



Why are men interested in cosmetic surgery procedures? Examining the role of different forms of peer influence, social comparison, internalization, and body dissatisfaction



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ABSTRACT

The present research examined the roles of different forms of peer influence, internalization, social comparison, and body dissatisfaction in men's interest in cosmetic surgery. Participants were 204 Italian men ($M_{age} = 34.02$, $SD = 11.21$). Regression analyses showed that appearance conversations with friends and peer attribution were associated with consideration of cosmetic surgery for social reasons, while teasing on muscularity (but not teasing on general body and shape) was linked to interest in cosmetic surgery for intrapersonal motives. Social comparison was significantly and positively associated with men's interest in cosmetic surgery, while internalization was not. Dissatisfaction with body fat was linked to men's consideration of cosmetic surgery for social motivations, while muscularity and height dissatisfaction did not emerge as significant correlates of cosmetic surgery attitudes. These findings highlight the importance of psychosocial factors, such as peer influence, body fat dissatisfaction, and social comparison in men's interest in cosmetic procedures.

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1. Introduction

Over the past few years, a considerable number of men have undergone cosmetic procedures to enhance their appearance. Though cosmetic surgery procedures are primarily chosen by women, in Italy 17.8% of candidates are men (Associazione Italiana Chirurgia Plastica Estetica, 2014). Cosmetic surgery can result in negative outcomes, including persistent pain, anxiety, depression, low self-esteem, and postsurgical psychological disturbance (e.g., Honigman, Phillips, & Castle, 2004). Notably, being male is associated with poor psychosocial outcomes for individuals undergoing cosmetic surgery (Honigman et al., 2004). As such, research on potential predictors of men's attitudes toward cosmetic surgery is particularly urgent.

Body dissatisfaction has been found to be significantly correlated with men's desire to have cosmetic surgery. Brown, Furnham, Glanville, and Swami (2007) found that low ratings of self-attractiveness was related to a higher likelihood of undergoing surgery in British men. Menzel et al. (2011) showed that American

men's body dissatisfaction was significantly associated with more favorable attitudes toward cosmetic surgery. Conversely, Frederick, Lever, and Peplau, (2007) reported that body dissatisfaction was not significantly associated with a general interest in cosmetic surgery in American men, but was significantly associated with attitudes toward specific cosmetic surgical procedures. Finally, Abbas and Karadavut (2017) found that male patients of cosmetic surgery were more dissatisfied with the bodily feature they were considering for surgery than were community men.

Internalization of media ideals is another key factor motivating men's interest in cosmetic surgery. The internalization of media messages about cosmetic surgery, rather than simple media exposure, might increase the likelihood of men's having cosmetic surgery (Brown, Furnham, Glanville, & Swami, 2007). Importantly, Biolcati, Ghigi, Mameli, and Passini (2017) found that body dissatisfaction mediated the relationship between internalization and Italian men's attitudes toward cosmetic surgery. Another factor that has received some attention is social comparison: Lunde and Gyberg (2016) found that, in Swedish men, social comparison mediated the relationship between parental appearance attitudes and consideration of cosmetic surgery.

Finally, peers play an important role in women's interest in cosmetic surgery (Sharp, Tiggemann, & Mattiske, 2014; Stefanile, Matera, Nerini, & Pasciucco, 2015), but few studies have examined

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this relationship in men (e.g., Menzel et al., 2011). Peer influence is a multidimensional construct (Thompson et al., 2007), including not only teasing, but also conversations with peers regarding appearance (Jones, Vigfusdottir, & Lee, 2004) and peer attributions about the importance of weight and shape for popularity (Lieberman, Gauvin, Bukowski, & White, 2001). Jackson, Dowling, Honigman, Francis, and Kalus, (2012) found that patients of cosmetic surgery reported high rates of appearance-related teasing and bullying. Park, Calogero, Harwin, and DiRaddo, (2009) showed that men with high appearance-based rejection sensitivity presented greater interest in cosmetic surgery after recalling a time when they were teased versus complimented on their looks. The role of other forms of peer influence has not been investigated in men. In women, however, appearance conversations with friends (Sharp et al., 2014) and peer attributions (Matera, Nerini, Giorgi, Baroni, & Stefanile, 2015; Stefanile et al., 2015) were found to be linked to consideration of cosmetic procedures.

The present study focused on the roles of peer influence, internalization, social comparison, and body dissatisfaction in Italian men's interest in cosmetic surgery. First, the experience of teasing, engagement in frequent conversations about appearance with friends, and the belief that one's friends consider appearance as important for social acceptance were expected to be positively associated with acceptance of cosmetic surgery. Second, both internalization and social comparison were predicted to enhance men's acceptance of cosmetic surgery. Third, body dissatisfaction was predicted to be associated with men's acceptance of cosmetic surgery, so that higher dissatisfaction with one's body was expected to be related to higher acceptance of cosmetic surgery. Given previous findings (e.g., Brown et al., 2007; Henderson-King & Henderson-King, 2005), we included age and body mass index (BMI) as variables in our analyses to determine whether our variables of interest accounted for additional variance once the effects of age and BMI had been accounted for.

2. Method

2.1. Participants

Participants were 204 men from the general population. They had a mean age of 34.02 years ($SD = 11.21$; range = 18–72 years) and a mean self-reported BMI of 25.84 ($SD = 4.70$), ranging from 16.92 to 48.10 kg/m². All participants were Italians and lived in Italy (80.40% in Central Italy, 10.80% in Southern Italy, and 7.80% in Northern Italy). Most participants (64.20%) were not married, 30.40% were married, 4.90% were divorced, and 1 participant (0.50%) did not provide this information. A total of 49.50% had completed high school (13th grade), 24.00% had a graduate degree, 19.10% had an undergraduate degree, 6.40% had finished middle school (8th grade), and 1.00% had some other qualification. A total of 61.80% had a full-time job, 15.70% were students, 12.30% had a part-time job, 4.90% were unemployed, 2.90% had an occasional job, 0.50% were seeking their first job, 1.00% were retired, and 1.00% were working at home.

2.2. Measures

2.2.1. Peer influence

The Appearance Conversations with Friends Scale (ACFS, 5 items; Jones et al., 2004) assessed how often participants were involved in conversations with friends about their appearance. The Peer Appearance Criticism–General Body and Shape (PAC-GBS, 4 items; Jones et al., 2004) was used to measure teasing related to general body and shape. The Peer Appearance Criticism–Muscularity (PAC-M, 3 items; Jones et al., 2004) assessed teasing related to muscularity. Items were rated on a 5-point Likert-

type scale (1 = *never*, 5 = *always*). Scores on each of these scales have good validity in the Italian context, support their unidimensional factor structures, and internally consistent (Nerini, Matera, & Stefanile, 2017; Stefanile, Pisani, Matera, & Guiderdoni, 2010). Cronbach's α for these scales in the present study ranged from 0.83–0.90. The Peer Attribution Scale (PAS), developed by Lieberman (see Shroff, 2004), was used to measure attributions made about male friends that relate to appearance. This is a 4-item scale ranging from 1 (*false*) to 6 (*true*), which has been found to be unidimensional, and evidence of reliability has been accrued within the Italian context (Stefanile et al., 2010). In the present study, Cronbach's α was 0.90.

2.2.2. Internalization

The Internalization-General Attractiveness subscale of the Sociocultural Attitudes Towards Appearance Questionnaire 4-Revised (SATAQ-4R; Schaefer, Harriger, Heinberg, Soderberg, & Thompson, 2017) is composed of 2 items that measure the incorporation of the media's appearance ideals into one's self-identity. Items were rated on a 5-point Likert scale (1 = *definitively disagree*, 5 = *definitively agree*). For the present study, an Italian translation of this subscale was used ($\alpha = 0.87$).

2.2.3. Social comparison

An Italian version (Stefanile et al., 2010) of the Physical Appearance Comparison Scale (PACS; Thompson, Heinberg, & Tantleff, 1991) was used to measure the extent to which individuals made social comparisons related to appearance. The PACS is composed of 4 items ranging from 1 (*never*) to 5 (*always*). The scale has been found to be unidimensional, and evidence of reliability has been accrued within the Italian context (Stefanile et al., 2010). In the present study, Cronbach's α was 0.89.

2.2.4. Body dissatisfaction

The Italian version (Stefanile, Nerini, & Matera, 2016) of the Male Body Attitudes Scale (MBAS; Tylka, Bergeron, & Schwartz, 2005) was used to assess men's body dissatisfaction. The MBAS is composed of 24 items rated along a 6-point scale (1 = *never*, 6 = *always*) and has three subscales: Low Body Fat, Muscularity, and Height. The Italian version of the MBAS confirmed the 3-factor structure of the English version (Stefanile et al., 2016). In the present study, scores on the MBAS showed good reliability (Low Body Fat $\alpha = 0.92$, Muscularity $\alpha = 0.87$, Height $\alpha = 0.76$).

2.2.5. Attitudes toward cosmetic surgery

The Italian version (Stefanile, Nerini, & Matera, 2014) of the Acceptance of Cosmetic Surgery Scale (ACSS; Henderson-King & Henderson-King, 2005) was used. The ACSS is a 15-item scale with a 3-factor structure: Intrapersonal, Social, and Consider. Items are rated on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Scores on this scale showed good reliability in Italian men, for whom a 2-factor solution (Intrapersonal subscale and a combination of the Social and Consider subscales) emerged (Nerini et al., 2017). For the present study, Cronbach's α was adequate for the two subscales (0.92 and 0.94, respectively).

2.3. Procedure

Data were collected between October 2017 and January 2018. Participants, who were recruited from public places, such as libraries, leisure and sport centers, and study rooms, were asked to take part in a study on body image. To minimize socially desirable responding, detailed information about the study was provided on request after the questionnaire had been completed. The order of presentation of the scales was counterbalanced. No incentives were offered to participants, who were required to be at least 18 years old to complete the anonymous questionnaire. Participation was

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