

## The psychology of appearance: Why health psychologists should “do looks”

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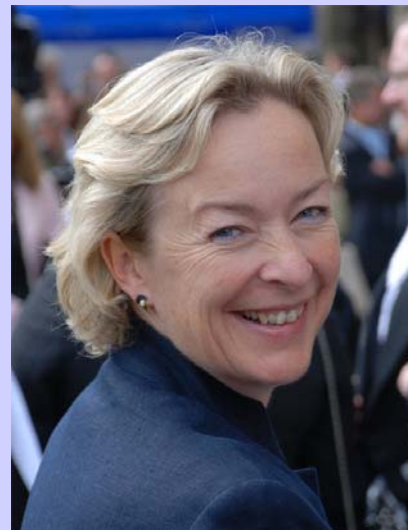
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Societal interest in appearance has a long history, but has never been more prevalent than now. Messages associating physical attractiveness with success and happiness are unremitting; researchers and commentators consider that extensive, and for a proportion of the population, debilitating levels of appearance concerns are considered normative. In this article I will offer a brief history of appearance research as a context for the current state of play in this area, explore reasons why the topic of appearance remains peripheral at best for most health psychologists, and offer arguments for why it should become more central.

### A brief history of appearance research

As early as 1921, Perrin stated in the *Journal of Experimental Psychology* that ‘just why the physical characteristics of individuals should exert so profound an influence over their associates furnishes an interesting topic of speculation’. A few pockets of work on self-perceptions of appearance emerged in the 1940s and 50s - the first self-rating scales to measure subjective ratings of appearance were designed by Secord and Jourard in 1953. However, these forays were the exception rather than the rule, and Perrin would have been disappointed that so few researchers felt compelled to take up the challenge until later in the century.

Walster et al (1966) found that in a study of 752 students during Freshers Week, the only predictor of an individual’s liking for and desire to subsequently date a potential partner was physical attractiveness. However, Walster was discouraged by her colleagues from publishing the findings, as appearance was almost universally regarded as a frivolous and superficial attribute for psychologists to research. Kleinke (1974) suggested that by avoiding the study of facial appearance, psychologists could refrain from supporting the unpalatable view that looks really are important in how a person is judged, but in the 1970s the climate was beginning to change. Society was becoming more preoccupied with the body beautiful and first impressions were more important. People were becoming more geographically mobile and were coming into contact with larger numbers of unknown others for the first time (Bull & Rumsey, 1988). The



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legal profession became interested in the potential of building cases around the detrimental impact of impaired physical appearance on social and economic opportunities and on self-esteem, and were eager for evidence to support these cases.

Most of the research at this time claimed pronounced and positive effects played by facial attractiveness in liking, dating and in longer-term relationships and in the educational and criminal justice systems. In 1981 Berscheid claimed that levels of physical attractiveness had been shown in numerous investigations to be an ‘extraordinary important psychological variable’ with pervasive and strong effects resulting in numerous preferential social treatments. However in a comprehensive review Bull and Rumsey (1988) felt Berscheid’s claim was overstated and the conclusions misleading. The majority of studies were methodologically weak and conceptually naïve. Most involved undergraduate students rating head and shoulder photographs, and almost all lacked ecological validity. ►

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The early 1990s saw the publication of two meta-analyses, both of which went some way to acknowledging the complexity of the processes involved in interpersonal perception. Eagly et al (1991) found evidence for correlations between physical attractiveness and various positive traits, but concluded the average magnitude of the beauty-is-good effect was moderate at best. Feingold (1992) concluded that physically attractive people were viewed by others as having more positive personality and social traits; however there were 'generally trivial relationships' between physical attractiveness and measures of ability.

Throughout the 1990s debates concerning the social currency of physical attractiveness continues to rage among social psychologists, sociologists and social commentators. In parallel an emerging body of literature on body image (self perceptions of physical appearance) was dominated by the interests of clinical psychology and psychiatry, and was fuelled by the rising rates of eating disorders in young women. Although this research focused largely on issues of weight and shape, the more general applicability of body image research was highlighted by Cash et al (1986) who reported that in a nationwide study in the US, only 7% of women expressed little or no concern with their appearance. Rodin et al (1985) coined the term 'normative discontent' at this time. In their landmark texts, (1990; 2002) Cash and Pruzinsky summarised evidence that from early childhood onwards, body image plays an integral role in understanding many aspects of human experience.

During this time, a third area of research gradually gathered momentum, and a small number of health and clinical psychologists had begun to engage with the task of understanding the psychosocial effects of living with disfigurement. A range of challenges were identified, relating in the main to self perceptions and difficulties in social encounters (Rumsey & Harcourt, 2005). By 2000 there was a coherent body of research highlighting individual variation in adjustment, and confirming the lack of a relationship between the extent and severity of a disfigurement and levels of distress (Lansdown et al, 1997). The effect of type of condition, and demographic variables such as gender and age had less impact than many had expected, and a number of psychological factors began to emerge with increasing regularity as contenders for the most influential variables in the multifactorial process of adjustment. However, care provision remained focused around medical and surgical interventions to 'improve' appearance. A major sea-change in the provision of care in the UK was heralded in 1998 with a government

circular outlining recommendations for the reorganisation of care for those affected by cleft lip and/or palate. This circular stated that all cleft teams should include an 'appropriately trained' full time psychologist as a core member of the multidisciplinary care team. Similar moves are currently being pursued in burn care.

Despite increasing evidence of the widespread impact of appearance concerns, there still seems to be a reluctance amongst health psychologists to engage with the pervasive nature of the psychological ramifications of appearance concerns. In 2004, Natty Leitner (now Triskel) trawled abstracts from 6 of most prominent health and clinical psychology research journals from the previous 3 years. Appearance issues were central in only 2% of articles – even when participants had appearance altering conditions (arthritis, MS, Parkinsons, self injury, exercise dependence). Triskel joined Cash and Pruzinsky (2002) in concluding that appearance is a highly pertinent and usually overlooked aspect of research in health and clinical psychology.

### Why should health psychologists take appearance concerns more seriously?

People's feelings about their appearance can have significant effects on their self perceptions, wellbeing, their health behaviours and their adherence to treatment.

#### *Negative impacts on self perceptions and wellbeing:*

Body dissatisfaction has a high prevalence from 8 years (Grogan, 2008) with young girls and boys linking appearance with self worth, and engaging in dietary restrictions. During the teenage years negative body image has been cited as a principal component and predictor of a variety of health issues including lowered self esteem, depression and habitual negative thinking (Stice 2002; Verplanken et al, 2008).

Recent qualitative studies have provided powerful illustrations of the impacts on both self perceptions and behaviour (Lovegrove, 2002).

"I spend my whole life trying to look thinner and prettier so that people will like me and not bully me" (Female, aged 13)

"No way am I speaking when I know they're gonna laugh at my big arse" (Male, 15) ►



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61% - 82% of adults (Harris & Carr, 2001; Lioffi, 2003) have significant appearance concerns which result in distress and affect a variety of health behaviours. The increase in financial outlay on beauty products, gym memberships, exercise equipment, dietary supplements, weight loss programmes and cosmetic surgery is exponential. In the U.S., there are currently unprecedented levels of debt related to appearance enhancement – with the majority of those affected drawn from lower income groups. There are signs that spending patterns in the UK and Europe are heading the same way.

### *Appearance concerns and health related behaviours*

There is now a body of evidence to suggest that dissatisfaction with appearance impacts on a range of health behaviours, including smoking, eating and exercise.

In relation to smoking, Garner's report on a body image study conducted by *Psychology Today* in the US (1997) found that 50% of female respondents smoked to control their weight. Stice and Shaw (2003) reported that adolescent girls with body image disturbances were significantly more likely to initiate smoking and Amos and Bostock (2007) found that teenage boys and girls commonly use smoking as an appetite suppressant. Smoking cessation attempts may also be hampered by appearance concerns, particularly in relation to weight gain (King et al, 2005).

The rise in various patterns of disordered eating in attempts to match up to physical ideals (slim for females; slim and muscled for males) has been noted by many researchers. Girls from the age of 5 show a preference for thinner ideal body sizes than their own (Williamson & Delin, 2001), and are aware of calorie counting as a way to lose weight. Body dissatisfaction is evident in boys from 8 years and may occur earlier. Neumark-Sztainer, et al (2006) have noted a steady increase in the proportion of teenagers using diet pills, laxatives and diuretics, and Pope et al (2002) have discussed the growing prevalence of teenage boys and young men taking steroids and protein powders in attempts to gain muscle bulk. Only one in ten women profess to be free of concern about their weight and shape (Etcoff, et al, 2006) and Prynne (2004) has reported that 1:4 men are actively dieting at any one time.

Although on the face of it, increased exercise participation might be seen as an advantageous consequence of concern about appearance, there are increases in the numbers compulsively over-exercising. Research into the relationship between appearance

concerns and the uptake and maintenance of exercise has generated conflicting findings, however, in a recent meta analysis, Hausenblas and Fallon (2006) concluded that exercisers have a more positive body image than non-exercisers, and also that exercise intervention participants have a significantly better body image post intervention than non exercising controls. Moderating variables in these relationships (including motivation to exercise, body composition etc) need to be further researched.

### *Suntanning behaviour:*

One area in which appearance has been more salient in driving health promotion campaigns is sun tanning behaviour and the associated risks of skin cancer. Castle et al (1999) found the perceived benefits of having a sun tan (primarily the belief that tanned skin is more attractive) predicted the intention to suntan without protection. A tan remains a desirable commodity amongst teenagers (Livingston et al, 2007) and has been linked to both excessive exposure to sun and to the use of sun beds. The news is not all bad however. Mahler et al (2007) concluded that the depiction of faces with wrinkles and sun damaged skin was effective in motivating sun protection.

### *Condition effects & adherence:*

Many types of illness and subsequent treatment involve appearance issues which may affect treatment decision making, adherence to medication and longer term adjustment to chronic conditions. Examples include the dietary restrictions and medication which predispose to weight gain in people with diabetes and scarring from tumour excision and hair loss due to chemotherapy in people with cancer. The appearance side effects of immunosuppressive medication contribute to non adherence in transplant patients (Morris et al, 2007) and similar issues have been reported in patients with HIV.

### *Uptake of appearance altering interventions:*

According to a global survey by Dove, in 2005 (see Etcoff, et al, 2006), a quarter of females aged 15-64 are considering cosmetic surgery. Televised make-over shows are wildly popular. The emphasis of these programmes is on the psychological pain of ugliness, or a 'defect'. Surgery and other appearance enhancing procedures are portrayed as contributing to 'healing' and to the miracle of bringing an end to the torment. Hardly surprising perhaps that increasing numbers of men and women are undergoing appearance-altering interventions (with concomitant health risks) and/or engaging in the risky use of ►

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medications (for example, amphetamine based products to induce weight loss; steroids to increase muscle). Yet, a significant proportion of potential patients present with significant psychological issues including low levels of self esteem and self confidence, and with depression. The private sector in the UK is largely unregulated, and any kind of psychological screening or follow-up is very much the exception rather than the rule in both the private and public sectors.

### *The challenges associated with disfigurement:*

The numbers of people with disfiguring conditions are increasing, in part due to advances in medical and surgical techniques which mean that ever larger numbers of people are surviving due to life saving, but disfiguring treatment. It is currently estimated that 1:5 people have a disfigurement, whether from a congenital anomaly, trauma or as the result of disease or surgery. It is now well established that between 34 and 51% of those affected experience significant psychosocial difficulties, however, the provision of support and intervention to meet their psycho-social needs is minimal at best. Healthcare professionals are increasingly aware of the psychosocial impact of appearance concerns on their patients, but are unclear how to offer appropriate care and support. Increasingly they are looking to health and clinical psychologists to advise them and to provide research evidence to underpin their work. Surgeons continue to develop new technologies to correct 'deficits' in appearance and function. The psychosocial implications of these can be considerable (as, for example, in face transplantation), and outcomes should be carefully researched. In addition, patients need accurate information about the risks and benefits of procedures and support in treatment related decision making.

### **How can health psychologists contribute?**

There is a pressing need to tackle levels of dissatisfaction with appearance, as these are debilitating for some and have significant effects on the daily lives and health behaviours of many others. Changing attitudes towards appearance within the population as a whole is a monumental task, but given the pervasiveness of appearance concerns, the potential for gain is enormous. Health psychologists can contribute to the task of busting the beauty myths and reducing the impact of appearance concerns on those affected in a number of ways.

In addition to the potential benefits in developing school and community based interventions to tackle appearance concerns, there is an urgent need for

effective, accessible psychosocial care within the health care system, including appropriate methods for screening, support for treatment decision making, follow-up after treatment and techniques for promoting adherence to medication. Appropriate self help materials and interventions should be designed, delivered and evaluated. Little is currently known about the short and longer term impacts of appearance enhancing interventions, and a role exists for audit and research. Many health care professionals in primary and secondary care settings lack awareness of the psychosocial impact of appearance concerns and opportunities for training and educational initiatives exist throughout the system.

Health psychologists working in the realms of health promotion and behaviour change may wish to consider (or re-consider) the impact of appearance concerns on the recipients of their interventions. In addition to contributing to the motivation to engage and maintain risky behaviours, appearance concerns may have potential in inducing positive changes. A recent anti-smoking campaign aimed at young women utilized the negative impact that smoking has on appearance and smoking warnings on tobacco products in the UK and Europe include the statement 'smoking causes aging of the skin'. There is now evidence to suggest that exercise interventions aimed at positive physical self perceptions and body mastery increase the likelihood of adherence and increase body satisfaction (Grogan, 2008). However, the relationships between appearance perceptions and health behaviours are complex. The outcomes of these sorts of campaigns are currently uncertain and more research is needed. There is also the caveat that health promotion campaigns which play on appearance concerns may have the unwanted side effect of reinforcing prevailing negative stereotypes surrounding ageing and appearance. This would mitigate against attempts to promote a greater acceptance of diversity in appearance and to dispel the myth that only youthful, flawless and attractive looks are desirable.

### **Conclusion**

Appearance related research remains a minority sport and specialist knowledge in this area is the preserve of a few. In view of the pervasive nature of appearance concerns in the population, it is time that health psychologists grasped the nettle and acknowledged the role of these issues in the adjustment and wellbeing of many. ►



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In addition to the need to put the diverse and stimulating topic of appearance higher up in the health psychology training and practice agenda, we need to engage in debates with policy makers and health care providers to find ways of reducing the negative impacts and more effectively meeting the needs of those affected. ■

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