8, 2009)

Based on what the participants described, Treacher Collins is one of the more severe syndromes because it affects more than a person's facial appearance; it also affects many of the physical functions that a person needs to see, hear, and eat.

Four of the 25 participants have Goldenhar syndrome. As the participants stated, this syndrome affects the development of the jaw, the mandible in particular, the inner and outer ear, proper hearing, the eyes, the neck, and in some cases, the tonsils. Again, a syndrome like Goldenhar affects more than just the appearance of the face. As one participant explained,

It affects my jaw. I have a shortened jaw. I also have *atresia-microtia* with my ears. On one side I don't have the outer ear; I have the inner ear. I also have a hearing aid in my other ear. I've had several surgeries to try to lengthen my jaw. I also have *Duane's syndrome*; it affects my eyes. I have lazy eye and benign cysts on my eyes. I had to have them [cysts] taken out with surgery, and some of my eyelashes haven't grown back from that. I also have *hemifacial microsomia*. M. Z. (personal communication, January 24, 2009)

Another participant stated that,

I'm missing my right ear so they [doctors] rebuilt that. I have *microtia* of the right ear, an underdeveloped jaw mandible on the right side as well, so they [doctors] did surgery on that but it's not fully improved. They tried to reconstruct my ear but it's still not the same as the other one . . . it [syndrome] pretty much affected the right side of my body . . . I can hear vibrations. They [doctors] said they can do surgery to make me hear better but there might be more nerve damage—I already have nerve damage on that side, my eye doesn't close as much, and I can't lift my eyebrow on that side. S. N. (personal communication, February 15, 2009)

Goldenhar syndrome is obviously a damaging syndrome. Not only does it affect the women's facial appearance, it also causes severe physical problems.

One participant has Nager syndrome. As she explained, this syndrome has “. . . affected the development of my lower jaw, my TMJ (temporalmandibular joints), my cheekbones and chin, my hearing, my speech, and the shape of my eyes. To a very minimal extent, it has affected my right thumb.” L. L. (personal communication, February 8, 2009).

As described, Nager syndrome also affects more than just the appearance of the face; it affects the overall development of certain facial joints and bones, proper hearing, speech, the eyes, and even extremities such as the hand and fingers.

In addition to the conditions and syndromes already described, one participant has Robinow syndrome, which results in multiple congenital defects that affect not only the face but other body parts and functions as well. As she explained,

It is a set of congenital defects that caused my skeletal system and other internal systems to not grow fully. Everything for the most part works appropriately. It is just formed a little different. It is a very rare syndrome and not much is known about the cause. Facially, my skull has a thick and flat bone shape, which makes my face look flatter and more round in appearance—larger forehead, larger eyes, and a shorter and wider nose than normal. J. D. (personal communication, February 11, 2009)

Of the 25 participants, 1 has Crouzon syndrome. As she explained, “The mid-face is set back from the face and the lower-jaw will extend forward. It also affects the cranium so, as a child, the cranium or skull doesn’t grow completely to full size so it had to be surgically corrected” K. K. (personal communication, March 5, 2009).

Only 1 of the 25 participants had an acquired facial disfigurement. Her disfigurement was caused by a malignant tumor, embryonal rhabdomyosarcoma, acquired at the age of 16. When describing her condition, the participant explained that the tumor covered the left side of her face from her temple down to her chin. And as a result of surgery, her neck was also affected, causing her to suffer from neck strain. She explained that, because she grew up during the 1970s, the type of cancer she had did not have a favorable outcome because of the doctors’ lack of experience and use of radiation therapy. And, because of the rapid growth of her tumor, it protruded from the left side of her face.

When it [cancer] had grown to the highest level, it was beginning to come into my mouth and it was pushing in between my teeth. It grew to the extent that it did because the doctors I was seeing during the early stages were recommending radical surgery to the extent of removing part of my head and brain . . . It had

grown pretty rapidly, and, when I was finally diagnosed at UCLA, it was too large to actually surgically remove, so I underwent radiation and chemotherapy . . . I have not had any reoccurrence of cancer for 35 years now. J. R. (personal communication, February 14, 2009)

Because of the type of aggressive cancer she had and, despite the radiation treatments she underwent, the doctors initially told her parents that she would have only six months to live. Because the type of radiation treatment she received was not as advanced as it is today, the doctors were not able to target only the area that contained the cancer growth.

She not only suffered from cancer but she also suffered and continues to suffer from the permanent damage to her vision and face that was caused by the radiation treatment she received at the time of her treatment.

Participants' Use of Media

Research Question 1: What type of media do the participants use on a regular basis?

The results showed that the type of content found in television, magazines, and advertisements influenced some of the participants' overall perceptions of self, especially when they were younger.

As one participant explained,

When I was younger I'd wish, I'd wish, "Oh gosh, I wished I looked like her." But in reality, me being a little bit older now, I know that there's what I want and there's what's reality—what I will be able to obtain. So, I'd say every once in a while, maybe once every few months, I get down on my looks, but it's more of the package, not so much the scars and stuff. It's everything. I think, "Oh I need to lose weight. I need thicker hair." I obsess more about my hair than I do about my face because I have really thin hair and I wish I had really thick hair like other girls, but it's not as often as it used to be. Yeah, I see stuff on TV and I think,

“Gosh she looks nice,” but I know the reality of where I’m coming from. B. C. (personal communication, January 23, 2009)

Another participant stated,

I think before it [media] really was influential. I was always looking at the next hairstyle or I had to have that certain makeup. It made me want to try that to see if it will make me look different . . . It was pretty influential, especially when I was in high school and when I first started college. S. N. (personal communication, February 15, 2009)

The participants’ television viewing ranged from 1-2 hours per week to the 40-45 hours a week that was reported by one participant. Some participants explained that their television viewing is active during certain times and passive during others. One participant stated that she tends to have the television on for background noise.

Another participant stated that on most days, television viewing was a part of her daily life. As she explained,

I’m a big TV person. It was a big source of comfort when I was young. I would say I watch 4-5 hours a day to a couple of hours a day. It depends—if I’m working, about 2 hours a day. Not working, 4-6 hours a day. K. K. (personal communication, March 5, 2009)

The participants’ newspaper reading ranged from none or all to reading every day, 7 days a week. One participant stated that she reads two different types of newspapers every day, seven days a week. However, there were some underlying factors that contributed to some of the participants’ newspaper reading habits. One of the participants is blind, so she is not able to read a newspaper. Newspapers and/or online news websites read included: *MSN.com*, *The Boston Globe*, and *The Wall Street Journal*.

Seven participants stated that they get their news online rather than reading a printed newspaper. Since online news coverage and the images provided may be

different from those contained in traditional printed newspapers, the content that the participants seek is more specific, allowing them to filter what they read based on their news interest and selections.

All of the participants, with the exception of the woman who said she is blind, stated that they use the Internet on a regular basis, and 21 of the 25 watch television on a regular basis. One participant discussed the media's influence on her and on other people,

You have to look like the people on television and buy their products, and everybody wants to look like them. If you have a facial difference, that affects people, because you are not as beautiful as they are, and maybe not the same worth as a person. You're not like everybody else. N. O. (personal communication, January 31, 2009)

Regarding the types of television shows the participants watch on a regular basis, it was interesting to note that the majority of the participants (14) watch shows that fell under the category of news/other. These shows included: *The History Channel*, *The Daily Show*, *The Colbert Report*, *The Discovery Channel*, *Public Broadcasting Service (PBS)*, *Animal Planet*, *Nick at Nite*, *Cable News Network (CNN)*, *Democracy Now*, *Terminator: Sarah Connor Chronicles*, and *Larry King Live*. And 8 of the 14 participants stated that they either watch digital video discs (DVD's), the news, on occasion a nature program, educational television, and sports talk.

Participants watched shows such as *Project Runway*, *The Real Housewives of Orange County*, *The Bachelor* (reality-based shows), *Ugly Betty* (comedy), and *Desperate Housewives* (drama/comedy). These shows provide images that focus on beauty, fashion, and tips on how to gain social status through using one's physical

appearance, how to obtain a husband through the allure of one's physical appearance, and include scenarios in which people who do not possess the optimal physical appearance are demeaned by others. These types of shows also relay the message that it is acceptable for a woman to use her beauty to attract a man, gain social status, and get ahead in life.

As one participant noted,

. . . if I look through a magazine or if I watch TV and I like the way that somebody looks, even if it's how they dress, I think of how that would look on me or how I can improve myself to look more like that. M. H. (personal communication, February 1, 2009)

However, one participant explained that she was fully aware of the underlying messages contained in the TV images,

The first shows I watch because I can relate to them [*30 Rock*, *Ugly Betty*] as a person. The other show [*Real Housewives of Orange County*] I watch because I get to laugh at all the mindless women chasing after socio-cultural ideals of beauty and femininity. L. L. (personal communication, February 8, 2009)

It was interesting to note that the majority of the participants read magazines that do not usually contain images of beauty. The content of these magazines was mostly composed of subjects that were either teaching guides, medical research, religious in content, feminism, business, photography, cooking guides, Western living, animal lover, lifestyle, and sales and marketing. Also, 1 of the 12 participants stated that she gets her magazines in Braille because she is blind.

When asked about four types of advertisements—makeup, weight loss, hygiene/soap/hair/anti-aging/perfume, and fashion—the majority of the participants (17) recalled ads that promoted makeup. As one participant explained,

I think it goes directly back to a lot of the advertisements I see and a lot of the magazines I get that have advertisements for moisturizers or natural ingredients

for different kinds of makeup . . . The influence is when the model has perfect skin. I know that, in advertisements, they can be airbrushed and all that, but a lot of these women probably do have close to very healthy skin. I am not impressed by someone who has star features, like perfect eyes or a perfectly shaped nose, full lips. It's healthy skin. That's something I'm absolutely obsessed about because I'm always searching for better products for my skin. So it [media] definitely has an impact. J. R. (personal communication, February 14, 2009)

The second types of advertisements that the participants recalled the most were ads that promoted hygiene/soap/hair/anti-aging/perfume products and/or images of beauty. These advertisements also promoted products that are related to beauty. As one participant stated,

. . . TV advertisements . . . especially now that I'm turning 40 and getting up there in age, you want the anti-wrinkle creams . . . You always see the advertisements with people who are running or who look healthy . . . The media definitely makes you stop and look and think, "That's what I need to look like." Especially when I was younger, it was more the makeup advertisements that made me think, "This makeup could make my eyes stand out more than anything else on my face." . . . Sometimes an ad would come on and it would make me think, "I wonder if that will work?" C. M. (personal communication, January 28, 2009)

Another participant stated,

. . . nowadays they [media] talk about wrinkle creams and, as I'm getting older, it makes me think, "Oh, I have wrinkles. I have to get rid of them." There are the teeth-whiteners. You have to have white teeth and you have to have the shoes . . . it seems like people always have to have the latest styles. A lot of the times I think they're terrible [styles] and I think to myself, "I would never wear that," but there's a style that people have to have. Every year it changes. That's obviously how they make their money, and people are wrapped up in that, especially people on television. N. O. (personal communication, January 31, 2009)

She further stated,

You can visually see that they have to have the latest gowns, the latest shoes, and hats, and handbags . . . the wrinkle creams, the hair products, the makeup, you think maybe that will help and that will make you look better. It [media] really is an influence all the way around . . . You have to have what everyone else has and also look like everybody else. N. O. (personal communication, January 31, 2009)

One of the participants recalled one of the products' slogans,

Maybelline commercials used to stick out, "Maybe she's born with it, maybe it's *Maybelline*." And I remember even as a kid that phrase sticking out to me because that would be my automatic response to people saying, "What's wrong with your face?" I was born with it. L. S. (personal communication, January 24, 2009)

Influence of Media-Constructed Images of Beauty on Women with Facial Differences

Research Question 2: To what extent, if any, do media-constructed images of beauty contribute to how women with facial disfigurements learn about beauty and about themselves in relation to the images of beauty to which they are exposed?

The results showed that, instead of the participants learning about beauty and about themselves in relation to media images of beauty to which they are exposed, a majority of the participants had a negative reaction to the images.

Surprisingly, instead of basing their image of the ideal beauty on media images, the majority of the participants based their image of the ideal beauty on having a healthy body or on an athletic figure. They equated beauty or beautiful features with physical traits that people with a normal appearance already possess, and their ideas of beauty were based more on a person's personality and character and less on his or her physical traits. As one participant explained,

My image of real beauty is of someone who . . . their face has symmetry. Physically, I think that's it for me. I would look at kids growing up and think, "Wow, just to have two sides of your face look alike." But then there's so much more, there's inner beauty. T. B. (personal communication, February 22, 2009)

Another participant stated, "For some reason, a healthy body makes the

complexion look good. It makes everything look good. R. A. (personal communication, January 25, 2009).

Another participant further stated,

I think that people need to accept people and themselves for who they are. It should be about personality and beauty within. I feel that it is important for people to find who they are within themselves and learn to love and accept themselves. E. L. (personal communication, January 23, 2009)

Interestingly, only five participants mentioned five celebrities that they considered to possess their image of the ideal beauty. The celebrities included: Dolores from the group “The Cranberries,” actress Isabella Rossellini, actress Brooke Shields, super model Cindy Crawford, and actress Salma Hayek.

At the same time, there was an overwhelming consensus among the participants that the media do offer an unrealistic view of beauty, women’s physical appearance, and of women overall. As one participant explained,

Terrible. Constricting. Its [media] completely manipulative to keep women unhappy with their appearance and constantly feeling like they need to renew it and get the next best product. It completely ties into the whole consumerist notion of capitalist media enslavement . . . It’s just carefully, carefully, carefully calculated to keep women unhappy with their bodies, and thinking that appearance equals happiness . . . And not just appearance but a particular appearance that’s constantly changing. That’s the trick. That it constantly changes. There’s always something new that’s in fashion, and that’s what keeps women hooked. P. F. (personal communication, January 29, 2009)

A number of the participants also explained how media images of beauty not only negatively influence women, but that they also negatively influence young girls and teenagers. They stated that, although they acknowledge that the images of models and celebrities are airbrushed or digitally enhanced through computer technology, people viewing those images still think that that is what real beauty is—a person with flawless

skin and a thin and fit body. The participants also stated that the images teach people how everyone should look even though it is a manufactured and unattainable standard of beauty. As one participant explained, “I think that the media present unrealistic images of women. The images represent a standard of beauty that is almost impossible for anyone to attain” L. L. (personal communication, February 8, 2009). Others felt that media images of models and celebrities are artificial, and that models and some actresses take extreme measures to stay thin, ageless, and beautiful.

Moreover, a few participants stated that the media cater to what the general public wants to see, particularly attractive faces and flawless bodies, and that the media have created a set standard of beauty; those who want to conform to this social norm must possess an exceptional level of physical beauty. These participants stated that, because of the media’s influence, the models and actresses in the magazines, on television, and in advertisements all look the same—a factor that leads to and creates an intolerance of physical difference. As one participant stated,

Well, the TV and the media always present the perfect person. There’s the perfect weight, the perfect smile, the perfect makeup to make it look like that’s the way people really are but, in reality, nobody’s perfect and we all have flaws. But the media don’t point the flaws out; it’s all about form . . . because, if you want to fit into the world, you have to look normal and I think the media create that. How many movie stars do you see who have facial deformities? How many country western singers make it to the top with facial deformities? It’s not going to happen. It’s just not going to happen. T. B. (personal communication, February 22, 2009)

A few participants also stated that the media provide a misrepresentation of beauty since women in advertisements, on television, and in magazines are either airbrushed or have professional makeup artists do their makeup in a manner that hides all

of their flaws; that the media offer fake images of beauty; and that the media promote the idea that, as long as a person is beautiful, she does not need to be intelligent because her beauty will get her everything she wants in life,

We're all about beauty. We're all about appearance and, if you're attractive and if you're thin, you can go far in the world even if you're not that intelligent. If you've got the look but you're lacking the brain, you can still make it through the world better than somebody who's got a deformity or has a little bit of a weight problem. That's not recognized. People have trouble looking beyond the appearance and seeing the real person. T. B. (personal communication, February 22, 2009)

In addition, several participants explained that they believe that media images of beauty are harmful to a certain degree because people are influenced by those images, and that the media are constricting, manipulative, closed-minded, limited, and regimented in the way they use images of beauty to sell and promote products. As one participant explained,

It's society. It's what society wants. Society wants to see a beautiful, 5'8 person who's slender, built, and is toned and has long legs. That's what society considers beautiful and, if you don't conform to that, then you are ostracized or left out or criticized. E. L. (personal communication, January 23, 2009)

Some participants also stated that the media offer only one standard of beauty and/or use one female prototype and include only people who look perfect or normal on television. These participants blame the media for making women struggle with their appearance. They also stated that the media do not offer women any alternatives in appearance, ethnicity, or body size in terms of the models they use in their advertisements or the actors they use in television programs, explaining that the women depicted in the media are too thin, too young, or both. One participant explained that the media

. . . give this idea of the way things should be and what people should look like. And whether somebody is struggling with their weight or facial differences, it's just not acceptable to have those kinds of problems when it comes to the media. They just send out this image that you have to look glamorous. Just look at the soap operas and the beauty pageants. It's all about glamour. It's all about looking good. T. B. (personal communication, February 22, 2009)

Another participant stated,

Most of the people look like California valley girls and not like people from other places that don't have all the nice clothes . . . I think the media are pretty unrealistic on how they portray people and differences and differences in ethnicities. S. N. (personal communication, February 15, 2009)

Another participant further stated,

I wish it wasn't always about having to be perfect. I wish there was more emphasis on what's unique about people, what makes them beautiful . . . I just feel like the media are behind the tarp in terms of being very conservative of what they consider beautiful. L. S. (personal communication, January 24, 2009)

Interestingly, a few participants explained that the media do not include people with facial differences or offer representations of people with facial differences in television, advertisements, or magazines. They also stated that the television networks do not offer any shows that incorporate characters that have a physical difference or scars. One participant explained that people with disfigurements are never given prestigious or respectable roles on television, and that children who have facial differences grow up without role models to emulate who have facial disfigurements and are on television or in the media. As she explained,

. . . how often do you see a person on "E.R." that is a doctor and has a disfigurement? I think that affects children . . . because children will see that, and who are they supposed to idolize? Who are they suppose to relate to? Unless its fiction . . . we're going to fix your face and we're going to do a surgery on you . . . Who are they supposed to look up to? E. L. (personal communication, January 23, 2009)

However, there were 9 participants who stated they believe the media are changing since they are beginning to use real women in certain advertisements, but that further change is needed and that media still have a long way to go. Some of the participants also stated that they have noticed some subtle changes in the way certain beauty product companies such as *Dove* promote their products, noting that they are beginning to use real women with normal-sized bodies in their advertisements. As one participant explained,

There are certain ads that are airbrushed, but I think there are also certain magazines that put out there more real women . . . like the Dove [soap] advertisements. They're actually putting real women who are not professional models and they're actually beautiful women. And I think that's kind of throwing out there what real beauty is, instead of these women who are very beautiful but have this unattainable beauty to a degree. So I think not TV so much, but I think certain magazines try to gear more towards reality today than what they did several years ago. C. M. (personal communication, January 28, 2009)

Overall, it was found that the majority of the participants did, to a certain extent, learn about beauty through the images of beauty that the media provide. However, they were very privy to the tactics that the media use to lure women into buying into the standard of beauty they promote.

Instead of using the media's images of beauty as their only reference to physical beauty or placing a high value on physical appearance based primarily on the media's standard of beauty, the participants based their images of beauty on traits such as having a healthy body, normal facial features, or on a person's good personality and character. Furthermore, since the participants lack typical or normal facial features as a result of their particular condition/syndrome, they placed a higher value on and considered normal

facial features and facial symmetry as traits they wish they had, as opposed to being envious of or wanting to possess the standard beauty created by the media.

Finally, a majority of the participants stated that having a beautiful face is more important and acceptable in American society than possessing a beautiful body. As one participant explained,

Definitely a pretty face over a pretty body. People notice your face first thing, and if it is not to their liking, forget about anything else. People who have a less than pretty body per society norms can add makeup on the lips and on their eyes to enhance the look for women, and both males and females can dress nicer to be more acceptable. Overweight people get discriminated against but, if they have a nice face and personality, they are accepted into a group a lot faster. I have witnessed it first-hand. D. H. (personal communication, January 31, 2009)

Another participant stated,

I think a beautiful face is more important than a beautiful body. I believe that people react first to the face when they look at a person. Also, you can dress to improve the appearance of a figure. It is very hard to disguise facial defects. L. L. (personal communication, February 8, 2009).

Influence of Media on Personal Appearance

Research Question 3: To what extent, if any, is the decision of a person with a facial disfigurement in wanting to try to cover and/or change her physical appearance influenced by media-constructed images of beauty?

Based on the results, less than half of the participants, 11 out of 25, stated that media images of beauty have influenced them to a certain degree in making them want to change their appearance in some way. However, the participants explained that there were certain periods in their lives or circumstances that either contributed to or made them feel this way. As one participant explained,

I would say more when I was younger. I'd wish, oh gosh, I wish I looked like her but, in reality, me being a little bit older now, I know that there's what I want and there's what's reality—what will be able to be obtained. So I'd say every once in a while, maybe once every few months, I get down on my looks. But it's more of the package, not so much the scars and stuff. It's everything. I think, "Oh, I need to lose weight. I need thicker hair." I obsess more about my hair than I do about my face because I have really thin hair and I wish I had really thick hair like other girls. But it's not as often as it used to be. Yeah, I see stuff on TV and I think "Gosh she looks nice," but I know the reality of where I'm coming from. B. C. (personal communication, January 23, 2009)

A few of the other participants also stated that the media influenced them more when they were younger and during their high school and college years. They explained that, when they saw the images of beautiful women who had perfect features and perfect bodies in advertisements or on television, they wished that they looked like them. One participant stated that she felt like the message that the media provide is that, if an individual is to fit into the world, she has to have a normal appearance. She also stated that she has never seen anyone on television who has a facial deformity and that she believes this is because of the standard of beauty that the media create.

Another participant stated that she briefly entertained the thought of getting breast implants, but then decided that she did not want to have to change herself to be accepted by others. She also did not want to try to fit the media's standard of beauty, despite already having had 20 necessary surgeries related to her facial difference.

A few participants stated that, as they have gotten older, they notice and are more aware of the advertisements that promote anti-aging products. By seeing these advertisements, the participants further stated that the ads have made them feel more conscious about their appearance and about aging, which, in turn, has influenced them in wanting to try the anti-aging products advertised. As one participant explained,

It's [media] very influential because nowadays they talk about wrinkle creams, and, as I'm getting older, it makes me think, "Oh, I have wrinkles. I have to get rid of them." . . . I think it's very influential. For me, like I was saying—the wrinkle creams, the hair products, the make-up—you think maybe that will help and that will make you look better. It really is an influence all the way around. A bit heavy I think as far as the media goes. You have to have what everyone else has and also look like everybody else. N. O. (personal communication, January 31, 2009)

Participants who stated that the media did not make them want to change their appearance did, however, discuss the factors that have influenced their perceptions of self—factors such as the influence of social-cultural norms, how others treated them, and the desire to just fit in with those with a normal appearance.

Furthermore, besides some of the participants being influenced by the media in wanting to change their appearance, there were other personal factors that contributed to the majority of them wanting to try and conceal or cover up their facial differences.

The majority of the participants, 15 of 25, stated that they have tried to conceal their facial differences; of these 15, 11 stated that they either use their hair, makeup, or both to try to conceal their facial differences. For the participants who stated that they use makeup to try to conceal their facial differences, most explained that they do so to conceal some of their scars. One participant will not leave her house without wearing makeup.

Most of the participants who use their hair to try and conceal their facial differences stated that they do so instinctively. As one participant explained,

Of course I couldn't do anything about the way my mouth was with my hair but, as much as I could, I would find myself pulling my hair around. If I was out and the wind was blowing I'd catch my hair and pull it around again because I just wanted to cover it [facial difference] up. Even though my face now actually has good symmetry, there's still some scarring there where they [doctors] actually had

to go in and do the bone grafts and stuff, so . . . even though people say that I should wear my hair back, that's still hard for me to do. T. B. (personal communication, February 22, 2009)

Another participant stated that she also uses her hair to cover her face to protect her from peoples' stares. However, she also stated that,

I felt bad for boys who had problems because you know, as girls, we can use make-up, we can grow our hair long, and we have a lot more stuff to hide behind. I wonder how different it must be for guys. L. S. (personal communication, January 24, 2009)

The fact that these participants feel the need to conceal or cover their facial differences either through hiding behind their hair, using makeup, and even using their hand to hide behind indicates a level of insecurity or apprehension they have about their appearance. The act of purposefully finding ways to try to conceal or cover their facial differences also indicates that the participants' way of life is greatly affected by their constant self-awareness and by having facial differences.

Some of the participants stated that having facial differences was especially difficult when they were children. The reasons given by those who tried to conceal their facial differences as children or had them concealed for them by family members or friends, included the following: they did not want anyone to look at them or stare at them, they did not want anyone to make fun of them, and they felt out of place. Two participants even stated that they do not try to conceal or cover their facial differences, but that they just try to make them seem less noticeable. As one participant explained,

When I was younger, the make-up didn't cover it up really well. I can't hide it, it's out there. I can't always walk out with a scarf around my face. It's not something that I can hide. If anything, it's not trying to cover it up, maybe it's trying to make it not as noticeable, which again the make-up . . . make-up helps everybody I think. I don't consider it covering it up, just making it less

noticeable. I guess when I'm going out, when I am going to be around a lot of people, I just try to fit into the crowd a little bit better, but it doesn't really work all that well. C. M. (personal communication, January 28, 2009)

Another participant explained,

When I was younger, it was a really strong desire to just appear normal. I remember all my friends wanted to be pretty and I just wanted to be normal . . . They would dress up so people would look at them, and I was dressing up in a way that would make people stop staring . . . I guess I didn't want to be different when I was little. Now, being different doesn't bother me but . . . I guess it's just desire for symmetry, a desire for a smooth look. L. S. (personal communication, January 24, 2009)

Two participants stated that, although they try to conceal their facial differences when they are out in public, they do not feel the need to do so when they are at home or with their families.

From the participants' perspectives, applying makeup or getting a certain hairdo was not something they did out of vanity. Instead, they do it because of the anxiety that is linked to their facial differences. Most of the participants explained that they feel so self-conscious about their facial differences that they have created methods to try to conceal them. It is obvious that this way of living can be very stressful because, not only do they have to live with their facial differences, they also need to receive ongoing medical care. Whenever they are out in public, they also have the stress of reverting to either hiding behind their hair, their hands, their makeup, and sometimes even not making eye contact with people or avoiding being in certain places where they do not want to be seen. This undoubtedly not only adds to their altered perceptions of self, but it also reveals the extra challenges the women have to overcome in their daily lives.

For the 10 participants who stated that they have not or do not try to conceal their facial differences, some of the reasons they gave as to why were as follows: it is impossible to do so, they were never taught how to apply makeup, they did not want to put on false appearances and act as if nothing were wrong, they did not care to try to hide their facial differences, or they accept themselves as they are. Some also said that they did not think wearing makeup would make that much of a difference in concealing their facial differences or they do not like the way makeup looks because it does not appear to be natural when applied.

However, one participant explained the reason she does not try to conceal her facial difference is because, from a young age, she acknowledged that, since she did not like herself, then no one else had to like her either. As she stated, “I don’t like me so you don’t have to like me either . . . kind of what you see is what you get. I didn’t want to put on a false appearance and then try to keep a false image” L. M. M. (personal communication, January 24, 2009). However, she was the only participant who had a negative reason as to why she does not feel the need to conceal her facial difference. Most of the participants had positive reasons as to why they did not try to conceal their facial differences.

A few participants also stated that, although they have not tried to conceal or cover their facial differences, their mothers or friends tried to conceal them for them. They did so by either taking them to get haircuts or by applying makeup in a way that minimized their (participants’) facial differences. As one participant explained,

My mom did when I was younger. I guess so it would keep kids from teasing me but also because I was tired of people asking . . . she wanted me to feel beautiful,

so, as I child, I would go with her to the salon and get my hair done. I think she was trying to instill in me to also feel beautiful. R. A. (personal communication, January 25, 2009)

Another participant stated,

. . . A friend of mine, when I was in high school, she tried to come up with make-up tips to try to kind of hide it [facial difference]. I went along with it because it was fun for me, but I knew what she was doing and I knew she meant well, so I just let it go. But I wasn't really that interested in doing it . . . I didn't see how much of a difference it could make. M. Z. (personal communication, January 24, 2009)

The participants further stated that, even though they did not like having their facial differences concealed for them, they realized that their mothers or friends were only doing so out of love and because they wanted to help the participants feel better about themselves.

Overall, the majority of the participants stated that the media have not influenced their thoughts of changing their appearance. They were more influenced by internal apprehension, by their insecurity of having facial differences, by other persons' negative reactions towards them, and by their wanting to fit into society and have a normal appearance.

Fewer than half of the participants stated that the media have influenced their thoughts of changing their appearance in some way. And, the remaining participants offered alternative explanations on the factors that influenced their thoughts of either changing or not changing their appearance—factors unrelated to the media's influence. Some factors included: wanting to be accepted by their peers, wanting to go against the social norm of an acceptable physical appearance, or simply accepting their appearance as it is.

Influence of Media on Others' Reactions towards Women with Facial Differences

Research Question 4: To what extent, if any, do media-constructed images of beauty influence how a woman with a facial disfigurement is perceived, judged, and/or treated by others?

A majority of the participants reported that they have been perceived negatively, judged, and/or treated unjustly as a result of their facial differences by a variety of persons they have encountered throughout their lives. Eighteen of the 25 participants also explained that they believe that the images of the ideal beauty, as presented by the media, have influenced how other people perceive them and that media-constructed images of beauty greatly contribute to physical appearance-based prejudice. As one participant explained,

I think that's the way people perceive everyone. Just from conversations [I've had] with other people about something they see on TV or a person they've seen on TV and what they presented. The type of shows that are on TV like "Top Model," those types of shows present an unrealistic goal for most people. K. K. (personal communication, March 5, 2009)

The participants further explained that they believe they have been perceived negatively, judged, and have been treated unkindly by others because of the media's set standard of beauty. They also explained that, since people are so used to seeing images of actors and models who have perfect facial features and flawless bodies, in their experience, when people come in contact with them, they automatically look down on them. And based on media portrayals, they also expected to be judged based on appearance alone. As one participant explained, "If the person's idea of beauty is shaped by this kind of perfection that they see in the media, and then they look at me, yes, they

can very much look down on me. Sometimes I sense that” B. G. (personal communication, February 8, 2009).

Another participant stated,

I think they [media influences] do because people are so used to seeing—society is so used to seeing billboards with beauty, perfect eyes, eyebrows, lips—and, when they see someone different who doesn’t have perfect lips, I don’t have perfect lips, they see you and they’re like, “Oh, what happened there?” So they’re not used to it [facial differences] because they are used to seeing perfection everywhere—perfect lips when some don’t have perfect lips. A. N. (personal communication, February 17, 2009)

Another participant further stated,

I’m sure it [media] does [influence]. I think that now, when I go out, it [facial difference] may not be as noticeable until I pull my hair back, so it’s a little different now. But, when the deformity was worse, I think people’s perception of me definitely was affected by the media. T. B. (personal communication, February 22, 2009)

An overwhelming 24 of the 25 participants have been asked about their facial differences by other people at some point in their life or continue to be asked about their disfigurements. As one participant explained,

I wish I didn’t have a face that required an explanation. I also find it [having a facial difference] very embarrassing and I feel ashamed. Mostly because it reminds me that I am different, and it reminds me of past experiences of being teased and publically embarrassed. R. A. (personal communication, January 25, 2009)

However, another participant stated,

. . . I can usually tell if a person’s asking [about her facial difference] if they genuinely care or want to know, versus a person who’s just asking because they want to appear like they understand or want to care. There is a difference, and you can usually get a good read on people after a while where their intentions are. And, if I feel that their intention is one that they really want to know about it, I don’t feel funny about answering their questions because I feel like they really want to know. So I try to explain the answer as much as I possibly can. C. L. (personal communication, January 25, 2009)

The participants also explained that they have experienced mixed reactions from people they have met for the first time or when they are out in public. Most reported that they have had negative experiences when meeting people for the first time. As one participant explained,

Until I had the last few surgeries, when people would meet me, I could tell they were trying really hard not to pay attention to my face. They were trying to act like they didn't see when all along they did. You can just tell that people would get nervous and uncomfortable. T. B. (personal communication, February 22, 2009)

At the same time, the majority of the participants explained that they believe they have been hindered in certain types of opportunities they have in life because of their facial differences.

All 25 participants stated that they have been treated in a prejudicial manner because of their facial differences, and more than half stated that they were teased, ridiculed, called horrible names, punched, kicked, and/or spit on as children and as young adults. They were also ignored or talked about behind their backs by other kids, were asked questions about their facial differences, were yelled at, bullied, laughed at, and/or were stared at by other kids when they were young.

The participants further explained that they experienced prejudice from their teachers, other kids' parents, and/or other people in public; were treated prejudicially by people who have assumed that they have a learning disability or are intellectually challenged as a result of having facial differences; and have been subjects of prejudice either by people at their work, on job interviews, or while they were pursuing a certain career. As one participant explained,

I think that sometimes people are very ignorant or sometimes just plain stupid. They assume that, if your face looks different, you might talk a little bit different because you have a speech impediment, and that you also must be intellectually defective. They seem to make that connection. Whether that's right or wrong, they just assume that. C. L. (personal communication, January 25, 2009)

Interestingly, there were only four participants who stated that they believe media-constructed images of beauty either do not influence how others perceive them or contribute to physical appearance-based prejudice, or that the media is only partly to blame in contributing to physical appearance-based prejudice. One of the participants stated that she did not think that the images of beauty affected her personally, but that the images do affect others. Another participant stated that she feels she is not treated any differently than other people as far as she knows. However, she also stated,

I will admit that, if I was at the office, I think that, if there was a prettier girl, thinner—as far as going out, guys tend to go for the prettier girls or the normal facial features. But the people around me, like my close friends, they don't treat me any differently. D. H. (personal communication, January 31, 2009)

Another participant stated that she does not think she has been perceived negatively by others based on the media's images of beauty because, as she explained,

There's no way that you can compare someone that made it into the media to me. I'm not like them at all. My life is completely different than that, so I don't think anybody would compare me with someone in the media. M. H. (personal communication, February 1, 2009)

Most of the participants believe that there are other factors that contribute to physical appearance-based prejudice, factors that included: a person's experiences in life, how a person is raised, cultural influences, and where a person lives—for example, Hollywood, CA.

CHAPTER FIVE: CONCLUSION

Conclusions and Implications

The purpose of the study was to determine whether media-constructed images of beauty have had a negative influence on women with facial disfigurements' self-worth, self-esteem, and overall perceptions of self. Overall, the study showed that, although media-constructed images of beauty did have some influence on the participants, there were other factors that were of greater influence on their overall perceptions of self. The factors that greatly influenced the participants' perceptions of self were how they were treated by others when they were young children and, in few occasions, as adults, and by being asked about their facial differences by other people. All participants also received rude or unwanted comments throughout their lives, and some people were prejudiced or unkind towards them.

Most of the participants explained they believe that some people assume that women with facial differences are either mentally deficient, have a learning disability, or are intellectually defective in some way. They also stated that some people have been or continue to be mean or rude to them when they are out in public.

In their professional careers, some participants have been discriminated against in the work place or in job interviews based on their appearance. Several feel they have been limited in the types of jobs they can obtain because of their facial differences, and some have had difficulty getting promoted or advancing in their professions because of their facial differences. For example, they have noticed that their attractive female co-workers are treated differently than they are.

In their personal lives, some participants explained that it is difficult for them to obtain or have a relationship with the opposite sex because men judge them on their appearance first, and that they have fewer opportunities to date or to have intimate relationships because of their facial differences.

Some participants explained that they use makeup, their hair, or their hands to try to hide or minimize their facial differences because they want to try to appear more normal or they want to camouflage their scars so that people do not stare at them. Others stated that they look away when someone is staring at them, they will not make eye-contact with people, or they will avoid going to certain places where they do not want to be seen.

Bandura's (2002) social learning theory was applicable in terms of how the participants learned about themselves, how they felt others perceived them, and how they came to learn about themselves and about the world in relation to media-constructed images of beauty. Bandura's explanation of psychosocial functioning through triadic reciprocal factors—personal, biological, and environmental—was consistent with the participants' experiences.

In terms of their personal experiences, the way in which participants were treated as children and, in some instances, as adults by other people, may have influenced their perceptions of self including their self-esteem and self-worth. Being called names, teased, assumed to be mentally deficient because of their facial differences, and the prejudice that some have experienced in the work place, in public, and in their personal

lives may have contributed to their overall perceptions of self and how they believed others perceive them.

In terms of their biological-based experiences, the fact that they have facial differences may have influenced their contentment with their appearance, body image, and self-concept as well as the way in which they perceive themselves overall. For the participants, having facial differences are also a constant and permanent physical reminder that they are different. As such, any time they look in the mirror, go out in public, or receive negative comments or unfavorable verbal or nonverbal responses from people they encounter, the participants are reminded of their facial differences. This continual self-awareness may have led them to try to hide their facial differences or to conceal them through various methods (makeup, hair, hands, etc.). It may also negatively influence the participants' overall perceptions of self.

In terms of environmental experiences, Bandura's (2002) explanation of vicarious experience was also consistent with how the participants learned about beauty and its role as a symbol that is presented through the media. Vicarious experience, as explained by Bandura, is the way in which a person's social reality is learned through and shaped by vicarious experiences—by what a person sees, hears, and reads in the media, without direct experiential correctives.

From the media, many of the participants learned what is considered the ideal physical beauty and the physical features that are deemed beautiful or desirable. Most of them compared their own physical appearance to media images of beauty, especially when they were young, and learned that their altered appearance may not be viewed

kindly by other persons or by society in general. As a result, media images may have had a negative influence on some of the participants' overall perceptions of self.

Bandura (2002) wrote that the media do not have to be directly a part of someone's life for it to influence her in some way. He explained that the media “. . . can implant ideas either directly or indirectly or through adopters . . .” through which the media can “. . . teach new forms of behavior and create motivators for action by altering people's value preferences, efficacy beliefs, outcome expectations, and perception of opportunity structures” (p. 143). This vicarious experience was found to be consistent with some of the participants' personal experiences.

Many of the participants further explained how their appearance was also a factor that hindered certain opportunities they have in life—personal (obtaining intimate relationships with the opposite sex), job related (not promoted or given a certain job based on their appearance), the type of career they could obtain (could not pursue a career—not because of a lack of ability or talent—but because of their facial appearance), and academic performance (adults, teachers, and/or professors assumed that the participants are mentally deficient in some way because of their facial differences).

Because the majority of the participants experienced or continue to experience lookism in various areas of their lives, that type of prejudice may have altered the way they view themselves. However, some participants explained that, although they have learned about themselves and others and, particularly about beauty through the images the media provide, the majority felt that those images are not true to life and that the images are more likely to have a negative influence on other people than on them. And

because the majority of the participants had strong interpersonal support from their families and support groups of which they are members, their self concepts may not have been developed by media images of beauty, but rather from their daily interactions with people they have encountered. The participants may also be more resistant to the images of beauty than those without facial disfigurements because of the support they receive from family and friends.

In conclusion, although the media may have influenced some of the participants' perceptions of beauty and, in turn, their perceptions of self, the study indicated that the manner in which the participants were and continue to be treated, their own personal insecurities about their appearance, and their life-experiences growing up and living with facial disfigurements may have had a greater influence on their sense of self, self-esteem, and overall perceptions of self.

Contributions to the Literature

This study has provided insight into the media's role in relation to this particular population subgroup, women with facial disfigurements. Other contributions to the literature are that the study applied the concept of lookism (physical appearance-based prejudice) and social learning theory to research on how women with facial disfigurements are treated based on their physical appearance and how they learn about themselves and others through vicarious means and indirect sources. The study has provided evidence that social learning theory can be used as the basis for further research on persons with various physical impairments, disabilities, or physical and/or facial

differences. Finally, the study has been one of the first to generate empirical data on lookism as it relates to women with facial disfigurements.

The findings of the study were congruent to the following academic media-based and medical-based research studies: Tiggemann (2005), Engeln-Maddox (2006), Van Leeuwen and Macrae (2004), Newton and Minhas (2005), Kent (2002), Strahan et al. (2008), and Moss and Carr (2004).

Similar to the findings of Moss and Carr (2004), the majority of the participants explained that they are constantly self-aware of their altered facial appearances and are continuously reminded that they are different, especially by certain persons they have encountered or continue to encounter in their daily lives. This self-awareness has been and continues to be mainly true when they are teased, ridiculed, and stared at by some people in public or in social situations. However, participants who practiced self-efficacy, similar to those in Hagedoorn and Molleman's (2006) study, were more media savvy and better able to discern the true agenda of the media, and therefore did not accept what they saw in the media as reality.

Van Leeuwen and Macrae's (2004) study on the stereotypes associated with facial attractiveness was also experienced by the majority of the participants in this study. Most participants experienced physical appearance-based prejudice in their personal lives in which they could not obtain or acquire intimate or personal relationships, and in work-related situations where they were not given a promotion or hired for a certain job. They were also treated unkindly by others, were made fun of or ridiculed, and some were assumed to be mentally deficient because of their facial appearance. Also, since all of the

participants sought out and have had surgery to either improve the appearance of their faces, the majority were highly aware of their facial differences and were constantly self-aware and conscious of their physical differences—congruent to the results found in Newton and Minhas' (2005) study.

Finally, the results of Kent's (2002) study on the use of makeup by burn victims were also similar to the experiences of the majority of the participants in this study. Participants who stated that they wear makeup to try to hide their facial differences, stated that they do so not to necessarily conceal or cover their facial differences—because no makeup can erase all the signs of their facial disfigurements—but rather, they have used or continue to use makeup to camouflage some of their scars or to make them less noticeable.

In relation to the media-based studies discussed, a minority of the participants explained that the type of content they have been exposed to—media-constructed images of beauty—may have had some influence on the development of their thoughts of what beauty is, as Tiggemann (2005) found in her study. The results of Engeln-Maddox's (2006) study on the influence of ideal beauty on a particular audience, was also evident in how some of the participants described their image of the ideal beauty.

In contrast to what some non-academic authors wrote about the influence of media on the audience (Kilbourne, 1999; Cortese, 2004; Greer, 1999; and Dupont, 1999), this study found that a majority of participants felt that media-constructed images of beauty did not affect the development of their self concept and perceptions of self.

However, participants' experiences were consistent with the concept of *lookism* (physical appearance-based prejudice) as discussed by non-academic authors such as Millstone (2008), Crawford and Unger (2004), Etcoff (1999), Jackson (1992), and Silvers (2000). All participants explained that at some point in their lives, they have either experienced lookism in their social lives, personal lives and in the workplace, and most feel that lookism has limited the types of opportunities they can have or pursue. This was consistent with Etcoff's (1999) findings on lookism. As she noted, since people's perceptions of beauty is subjective, that subjectivity influences their "perceptions, attitudes, and behaviors towards others (p. 25)," thus, causing them to reserve preferential treatment for those with an attractive appearance over those with an unattractive one.

As children, all participants experienced prejudice from some people, both young and old, who felt the need to ridicule, tease, or harass them because of their appearance. And as adults, even though they may still receive an occasional stare or a rude comment, since they developed a strong sense of self because of their support systems, those instances are not as bothersome to them as they were when they were young children.

Millstone (2008), a nurse and advocate for persons with facial disfigurements explained that the way in which people with disfigurements are treated by others has been perpetuated by the media's images of beauty. Most of the participants stated that they believe the media influence others' perception of beauty and that, in turn, influences how people perceive them—by comparing them to the images of beauty in the media.

Jackson's (1992) sociocultural perspective that culture influences human behavior, which, in turn, influences individual behavior was also applicable to the

participants' experiences. Since physical appearance in American culture, as Jackson discussed, is more important for females than for males, most participants feel that they experienced a certain level of physical appearance-based prejudice because of their unconventional facial appearance and lack of conventional beauty. According to some of the participants, they believed that the unkind treatment they received from strangers was partly the result of the media's influence on people through the fabricated images of beauty the media provide. The participants stated that they believed the images of beauty that people see in the media have conditioned them to accept one standard of beauty, and that anyone who does not fit that standard, is deemed unworthy or unwanted.

Crawford and Unger (2004) also explained that women who deviate from the social norm of beauty—women who are physically imperfect, have disabilities, and/or have physical differences—are treated harshly by society and especially by men. Silvers (2000) also noted that people who are physically different are typically ignored by others, which, in turn, causes them to feel isolated and, thus, leads them to becoming reclusive and to shy away from society and social interaction. Some of the findings of the study also support this observation, as all of the participants explained that they have experienced some form of prejudice because of their appearance.

Limitations

Since the study is based on a purposive sample of 25 women with facial differences, the results cannot be generalized to the population of women with various facial differences as a whole.

A second limitation is that the study is based on self-reporting data gathered through in-depth telephone interviews and self-selection. Since certain participants chose to participate in the study and others did not, the discrepancy between the two groups could have created a biased outcome.

A third limitation is that most of the participants were members of support groups that offered medical, emotional, or psychological support regarding their particular conditions or syndromes. In as such, these participants may have received positive reinforcement through their support groups, and therefore may have been less likely to be influenced by media-constructed images of beauty.

Directions for Future Research

Since the question of whether media-constructed images of beauty have affected women with facial differences has not been extensively researched and there is little academic literature written on the topic, it would be useful and important for future researchers to conduct more in-depth qualitative as well as quantitative research studies on this topic as well as to expand such research to those with a wide range of physical disabilities. The richness of the descriptive data gathered in detailed responses to the open-ended questions could be the basis for the development of lookism and social learning hypotheses that could be tested in a larger study.

Moreover, since this study solely focused on female participants with facial differences, it would be valuable for future researchers to conduct a similar study using adolescent men and/or women, or only male participants with various congenital and/or

acquired facial disfigurements to see if there would be a difference in responses and experiences.

Finally, a study on the impact media-constructed images of beauty have on women with facial disfigurements and who are of different ethnic backgrounds, would also be valuable in determining whether there is a difference in how people of certain ethnicities are influenced by, and/or how they react to, the images of beauty created by the media.

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Appendix A: Questionnaire

- 1.) What is your age?
- 2.) What is your ethnicity?
- 3.) What is your place of residence—both city and state?
- 4.) What is your occupation? Please specify.
- 5.) What is your marital status? Married, single, divorced, in a relationship, etc?
- 6.) Do you have children? If yes, how many?
- 7.) Is your facial disfigurement congenital or acquired?

Defined below in case participant asks for a definition:

Congenital – A birthmark present from birth or a medical condition that involves craniofacial disfigurement, for example: congenital hemangioma, Apert’s syndrome, neurofibromatosis, cleft lip and palate, port wine stain, or a skin condition such as eczema and vitiligo.

Acquired – Caused by a medical condition that resulted in disfigurement, such as head and neck cancer; facial paralysis; development of skin conditions; and traumatic injury such as burns and scarring.

8.) Please describe the extent of your facial disfigurement, the type of condition you have and the area it affects.

9a.) Do you or have you ever tried to conceal your facial difference?

- A.) Yes
- B.) No

9b.) If you answered “Yes” to question 9a, please explain how and by what means? If you answered “No,” please see question 9c.

9c.) If you have not tried to conceal your facial difference, please explain why.

9d.) If you answered “Yes” to question 9a, why did/do you feel the need to conceal your facial difference? Please explain.

9e.) If you answered “Yes” to question 9a, in what circumstance(s) did/do you feel the need to conceal your facial difference?

10a.) Have you had plastic (reconstructive) surgery or other surgery related to your facial difference?

- A.) Yes
- B.) No

10b.) If you answered “Yes” to question 10a, was/were the surgery(ies) a medical necessity? If “No,” please see question 10c.

10c.) If you answered “No” to question 10a and your surgery(ies) were/was not a medical necessity, please explain the reason(s) for your surgery(ies).

11.) How influential have media-constructed images of beauty been on your thoughts of changing your appearance? Please explain.

12.) Have you been asked about what caused your facial difference by other people?

- A.) Yes
- B.) No

13.) From your point of view, how do you think people perceive your facial difference when they first meet you? Please explain.

14.) Have you ever been treated in a prejudicial manner because of your facial difference? Please explain.

15.) Do you believe that the images of the ideal beauty as presented by the media affect the way in which people perceive you? Please explain.

16.) From your experience and in your opinion, to what extent, if any, do media-constructed images of beauty contribute to physical appearance-based prejudice? Please explain.

17.) Do you feel that the images of the ideal beauty as presented by the media have hindered the type of opportunities you have in life, i.e., in social situations, career options, etc? Please explain.

18.) Please estimate the number of hours of television you watch per week.

19.) Please estimate the number of times you read the newspaper per week.

- 20.) What type(s) of media do you use on a regular basis, i.e., television, magazines, newspapers, the Internet, etc?
- 21.) (If any) What type(s) of or what television show(s) do you watch on a regular basis?
- 22.) (If any) Please list all magazines you purchase and read.
- 23.) (If any) Please list all advertisements you can recollect that sell products and/or images of beauty.
- 24.) Please describe in detail your image of the ideal, physical beauty.
- 25.) What is your opinion of the images of beauty as presented by the media? Please explain.
- 26.) Do you feel that the media offer a realistic view of women's physical appearance? Please explain.
- 27.) What do you think is more valuable to possess in American society—a beautiful face or a beautiful body? Please explain.

Appendix B: Letter of Agreement



September 1, 2008

Human Subjects Institutional Review Board
San Jose State University

Re: *Effects Media-Constructed Images of Beauty have on Women with Facial Differences*

To whom it may concern:

This letter confirms my full support and assistance in recruiting interview subjects for the proposed study by Miss Sophia M. Papadopoulos, *Effects Media-Constructed Images of Beauty have on Women with Facial Disfigurements*. The recruitment period is scheduled for September 1, 2008 through March 1, 2009.

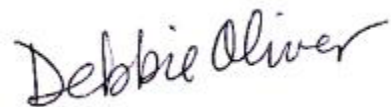
I am the founder of Cleft Advocate and Executive Director of *AmeriFace*, an organization providing information and emotional support to individuals with facial differences and their families. Additionally, we work to increase social acceptance and understanding through awareness programs, and are dedicated to the education of medical and education professionals and the public at-large.

I understand that recruitment will be focused on women with facial differences (congenital and acquired) ages 18 and older. In the past, we have assisted researchers in recruitment of subjects with great success, given our access to patients and families through our websites, conferences and the Pathfinder Outreach Network. We anticipate similar success working with Ms. Papadopoulos.

I understand that any and all information disclosed by the women who agree to participate in the study and are recruited through *AmeriFace* will remain confidential. Ms. Papadopoulos has my full support in this endeavor that is of great importance to the craniofacial community.

I understand no monetary compensation will be given to the organization for its assistance in recruiting participants for the proposed research study.

Sincerely,

A handwritten signature in black ink that reads "Debbie Oliver". The signature is written in a cursive, flowing style.

Debbie Oliver
Executive Director
AmeriFace
debbie@ameriface.org

cc: Sophia M. Papadopoulos

Making a world of difference in a world of facial differences
AmeriFace | PO Box 751112 | Las Vegas, NV 89136 | Phone (888) 486-1209 | Fax (702) 341-5351