The Social Construction of Beauty:
Body Modification Examined
Through the Lens of Social Learning Theory

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Abstract

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This thesis examines the psychosocial and cultural factors behind body modification practices of breast augmentation, female circumcision, and foot binding in order to understand the growing trend of cosmetic surgery. Body modification is examined through the lens of Albert Bandura's social learning theory using hermeneutic methodology that analyzes quantitative and qualitative data. Cross-cultural research on breast augmentation, female circumcision, and foot binding provides insight into how body modification practices are internalized through observational learning. The findings demonstrate that women are faced with social pressures to conform to physical ideals that often require modification of the body. Bandura's theory of self-efficacy provides insights into how women can exercise choice, personal agency, and self-direction to guide personal decisions pertaining to cosmetic surgery within the context of social pressures.

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Chapter I
Introduction

Area of Interest

This thesis explores psychosocial factors behind trends of body modification among women around the world through a cross-cultural lens, investigating different cultural practices of body modification including breast augmentation, female circumcision, and foot binding. The purpose of this research is to gain understanding of the psychology related to the growing trend of cosmetic surgery. A cross-cultural lens provides contrasting perspectives that help shed light on unconscious themes embedded in trends of body modification.

Cosmetic procedures have become increasingly popular with a total of 23 million surgical and nonsurgical procedures performed worldwide in 2013 (International Society of Aesthetic Plastic Surgery [ISAPS], 2013b). More than 20 million of the cosmetic procedures were performed on women, accounting for 87.2% of the total. Over 11.4 million cosmetic procedures were performed in the United States, more than any other country and comprising almost half of the world total (American Society for Aesthetic Plastic Surgery [ASAPS], 2013, p. 4). The most common cosmetic surgical procedure around the world and in the United States is breast augmentation, not including breast lift, reduction, revision, or gynecomastia (ISAPS, 2013a, pp. 2-8). In 2013, 1.8 million breast augmentations were performed, 99.6% of which were on females and 313,703 of which occurred in the United States, accounting for 17.7% of the world total (pp. 7-8). More

breast augmentations occur in the United States than any other country. Of the breast augmentations performed in the United States, 100% were performed on women and the most common age group that received breast augmentation was 19-34 years old (ASAPS, 2013, pp. 11-14; ISAPS, 2013a, p. 2). Cosmetic procedures on women have increased more than 471% since 1997 in the United States costing 12.4 billion dollars in 2013 (pp. 10-15). Breast augmentation procedures have increased 210% in the United States since 1997 (p. 8).

Guiding Purpose

Cosmetic surgery is the optional alteration of physical appearance through surgical and medical techniques (American Academy of Cosmetic Surgery [AACS], 2014). Given the current number of women choosing to undergo cosmetic surgery, the guiding purpose of this thesis is to understand the psychological and cultural factors that contribute to this choice. Such an understanding is an important contribution to psychotherapeutic work involving a female client's relationship with her body and in providing therapy for women who are considering cosmetic surgery.

Rationale

This research contributes to the field of psychology by exploring underlying social norms and their psychological influence on practices of body modification and the current trend toward cosmetic surgery. This is important because certain ideals exist around the female body that place pressure on women to conform to particular body types. These pressures influence many women to receive cosmetic surgery despite the risk of medical complications (ISAPS, 2013a & b; Sarwer, Nordmann, & Herbert, 2000; Wilson, 2013).

This work will contribute to the field of counseling and depth psychology by providing more insight into the psychosocial factors that influence women's decisions to undergo cosmetic surgery. This research may reveal underlying motivations for body modification that exist in the collective unconscious of societies. Additionally, this thesis provides therapeutic interventions that can be utilized by psychotherapists to promote self-efficacy in women.

Methodology

Research problem and question. Women are faced with social pressures to conform to physical ideals that sometimes require modification of the body, leading to an increase in cosmetic surgical procedures that impose potential pain and health complications. This research explores the psychosocial and cultural factors behind body modification practices of breast augmentation, female circumcision, and foot binding in order to understand the growing trend of cosmetic surgery. The research question explored is as follows: What are the psychosocial and cultural factors behind body modification including breast augmentation, female circumcision, and foot binding?

Methodological approach. This question is explored through hermeneutic research that analyzes and synthesizes quantitative and qualitative data mostly from peer-reviewed journal articles. Hermeneutic research involves a thorough literature review of different texts in the interest of "finding deeper meaning through exploring their relationships to each other" (Pacifica Graduate Institute, 2012, p. 52). Additionally, statistical data is examined from the ISAPS (2013a & b) and the ASAPS (2013). In Chapter III, findings are examined through the lens of psychologist Albert Bandura's

(1977) social learning theory and clinical application of the findings is discussed in terms of Bandura's (1995, 1997) theory of self-efficacy.

Limitations. This research focuses on women and particular practices of body modification, specifically cosmetic breast augmentation, female circumcision, and foot binding. Body modification is a vast topic and there are many additional practices that could potentially be studied. This thesis does not discuss body modification and cosmetic surgery among men or transgendered men and women, although these are areas that would also benefit from research and psychological inquiry. Socio-cultural biases are difficult to avoid in the literature, especially because of the absence of research from all over the world that would be necessary to build a variety of perspectives. Although much of the research is from the United States, research from all over the world is utilized to enrich the findings and balance the data.

Ethical Concerns

There are ethical concerns around gender, culture, discrepancies between cultural practices, alternate forms of surgical breast modification, and cosmetic surgery. For the purpose of this thesis, the primary focus is on women. This does not mean that other genders are not subjected to similar psychological pressures as women. Men are experiencing increasing pressure to conform to physical ideals and also undergo surgical body modification to meet cultural standards. Male circumcision is a practice that is well accepted around the world and may pose physical and psychological issues for men. Additionally, transgendered men and women may receive surgical body modification for reasons unrelated to cultural pressures. Surgical body modification in this context can be a positive practice that can assist in gender reassignment.

Another ethical concern is the possibility of offending other cultures. It is impossible to know the experience of growing up in a different culture in which body modifications are practiced, such as female circumcision, that are not accepted in mainstream U.S. culture. This thesis, inherently limited in its ability to represent non-U.S. perspectives, does not intend to assert that any culture is superior to another. Rather it seeks to broaden and deepen understanding of body modification by exploring practices around the world from multiple perspectives. This is addressed by reviewing literature and interviews from cultures around the world.

Although there are similarities between the various cultural practices of body modification, there are also significant differences. The practice of foot binding was performed on young girls and female circumcision is performed on girls before they are at an age at which they can consent (Wilson, 2013), whereas cosmetic surgery is usually a personal choice made by a female who has reached the age of majority. This is a very notable difference to consider. In order to address this concern, this thesis focuses on the social norms surrounding the practices rather than on whether the practices are morally right or wrong.

Different forms of surgical breast modification are practiced for various reasons, some of which are more complex than a patient receiving surgery for cosmetic reasons. In addition to breast augmentation there is breast reconstruction, reduction, lift, revision, and gynecomastia. Patients who undergo breast reconstruction have often times lost their breasts to cancer, which can be an extremely traumatic experience and breast reconstruction can provide a woman solace after losing her breasts. Additionally, breast reduction can be of benefit to women who have back problems, receive unwanted

attention because of their breasts, or want to undergo gender reassignment. Gynecomastia is the removal of breast tissue in men, which can help restore confidence. All of these surgeries have their benefits, but this thesis will exclusively explore cosmetic breast augmentation and will not explore breast reconstruction, reduction, lift, revision, or gynecomastia.

Overview of Upcoming Chapters

Chapter II presents a review of pertinent literature pertaining to the history of breast augmentation, female circumcision, and foot binding. This chapter explores the cultural parallels that exist between practices and the cultural double standards that develop within cultures. Additionally, the literature review examines the themes of motivation and the choice to undergo cosmetic surgery. Lastly, this chapter provides an overview of established theories surrounding the construction of social norms.

Chapter III integrates the research findings from chapter II with Bandura's (1977, 1995, 1997) social learning and self-efficacy theories. This chapter discusses social learning theory, origins of behavior, learning through modeling, and the social learning of body modification. Furthermore, socially oriented initiatives and the clinical applicability of self-efficacy theory are explored. Sources of self-efficacy are provided in addition to how to exercise self-directed change.

Chapter IV presents a summary and conclusions. This chapter summarizes pertinent information from the literature review, findings, and clinical application. The conclusion presents clinical implications of the findings, contributions of the research to counseling psychology and depth psychology, and suggested areas for future research.

Chapter II
Literature Review

Introduction

Throughout history, cultures around the world have practiced different forms of body modification (Woodard, 1998, p. 5). In parts of North America, South America, and Ethiopia, people wore lip plates to stretch the lower lip, which conveyed status (p. 5). In areas of Africa and Thailand highborn females had their necks stretched so long that they needed rings to support their heads (p. 5). Corsetry was a popular practice in Europe and North America in which the waist was severely constricted and the breasts exaggerated (Monagan, 2010, p. 173). In parts of Africa breast ironing is currently performed on young girls to flatten their chests (p. 173). The custom of foot binding was practiced for over 1000 years in China (Roy, 2010, pp. 84-87) and female circumcision is currently practiced in 29 countries in Africa and the Middle East (United Nations Children's Fund [UNICEF], 2014, para. 2).

There are more than 23 million cosmetic procedures performed annually worldwide, 87% on women, and 50% in the United States (ASAPS, 2013, p. 4; ISAPS, 2013b). When looking at diverse cultures throughout history, body modification has repetitive features that are now being seen in North America (Woodard, 1998, p. 5). In North America plastic surgeons are beginning to notice that, "unnaturally large and clearly artificial breasts represent the cutting edge of feminine fashion" (p. 1). Psychiatrist A. Moutinho, plastic surgeon A. V. Pereira, and anesthesiologist G. Jorge

(2011) remarked, “The interest in breasts in our society can hardly escape the attention of even a casual observer” (p. 1676). In a study published in 2011 (Moser & Aiken), 405 undergraduate women in the United States ages 18-26 without breast implants were asked, “Have you ever thought about getting breast implants?” and an overwhelming 88% answered yes (p. 45). In 2013 breast augmentation was the most popular cosmetic surgery worldwide and in the United States (ISAPS, 2013a, p. 2). Since 1997 there has been a 210% increase in breast augmentation and a 471% increase in cosmetic procedures for women in the United States (ASAPS, 2013, pp. 8-10). This thesis explores the underlying motivations behind practices of body modification in order to understand the growing trend of cosmetic surgery.

The following sections of this literature review discuss research related to the history of breast augmentation, female circumcision, and foot binding in order to gain understanding of the evolution of body modification throughout history. Then, a cross-cultural comparison of body modification practices is presented related to health complications, secrecy, femininity, social status, and double standards between Western and Eastern cultures. The chapter ends with discussions of motivation, choice, and the construction of social norms as related to body modification.

Breast Augmentation

Researchers from the University of Pennsylvania’s School of Medicine and Hahnemann University delved into humankind’s obsession with breasts (Sarwer et al., 2000, p. 844). This cultural fascination has placed pressure on women to conform to societal standards of beauty resulting in breast alteration through a variety of methods (p. 844). As early as 3000 B.C., Minoan women used brassieres and corsets to accentuate

their breasts (Grazer & Klingbeil, as cited in Sarwer et al., 2000, p. 844). In the 18th century invasive techniques were used for breast enlargement (Sarwer et al., 2000, p. 844). Painful and disfiguring procedures were attempted to enlarge breasts by inserting substances of ivory, glass, metal, and rubber into the breasts (Haiken as, cited in Sarwer et al., 2000, p. 844). These procedures failed to enlarge breasts and caused a variety of medical problems (Sarwer et al., 2000, pp. 844-855). In the 19th century interest in more permanent breast enlargement inspired injections of paraffin, petroleum jelly, and olive oil, which caused complications and often horrifying aesthetic results (p. 845). In the 1930s, new methods of breast augmentation included injection of fat from the buttocks and grafting of tissue from various parts of the body despite poor aesthetic results (p. 845). In the 1950s a sponge prosthesis was used for breast enlargement, but was ultimately invaded by collagen causing hardening of the breast and a decrease in breast size (p. 845). A polyethylene sac was added to improve the prosthesis, but resulted in fluid accumulation, infection, and severe hardening, requiring removal of the prosthesis (p. 845). In the 1950s and 1960s women had silicone injected into their breasts attempting to increase size, but this turned out to be unsafe and ineffective (p. 845). Silicone attacked and demolished surrounding tissue resulting in many women needing corrective mastectomies, leaving them with no breasts (p. 845).

In 1963 the silicone gel prosthesis was developed (Cronis & Gerow, as cited in Sarwer et al., 2000, p. 846). Even with advances silicone implants have been linked to a variety of medical conditions including silicone bleed, autoimmune diseases, polyurethane toxicity, implant rupture, and leakage (Sarwer et al., 2000, p. 846). In one study all implants removed that were over 10-years old were ruptured or leaking

(DeCamara, Sheridan, & Kramer, as cited in Sarwer et al., 2000, p. 846). In an analogous study, 70% of implants removed after 11-15 years were ruptured or leaking (Peters, Keystone, & Smith, as cited in Sarwer et al., 2000, p. 846).

Due to health and safety concerns the U.S. Food and Drug Administration (FDA) (2013) made silicone gel implants unavailable in 1992 and only recently lifted this ban in 2006. This resulted in the spike of saline-filled implants, which are not associated with connective tissue disease or autoimmune disorders, yet there are other potential complications such as capsular contraction, mammographic interference, breastfeeding difficulties, and loss of nipple sensation (Sarwer et al., 2000, p. 847). Some researchers estimate that up to 100% of women develop some degree of capsular contracture, which is when the implant becomes encapsulated and compressed by collagen causing unnaturally hard, distorted, and painful breasts (p. 847). Because of mammographic interference, some studies suggest that women with breast implants have a poorer breast cancer prognosis because they are diagnosed at more advanced stages (Silverstein, Handel, & Gamagami, as cited in Sarwer et al., 2000, p. 847). It is likely that women with breast implants will need several surgical replacements throughout their lifetime to avoid or treat medical complications (Sarwer et al., 2000, pp. 846-847). Almost all women require subsequent surgery to replace implants 10 to 15 years after the initial surgery due to physical changes in the body (Smith, 2008, p. 60).

Female Circumcision

Female circumcision involves partial or total removal of the female external genitalia (World Health Organization, 2014). This practice has existed for over 2000 years and is typically carried out for aesthetic, social, religious, and psychosexual reasons

(Wilson, 2013, p. 20). The practice is not limited to one culture or religion, and is routinely practiced in 29 countries in Africa and the Middle East (UNICEF, 2014, para 2; Wilson, 2013, p. 20). Worldwide, 130 million women have been circumcised (UNICEF, 2014, para. 2), and 2 million girls are circumcised annually (Denniston et al., as cited in Wilson, 2013, p. 21). Major health complications can result from female circumcision and it is estimated that 10% of girls die during the procedure (Wilson, 2013, p. 21). In Sudan it is approximated that one third of girls who undergo female circumcision die (PATH, as cited in Wilson, 2013, p. 21). In explaining why female circumcision takes place, UNICEF noted that "social acceptance is the most frequently cited reason for supporting the continuation of the practice" (2014, p. 3).

Foot Binding

The ancient custom of foot binding was practiced for 1000 years in China, with over 2 billion women having their feet bound between 950 and 1949 (Wilson, 2013, p. 19). This practice altered young girls' feet to make them look like lotuses, which was a symbol that had psychosexual and spiritual dimensions (Roy, 2010, p. 85). Foot binding involved curling the four smaller toes toward the sole of the foot until the toes broke and then the sole was forced toward the heel until the arch broke (Wilson, 2013, p. 18). The feet were bound night and day for 2 years to stop the growth of the foot (p. 18). When exploring this practice it is important to recognize the ideological structure of the practice instead of deeming the custom as barbaric (Soon, 2004, p. 654). Jungian analyst and clinical psychologist, Judith Cooper (2011) explained,

> Ironically, the deformed, stunted, folded female foot became the symbol for idealized feminine beauty, extolled and venerated in Chinese literature, used by men as an instrument of sexual gratification and intense erotic passion. Women's bound feet, these hobbled, crippling triangular wedges, became fetishized,

> eroticized, and spiritualized into the paradoxical symbol of the Golden Lotus. (p. 139)

Shirley See Yan Ma, a Chinese woman who is a professor of psychology and a Jungian analyst, wrote a book entitled, *Foot Binding: A Jungian Engagement with Chinese Culture and Psychology* (2010). Ma's book, according to anthropologist and Jungian analyst Manisha Roy (2010), demonstrated "how foot binding can be a metaphor for repressed femininity and modern women, not only in China, but in Western culture as well" (pp. 84-85). In this regard, Cooper explained that in Ma's (2010) book, she

> validates the indisputable hegemonic power of the cultural complex, this recently-elaborated level of the psyche that is between the personal and collective unconscious, whereby individuals are moulded and influenced by their external culture. . . . These complexes form our unchallenged beliefs and behaviors, guaranteeing that complicit acceptance of group members and future generations. (Cooper, 2011, p. 139)

Roy (2010) noted that the cultural symbolism related to power and oppression displayed in foot binding crosses time and cultures:

> Such archetypal oppression of the feminine principle in the history of humanity, even to this century, has been universal. Footbinding in China offers an impressive and appropriate metaphor, where as in other cultures, we find other practices, which offer symbols unique to those cultures. (p. 87)

The deep-seated symbolism of foot binding resided in the cultural unconscious of China (Henderson, as cited in Roy, 2010, p. 85), just as the mysterious symbolism of breast augmentation and female circumcision exists within the collective unconscious of other cultures (Cooper, 2011, p. 139; Roy, 2010, p. 85). A term from Jungian psychology, the *collective unconscious* refers to inherited layers of the psyche shared by all humankind (Jung, 1954/1969). The collective unconscious is constructed of innate energies and tendencies called archetypes. Psychiatrist and founder of analytical psychology, Carl G. Jung observed that the collective unconscious "appears to consist of

mythological motifs or primordial images, for which reason the myths of all nations are its real exponents" (p. 152). He posited that different cultures express archetypal themes in different ways, but similar underlying constructs motivate human behavior. An underlying tendency appears to exist within the collective unconscious around the world that motivates practices of body modification among women as demonstrated by breast augmentation in the United States, female circumcision in Africa and the Middle East, and foot binding in China.

Cultural Parallels

Health complications. Breast augmentation, female circumcision, and foot binding all give rise to pain and potential health complications with the risk of fatality (Sarwer et al., 2000; Wilson, 2013). Despite medical complications associated with breast augmentation and female circumcision, these practices continue to regularly take place throughout the world (ISAPS, 2013a & b; Sarwer et al., 2000; Wilson, 2013).

Secrecy. Although cosmetic surgery is often seen as an empowering way to obtain physical ideals, there is a contradictory element in which cosmetic procedures are kept socially invisible in order to disguise the amount of work involved in rendering the ideal female body (Stuart, Kurz, & Ashby, 2012, p. 407). Andrew Hock Soon (2004), professor of literature at Monash University in Malaysia, described the extreme secrecy that took place in China around foot binding (p. 633). Only close female relatives were allowed to witness the unbinding of feet for cleansing and rebinding (p. 663). Bound feet were not displayed in their natural state and were concealed by elaborately decorated shoes (pp. 657-659). The feet themselves were not necessarily what triggered the sexual attraction, but the fact that they were hidden generated allure and aroused desire (p. 659).

Femininity. Just as in China well-bound feet were a valued symbol of femininity (Soon, 2004, p. 659), in many parts of the world breasts are considered to be a symbol of femininity, which can create insecurity and decreased self-esteem in women who do not have large breasts (Nikolić, Janjić, Marinković, Petrovih, & Božić, 2013, p. 944). Clinical psychologists Elizabeth Didie and David Sarwer (2003), studying cosmetic breast augmentation at Drexel University, found that physical appearance, breast size, and shape are considered to be central aspects of female identity (p. 242). In the United States, women typically undergo breast augmentation seeking a more feminine physique (Smith, 2008, p. 59). Women interviewed with breast implants proclaimed that they feel more feminine after implantation (p. 59).

Social acceptance. Professor of nursing Cynthia Figueroa-Haas (2009) observed that increased breast size in the United States is associated with intelligence, success, and popularity (p. 378). Women with larger breasts are considered to be more attractive and have greater social outcomes (Moutinho, Pereira, & Jorge, 2011, p. 1676). Well-bound feet in China were thought to promise a woman a good marriage (Soon, 2004, p. 659) and women currently practice female circumcision for social acceptance (UNICEF, 2013, p. 3).

Cultural Double Standards

Abdulmumini Oba (2008), professor of law at the University of Ilorin in Nigeria discussed the unfair double standard between the West and East: “The west is quick to condemn practices in other cultures that it considers unacceptable. . . . The western practices are considered as ‘civilized’ while non-western practices are condemned as ‘primitive’ or ‘savage’” (p. 1). The World Health Organization (2014) labeled female

circumcision *female genital mutilation* (FGM) and defined FGM as all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for nonmedical reasons.

Oba (2008) pointed out that a legalized version of female genital mutilation takes place in the West (p. 28). Despite Western opposition to female circumcision, medical doctors routinely practice female genital cosmetic surgeries for aesthetic reasons (p. 28). Not only is this surgery carried out for nonmedical purposes, but it entails serious surgical risks (pp. 28-29). In 2013 labiaplasty (female genital cosmetic surgery) had the second most significant increase of cosmetic surgical procedures in the United States with a 44% increase (ASAPS, 2013, p. 5). Medical anthropologist Sara Johnsdotter and professor of obstetrics and gynecology Birgitta Essen exclaimed, "Making a discriminatory distinction between western practices and non-western practices in relation to non-therapeutic cuttings in the vagina is nothing but double standards" (as cited in Oba, 2008, pp. 30-31).

Although cosmetic breast augmentation is categorized as a health-related decision, elective cosmetic surgery does not protect health (Moser & Aiken, 2011, p. 42). In fact, it does the opposite by imposing health risks, yet it is not categorized as a health-risk behavior (p. 42). The risks in receiving elective cosmetic surgery are primarily medical and the benefits are generally psychological (p. 42). Oba (2008) defined breast augmentation as a form of bodily mutilation in which foreign materials are implanted into the breast (pp. 31-32).

Courtney Smith (2008) from the department of political science at the University of Oregon interviewed Senegalese women about breast augmentation and discovered,

"Women throughout Senegal are in disbelief; disbelief that people would travel across the globe to fight female genital cutting while the unnatural and ungodly practice of breast implantation exists in their own communities" (p. 61). Referring to breast augmentation surgery, one Senegalese woman speculated, "How could women choose to do something that is possibly bad for their health? . . . Americans have spent 40 years coming here to talk about FGC, maybe it is time to go to the US!" (as cited in Smith, 2008, p. 61).

Motivation

According to researchers studying cosmetic breast augmentation surgery, women undergo cosmetic surgery for aesthetic reasons risking postoperative pain, possible side effects, and often pay a significant amount of money (Nikolić et al., 2013, p. 941). The fact that women are willing to spend large sums of money and take these risks demonstrates that there are strong underlying motivations to receive cosmetic surgery (p. 941). According to sociologist Eeva Sointu, some claim that women's well-being is dependent on their pursuit of the culturally defined ideal body (as cited in Stuart et al., 2012, p. 406). Rosalind Gill, a professor of cultural and social analysis, explained that despite recent cultural shifts, women's bodies are still framed in response to male desire (as cited in Stuart et al., 2012, p. 406). Women's bodies are often presented as needing work in order to meet feminine ideals (Blood, as cited in Stuart et al., 2012, p. 406). Cosmetic surgery has become an increasingly acceptable method to achieve beauty ideals (Askergaard, Gertson, & Langer, as cited in Stuart et al., 2012, pp. 406-407).

Image norms are standards of appearance created by peers and public figures influencing image-related behaviors (Jackson & Aiken, as cited in Moser & Aiken, 2011, p. 45). Just as images of pale skin were used in the media to promote the use of sun

protection, current media images of women with small frames and large busts have resulted in women desiring larger breasts (Harrison, as cited in Moser & Aiken, 2011, p. 45). As women witness increasing numbers of their peers receiving breast implants, these norms become stronger (p. 45).

Choice

In modern Western societies it is commonly believed that women have overcome past themes of inequality and become autonomous, resisting social pressures and making choices for themselves (Stuart et al., 2012, p. 405). However, some choices cannot be seen as freely chosen when they indicate the failure to resist social pressures (p. 405). Psychology researchers Avelie Stuart, Tim Kurz, and Kerry Ashby argued that cosmetic breast surgery is not necessarily a choice because women with small breasts are often viewed as having deficient breasts leading them to feel they need breast implants (p. 405). Debates on cosmetic surgery and beauty practices often focus on the notion of choice. On the one hand, according to Stuart et al., it has been argued that women are not controlled by patriarchal oppression and are able to exercise their rights to choose to undergo breast augmentation (p. 406). On the other hand it is argued that the idea of free choice lacks an analysis of the context under which choices are made (p. 406). Gill claimed that women do make choices, but not under conditions they have created; rather, everyone makes choices in relation to others (as cited in Stuart et al., 2012, pp. 406-408). Stuart et al. noted that choices are made in particular contexts in which norm requirements for self-presentation exist. According to sociologist Debra Gimlin, “It is suggested that, as a result, women’s choices are inherently socially influenced to the

point where some women may feel that they have little choice but to undergo procedures such as cosmetic surgery" (as cited in Stuart et al., 2012, p. 406).

Construction of Social Norms

Prior to philosopher and physician John Locke, many philosophers believed that ideas and beliefs were innate, already existing in the mind prior to experience (Crain, 2011, p. 7). According to psychologist William Crain, Locke argued that although people have the ability to learn through reflection, the mind is primarily molded by environment. Locke's ideas laid the groundwork for learning theory, which was further established by scientists Ivan Pavlov, John B. Watson, and B. F. Skinner (Crain, 2011, pp. 180-203). Crain noted that Pavlov, Watson, and Skinner took the concepts of environmentalism originally constructed by Locke—that behavior is formed by the external environment—and backed it up with data through scientific research.

Bandura (1977) developed social learning theory and felt that learning through social situations happens much more rapidly than previous learning theorists had speculated. Social learning theorists believe that although there may be a genetic component to gender traits, children are taught gender-appropriate roles through socialization and observation (Crain, 2011, p. 210). Bandura (1977) discovered that observational learning takes place in all cultures and that different cultures socialize different norms. Psychologist Lev Vgotsky further developed sociocultural theory in which the intrinsic functions of the individual meet cultural forces producing a complex formation of both internal and external development (Crain, 2011, pp. 224-252).

Psychiatrist and psychoanalyst Norman Doidge (2007), in his studies of neuroplasticity, proclaimed, "Not only does the brain shape culture, culture shapes the

brain" (p. 287). Doidge explained that culture is produced by the brain and simultaneously shapes the mind. Research in neuroplasticity has demonstrated that every sustained activity changes the brain and cultural ideas are no exception, rendering the brain constantly modified by every cultural interaction (p. 288). All of these theories contribute to the understanding of how body modification became popular among many cultures.

Summary

Body modification practices have long histories that vary among different cultures and yet have commonalities. The practices often are metaphors that carry symbolic meaning rooted in the cultural and collective unconscious (Cooper, 2011; Roy, 2010). Breast augmentation, female circumcision, and foot binding have cultural parallels related to health complications, secrecy, feminine ideals, and social acceptance (Figueroa-Haas, 2009; Monagan, 2010; Nikolić et al., 2013; Sarwer et al., 2000; Soon, 2004; Stuart et al., 2012; Wilson, 2013). Cross-cultural research has shown that regardless of similarities, there is a bias in the West that breast augmentation is categorically different than female circumcision and foot binding (Oba, 2008; Smith, 2008. The perspective of Senegalese women who see breast augmentation as mutilation brings into question the assumption that it is an act of beautification. This highlights attitudes toward body modification as learned in one's culture. Bandura (1977) explained that behaviors are adopted through observational learning among members of one's own culture. These practices have complex origins and motivational factors that are further analyzed through the lens of social learning theory in Chapter III. The clinical applicability is then explored through Bandura's (1995, 1997) theory of self-efficacy.

Chapter III
Findings and Clinical Application

Introduction

This chapter integrates the research in chapter II's literature review with Bandura's (1977) social learning theory by exploring origins of behavior, learning through modeling, and social learning as they relate to motivational factors in the practice of body modification. Clinical applications of the insights gained related to the psychosocial and cultural factors behind the increasing trend in cosmetic surgery are then explored through Bandura's (1995, 1997) theory of self-efficacy.

Social Learning Theory

Origins of behavior. Excluding elementary reflexes, humans are not born with repertoires of behavior (Bandura, 1977, p. 16). Response patterns are acquired through experience or observation and physiological factors enable new responses to develop from learning experiences (p. 16). Complex behaviors emerge from an integration of multiple influences including psychosocial and biological factors (pp. 16-17). Cultural norms, including those around body modification, are learned from psychosocial influences and are simultaneously adopted by the brain through biological mechanisms.

According to Bandura (1977), humans have two main forms of learning, one of which is learning by response consequences and the other is learning through modeling (pp. 17-22). Learning by response consequences involves learning through direct experience of positive and negative reinforcement (pp. 17-22). An example of this is

when women receive certain messages from their environment that influence decisions to undergo cosmetic surgery. For instance, women with histories of being teased about breast size are much more likely to undergo breast augmentation than women without a teasing history (Nikolić et al., 2013, p. 943). Although this process of reinforcement plays a major role in learned behavior, Bandura (1977) explained that most human behavior is learned through observation and modeling (p. 22).

Learning through modeling. People are more likely to adopt observed behavior if it appears to have valued outcomes (Bandura, 1977, p. 28). Behaviors that seem to be positive for others are more likely to be replicated than those perceived to have negative consequences (p. 28). In this way, individuals may learn by response consequences they observe modeled in the world around them. When women observe other women who have had cosmetic surgery reaping positive social outcomes, they are in turn more likely to get cosmetic surgery. This may include the observation that women with a particular body type are media selected for fame and popularity. In learning through modeling, both negative and positive reinforcement play a role in observational learning, but rather than being a consequent influence reinforcement is an antecedent influence in which the anticipation of reinforcement influences future behavior (p. 37).

Another source of social learning is modeling provided by various media sources, including magazines, television, and films (Bandura, 1977, p. 39). Images of feminine ideals are repetitively displayed throughout the media influencing women's perceptions of what it means to be beautiful. These images can leave women feeling inadequate and wanting to receive cosmetic surgery in order to achieve the feminine ideal presented in the media.

According to social learning theory people vary in what they teach, model, and reinforce to their children (Bandura, 1977, p. 43). In China, for 1000 years, mothers bound their daughter's feet and reinforced the positive aspects of this practice (Wilson, 2013, p. 19). In many parts of the world female circumcision is practiced on young girls and this practice is reinforced by family and culture. Perceived social benefits of body modification act as antecedent influences.

Social learning specific to body modification. As social learners who observe and imitate others (Bandura, 1977; Crain, 2011), people watch and replicate cultural norms around beauty. In many cases, these norms involve body modification or cosmetic surgery for women. The practices of breast augmentation, female circumcision, and foot binding can be understood through social learning theory because this theory explains the phenomenon of individuals observing and mimicking the behavior of those around them. Because individuals are generally immersed within their own culture, different beauty norms and body modification practices become popular in different cultures such as foot binding in China, female circumcision in Africa and the Middle East, and breast augmentation in the United States. When looking at beauty norms through Bandura's (1977) social learning theory, one can conclude that body modification and cosmetic surgery are socially and culturally learned because the same practices do not exist globally, yet exist in localized areas. However, with the media being more global and immigration more common, the opportunity for body modification trends to spread across cultures has increased.

Through the lens of social learning theory, humans observe and imitate those around them. Therefore, when women observe their peers and members of their own

culture receiving cosmetic surgery, they are more likely to engage in this practice. Twenty-two year old, Claudia Alende from Brazil, admitted that she has had cosmetic surgery: “It was [because] everyone was doing [it] so I did [it]” (as cited in Garcia-Navarro, 2014, “What’s Sold As Beautiful,” para. 9). This statement demonstrates the strong social influence of members of one’s own culture. According to the ASAPS (2013),

> Buttock augmentation and labiaplasty, which have not previously been considered ‘popular’ took the top spots for the most significant increases in number of procedures performed over the course of a one-year period—with buttock augmentations in the lead at 58% and labiaplasty coming in second at 44% compared to 2012. (p. 5)

Although breast augmentation is currently the most popular surgery around the world and in the United States, buttock augmentation and labiaplasty have also become increasingly popular.

Foot binding, female circumcision, and breast augmentation emerged independently of one another, yet all became prominent symbols of beauty and femininity for women within their own cultures. Beauty norms vary within every culture, yet when looking at cultures around the world there is a repetitive quality to body modification that involves multigenerational transmission of practices pertaining to cultural ideals of beauty, femininity, and social belonging (Woodard, 1998). Cosmetic surgery and female circumcision give rise to potential health complications and possible fatality (Sarwer et al., 2000; Wilson, 2013, p. 22), but through the lens of social learning theory these practices persist because the social benefits of beauty, femininity, and status outweigh the risks for many women. Moreover, although socially learned, the value of physical beauty seems to exist in the cultural and collective unconscious.

Although there are strong cultural parallels between cosmetic surgery and female circumcision, there is opposition between the East and West about one another's cultural practices (Oba, 2008, p. 1). When women in the United States were interviewed about breast augmentation the remarks varied, but often centered around the fact that breasts provide a more proportional, natural, feminine body, whereas when interviewed about female circumcision, most Americans felt the practice was barbaric as demonstrated in interview responses below:

> "I think it is barbaric and I am angry. I am really angry that this goes on. It is primitive, a primitive practice;" "I am horrified. The fact that a woman would be cut like that to—I'm not even really sure why they do it. The practice is so barbaric;" and, "it is barbaric and beyond inhumane!" (Smith, 2008, p. 58)

Although non-Western practices such as female circumcision are seen as primitive and barbaric in the West, labiaplasty is the second fastest growing cosmetic surgery in the United States (ASAPS, 2013, p. 5; Smith, 2008, pp. 1 & 28). Female circumcision is categorized as mutilation, whereas labiaplasty is categorized as a health-related decision even though both practices involve modification of the vagina (Moser & Aiken, 2011, p. 42; Oba, 2008, p. 2). Despite the cultural distinction, both practices can be defined as female genital mutilation under the World Health Organization's (2014) definition, which includes all procedures that involve injury to the female genital organs for nonmedical reasons. These differing perspectives can be explained by social learning theory because in the West people have been conditioned to view female circumcision as mutilation and cosmetic surgery as a health-related decision, even though both practices involve altering the vagina for nonmedical reasons.

When interviewed about female circumcision, Senegalese men and women explain that it is a passage to womanhood, a hygiene measure, and a protection of

virginity (Smith, 2008, p. 55). When interviewed about breast augmentation, Senegalese women demonstrated a range of responses, including repulsion, as displayed in interview responses below:

> "I have never heard of this . . . I'm scared of the idea. Why would women put something in their bodies that God didn't give them? I have no idea why people would be against female genital cutting and not this practice" . . . "I have never heard of this, and never in my life do I want to know about it. The women who do this aren't real women" . . . "all operations of that sort must be caused by a sickness." (Smith, 2008, p. 60)

As women in Senegal expressed strong disapproval toward breast augmentation many women in the United States similarly described female circumcision as barbaric and primitive. The interviewees demonstrated acceptance toward their own cultures practices and disapproval of the others, which is evidence of social learning taking place within their own cultures.

Motivation. Nikolić et al. (2013) categorized motivational factors for cosmetic breast augmentation as wanting to feel more feminine, to have more confidence, to be more attractive, to feel less shy with men, to improve sex life, to find a partner, to help get a job, or because of a history of teasing (p. 942). All of these motivational factors can be examined through the lens of social learning theory because the concepts of femininity, beauty, and sexuality appear to be culturally defined. In some cultures, large breasts are viewed as more feminine and more attractive, while in other cultures different symbols of femininity and beauty exist. Similar motivational factors existed in China with foot binding and exist in Africa and the Middle East for female circumcision (Wilson, 2013). The concept of beauty and femininity appears to be culturally defined and strongly influenced by members of one's own culture. However, the seeming

universality of the need to define and achieve beauty suggests that its roots sink even deeper into the human psyche and are energized by the collective unconscious.

Although the United States currently has the most breast augmentations, Brazil recently surpassed the United States for having the most cosmetic surgeries (Garcia-Navarro, 2014, para. 7). Internet blogger Karen Polaz explained that a narrow idea of beauty is being pushed on people in Brazil: "We have to understand the image of beauty that is being sold, because this is an industry, an extremely lucrative industry. They transform women into consumers" (as cited in Garcia-Navarro, 2014, "The Right to Dream," para. 13). Anthropologist and social scientist Marcelo Silva Ramos explained, "In our culture, the view is women who look acceptable get money, social mobility, power" (as cited in Garcia-Navarro, 2014, "What's Sold as Beautiful," para. 4). In Brazil there is a strong pressure on women to conform to a physical ideal, so strong that there is an entire hospital dedicated to providing cosmetic surgery as charity to the poor in Rio de Janeiro. The Ivo Pitanguy Institute of Rio de Janeiro is a hospital that is named after famous plastic surgeon, Ivo Pitanguy, who is remembered for saying, "The poor have the right to be beautiful too" (as cited in Garcia-Navarro, 2014, para. 1). The hospital provides breast implants, breast lifts, Botox, nose jobs, face-lifts, and buttock implants for free or at a very low cost. When women observe their peers who have had cosmetic surgery experiencing social benefits, it provides a strong motivation to get cosmetic surgery.

Choice. Debates around cosmetic surgery often involve the notion of choice (Stuart et al., 2012, p. 406). One perspective explores the fact that women have the ability to exercise choice when partaking in practices such as cosmetic surgery, whereas others

argue that normative requirements exist around self-presentation that influence choices (p. 406). Gimlin suggested, "Women's choices are inherently socially influenced to the point where some women may feel that they have little choice but to undergo procedures such as cosmetic surgery" (as cited in Stuart et al., p. 406). Professor of philosophy Clare Chambers stated, "Practices are inherently social and thus do not depend on individuals' choices" (as cited in Smith, 2008, p. 55). If choices are inherently socially influenced then some women may feel that cosmetic surgery is more of a need than a want, especially if it will enhance their career and social outcomes. Jacqueline Timal, a cosmetic surgery patient in Brazil, explained,

> I'm always saving money. When I see I've gathered up enough money for another surgery I do it. . . . I think we invest in beauty because this is very important for women here. You can get a better job because here they want a good appearance, a better marriage because men care about the way you look (as cited in Garcia-Novarro, 2014, paras. 2-5).

Conversely, Chambers asserted that no woman should have to physically modify her body in order to receive social benefits such as a better career, self-worth, or the ability to get married, because other members of society (men) are not inflicted with the same requirements (as cited in Smith, 2008, p. 55).

Mental Health

Journalist Isak Ladegaard (2012) remarked that new research has exposed cosmetic surgery as doing little to improve mental health and paradoxically may increase symptoms of depression and anxiety. Professor of psychology, Tilmann Von Soest and colleagues, conducted a study and found that women who undergo cosmetic surgery are generally more depressed, more anxious, and more prone to suicide than women who do not undergo cosmetic surgery (as cited in Ladegaard, 2012, para. 4). Psychologist and

coauthor of the study Ingela Lundin Kvalem proclaimed that mental health symptoms are on average worse post operation with an increase in depression, anxiety, eating disorders, and alcohol consumption (as cited in Ladegaard, 2012, "Mental Health May Worsen," para. 2). Surgery might seem like a remedy to certain problems, but when recipients' lives fail to improve, mental health problems can worsen from disappointment (para. 4). Kvalem emphasized, "Cosmetic surgery doesn't solve all problems. . . . It's a quick fix of body parts they're dissatisfied with, but the effects aren't as far-reaching as some people may seem to expect" (as cited in Ladegaard, 2012, "Mental Health May Worsen," para. 5). Moreover, Kvalem continued, "Cosmetic surgery has a minimal effect on people's self-image. . . . It's OK to change what you're dissatisfied with, but life is not necessarily going to be better" (as cited in Ladegaard, 2012, "Most Girls Are Pleased With the Results," para. 5).

Clinical Application

Socially oriented initiatives. According to Bandura (1997) the media promotes a specific cultural norm of feminine beauty (p. 356). When women aspire to this ideal of the feminine body, they risk becoming preoccupied with their bodily shape (p. 356). Women subject themselves to extreme practices in order to reshape their bodies (p. 356). Bandura proposed that collective efficacy should be raised and applied to altering the sociocultural values and standards around feminine attractiveness that promote self-devaluation of the body (p. 356). Bandura recommended that the media become aware of the pressure placed on women to conform to a feminine ideal and conversely that social forces place pressure on the market place in order to influence the cultural ideal (p. 356). This socially oriented approach targets sociocultural values as the problem needing to

change rather than the female body changing to fit sociocultural standards. He contended that if knowledge, intelligence, maturity, and wisdom become the valued attributes of women some of the pressures placed on the female body may be alleviated (p. 356).

Self-efficacy. Self-efficacy is a person's perceived ability to exercise control in a given situation (Bandura, 1997). In the case of cosmetic surgery, self-efficacy is the ability to truly utilize personal agency in the decision to undergo cosmetic surgery. The lives of humans are interdependent and what individuals do consequently affects others (p. viii). Human behavior is determined by multiple interacting factors and humans are not the sole determiners of what happens to them, yet people have the capacity to exercise control over what they do (p. 3). People are not just observers of brain mechanisms composed by environmental events, but the cerebral, motor, and sensory systems are instruments that can be utilized to give meaning and direction to peoples' lives (Harre & Gillet, as cited in Bandura, 1997, p. 5). Through intention people can shape the structure of their neurobiological systems (p. 5).

Human evolution is embedded in social systems, therefore personal agency functions within sociostructural influences; "People are both producers and products of social systems" (Bandura, 1997, p. 6). For instance, people create norms around body image while simultaneously being influenced by pre-existing body image norms. Social structures are created by human activity providing both resources for development and also imposing constraints on individuals (p. 6).

From this perspective, freedom is not defined by an exemption from social influences, but rather by the positive exercise of self-influence to achieve desired results (Bandura, 1997, p. 7). Self-influence and self-regulation are achieved through reflective

thought and insight (p. 7). In the case of norms around the female body, freedom involves the ability to think reflectively and exercise self-influence whether that be to receive cosmetic surgery or not.

People develop the ability to behave differently from the environmental pressures imposed on them and personal agency is often achieved in the power to refrain from a particular action (Bandura, 1997, pp. 7-8). However, freedom is not just the ability to resist environmental pressures, but also the ability to reflect on influences and exercise personal agency. When faced with environmental pressures around the female body, women can reflect on external influences in psychotherapy and learn to exercise self-influence in order to make more informed decisions. Through self-reflection, people develop personal standards that can guide, motivate, and regulate their behavior (Bandura, as cited in Bandura, 1997, p. 8)

In a clinical setting the goal is to initiate personal reflection through the process of psychotherapy. Through personal reflection the individual is able to build a sense of self and move toward self-efficacy, which allows them to activate personal agency and exercise influence over choices. When personal agency is activated individuals have more control to refrain or partake in activities imposed by the external environment. When someone is struggling with the decision to receive cosmetic surgery, psychotherapy is a useful tool in expanding insight in order to activate personal agency.

Sources of efficacy beliefs. Bandura (1995) proposed four main avenues to developing efficacy, which consist of mastery experiences, vicarious experiences, social persuasion, and physiological and emotional states (pp. 3-4). For the purpose of this thesis these interventions are explored through the lens of improving body image.

Mastery experiences. Bandura (1995) defined a mastery experience as one that develops cognitive, behavioral, and self-regulatory tools for managing life circumstances (p. 3). Regarding body image, mastery experiences may include building self-confidence in order to have self-regulation around negative messages from external influences. The media and culture promote certain feminine ideals. Mastery experience could be achieved by practicing acceptance of self regardless of what messages are being presented from the environment.

Vicarious experiences. Vicarious experience takes place by strengthening efficacy through social models (Bandura, 1995, p. 3). This consists of seeing people similar to oneself succeed in desirable activities (p. 3). Vicarious experience could be achieved by finding a female role model in a desirable position who succeeds in her career despite not meeting cultural standards of beauty. Role models provide more than a social standard to compare oneself to, through observation the observer can learn the necessary strategies for managing environmental demands (p. 4).

Social persuasion. Social persuasion can be used in a positive way to boost self-confidence (Bandura, 1995, p. 4). This could be experienced through positive words of affirmation from others around mind and body that help build self-worth and positive body image. This could be utilized in school settings in which personal empowerment and acceptance are taught to young girls to prevent them from having issues with their bodies. Additionally, support groups for body-image can provide positive social support.

Physical and emotional states. Both mood and physical pain affect an individual's experience of self-efficacy (Bandura, 1995, p. 4). Bandura explained that beliefs of efficacy can be altered by improving physical and emotional health (p. 4). He also

explained the significance of how one interprets physical and emotional states (p. 5). A person who has strong self-efficacy will be able to experience physical and emotional states as indicators of something other than their own inadequacy (p. 5). Regarding body image, one may perceive negative feelings about their body as proof that something is wrong with their body, but when building self-efficacy they may realize that negative feelings are indicative of deeper emotional pain that has been displaced onto the body. Through self-reflection it may be possible to become aware of what the body and mind are revealing when experiencing physical or emotional pain.

Exercise of self-directed change. The principal vehicle for self-directed change is mastery experience. This includes four major components: information, self-regulation, self-management, and social support (Bandura, 1995, p. 30).

Information. This component of self-directed change involves increasing awareness and knowledge (Bandura, 1995, p. 30). People can educate themselves on the social influences they received around body image from family, peers, culture, and society. They can then explore how these influences have affected their beliefs.

Self-regulation. Self-regulation involves building skills through which one regulates one's thoughts and emotions in order to exercise control over social influences (Bandura, 1995, pp. 30-31). Although social influences around body image will continue to exist, learning to regulate what is absorbed from external influences can be helpful in achieving a more positive body image. Additionally, information and social support can be crucial elements in processing external influences and regulating their internalization by differentiating one's own perceptions and values.

Self-management. Self-management is achieved by repetitive behavior in order to learn new skill sets (Bandura, 1995, p. 31). Self-management involves continuously practicing healthy patterns until they are more or less engrained. This could involve utilization of positive self-affirmations, physical exercise, and regular social support in order to improve both physical and psychological well-being.

Social influences. Bandura (1995) explained that change occurs within a network of social influences and depending on the nature of the social influences, they can be helpful or harmful on the journey toward personal change (p. 31). In order to create positive change one can enlist social support to help achieve desired outcomes (p. 31). This can involve asking friends and family for support in building a positive body image. Positive social influences can also be achieved by going to individual or group therapy. Body-image support groups can assist individuals on their journey to achieving self-worth and a positive body image.

Summary

Norms around the female body are culturally constructed and vary between cultures. Certain ideals place tremendous pressure on women to conform to particular body types and some women may feel they need cosmetic surgery in order to feel beautiful. Developing self-efficacy is an avenue to activate choice, personal agency, and the ability to make more informed decisions surrounding the choice to undergo cosmetic surgery. The following chapter, in addition to providing a summary of the research, discusses the research findings in relationship to depth psychology and their psychosocial and clinical implications.

Chapter IV
Summary and Conclusions

Summary

Women are faced with social pressures to conform to physical ideals that sometimes require modification of the body leading to an increase in cosmetic surgical procedures that impose potential pain and health complications. This research explored the psychosocial and cultural factors behind female body modification practices including breast augmentation, female circumcision, and foot binding. The findings uncovered that body modification practices are socially learned through a process called observational learning.

Literature reviewed. Throughout time different cultures have practiced forms of body modification on women (Woodard, 1988, p. 5). Some of the more notable practices include foot binding, female circumcision, and breast augmentation. The lotus foot was valued in China leading to over 2 billion girls having their feet bound between 950 and 1949 (Wilson, 2013, p. 19). Female circumcision has been practiced for over 2000 years in 29 different countries with 2 million girls circumcised annually (UNICEF, 2014, para. 2; Wilson, 2013, p. 20). Breast augmentation is currently the most popular cosmetic surgery around the world with almost 2 million surgeries occurring annually (ISAPS 2013b).

A cultural fascination with breasts in Western cultures has been prevalent for centuries leading to experimentation with breast enlargement and ultimately to the

invention of breast implants (Sarwer et al., 2000). Breast augmentation is most popular in the United States and has increased by 210% since 1997 (ASAPS, 2013, pp. 8-10). In a survey in the United States the majority of female undergraduate students declared that they had considered getting breast implants (Moser & Aiken, 2011). These statistics indicate that breast implants in the United States are becoming an accepted cultural practice. This practice holds several parallels to other popular body modification practices around the world.

There are a multitude of cultural parallels between body modification practices including health complications, secrecy, feminine ideals, and social acceptance. The practices of breast augmentation, female circumcision, and foot binding all involve potential pain and medical complications (ISAPS, 2013a & b; Sarwer et al., 2000; Wilson, 2013). Additionally, cultural double standards exist in which body modification practices in one's own culture tend to be viewed more positively than practices in other cultures (Oba, 2008). For example, female circumcision is highly regarded within Senegal, but was spoken about negatively in the United States, whereas breast augmentation is accepted in the United States, but frowned upon by women in Senegal (Smith, 2008).

Social pressures to conform to a culturally defined ideal body lead women to get cosmetic surgery (Stuart et al., 2012). Women's bodies are often presented in the media and in advertisements as needing work, leading women to get cosmetic surgery to meet beauty ideals. Although cosmetic surgery is viewed as personal choice, it is not necessarily freely chosen when there is a failure to resist social pressures. Choices are

inherently socially influenced, leading some women to feel they have little choice except to get cosmetic surgery.

Findings. Bandura's (1977) social learning theory explains the origin of behavior as being acquired through experience and observation. Body image norms are learned from psychosocial influences and assimilated into the brain through biological mechanisms. There are two main forms of learning, one of which is learning by response consequences and the other is learning through modeling. The primary source of learning is through modeling which is the process of observational learning.

Images of feminine physical ideals displayed in the media and advertising influence women's perceptions of what it means to be beautiful and can lead women to seek cosmetic surgery. Behaviors that appear to have valued outcomes for others are more likely to be replicated than behaviors perceived to have negative outcomes (Bandura, 1977). When women observe positive outcomes in other women receiving cosmetic surgery they are more likely to get cosmetic surgery. The anticipation of positive reinforcement influences the decision to undergo cosmetic surgery.

Because humans are observational learners (Bandura, 1977), practices of body modification vary between cultures. Women tend to observe and replicate the practices of their own culture. Foot binding was popular in China, female circumcision is popular in countries in Africa and the Middle East (UNICEF, 2014), and breast augmentation is popular in the United States. The fact that these practices have emerged separately from one another in localized settings demonstrates an example of social learning taking place within cultures.

Conclusions

Depth psychology. The implications of these findings demonstrate that perceptions of physical beauty are socially learned and vary among different cultures. This thesis contributes to the field of counseling psychology and depth psychology by drawing connections between observational learning and body modification practices. The occurrence of standards of physical beauty and femininity across history and cultures suggests that feminine beauty is an archetypal motif inherited as part of the collective unconscious (Jung, 1954/1969). Norms around female body aesthetics that motivate body modification are held within the cultural unconscious. Different cultures express archetypal themes in different ways, but similar underlying constructs seem to motivate human behavior (Crain, 2011). Although different norms and ideals are learned in different cultures there appears to be a shared underlying archetypal instinct toward the construction of beauty that leads to the cultural desire to modify women's bodies. Body modification practices and ideals are taught and learned through observational learning, but a deeper underlying motivation may exist in the collective unconscious driving body modification all over the world.

Psychosocial implications. The media promotes specific cultural norms of feminine beauty that can influence women to become preoccupied with their bodily shape, leading them to subject themselves to extreme practices to reshape their bodies (Bandura, 1997). Bandura proposed a socially oriented approach targeting sociocultural values as the problem that needs to change instead of the female body changing to meet sociocultural standards. He recommended that media sources become aware of the

pressure being placed on women and that social forces begin to place pressure on the marketplace to change.

Self-efficacy is a person's ability to exercise control (Bandura, 1997); in the case of cosmetic surgery, it is a person's ability to not make a decision based on social pressures. Human lives are interdependent and humans influence one another with their behaviors. Humans are intertwined in social systems and their locus of control functions within a social system. People are both the products and the producers of their environment; beauty norms are shaped by the environment and people simultaneously shape beauty norms in their environment. Despite strong social influences, humans have the ability to exercise control over what they do by building self-efficacy. Not only do they have the ability to exercise self-influence, their decisions inevitably influence others because people are inherently socially influenced.

Clinical implications. Clinically, self-efficacy implies that freedom is gained in the ability to positively exercise self-influence. This can be achieved by gaining insight through self-reflection in therapy. Through self-reflection and other modalities people can develop the ability to exercise self-influence, personal agency, and the ability to resist environmental pressures. Not all social influences are negative; in fact many are quite positive and provide structure and direction in peoples' lives. This theory does not suggest that social influences are negative—simply that self-influence in navigating social influences is positive.

Bandura (1995) outlined four main avenues for building self-efficacy: mastery experiences, vicarious experiences, social persuasion, and improving physical and emotional well-being. He additionally provided an outline for self-directed change that

consists of increasing knowledge, self-regulation, self-management, and social support. Through these modalities women can potentially build self-efficacy and exercise self-influence over personal decisions including the decision to modify the body.

Clinically this research provides insight into the complexity behind social norms and pressures that drive women to undergo cosmetic surgical procedures that can cause physical pain and medical complications. Culture, peers, family, and the media influence women's personal ideals and expectations of their own bodies and lead to decisions to get cosmetic surgery. Although women have the freedom to refrain from receiving cosmetic surgery, the external pressures can be extreme and lead women to feel that they will only be happy if they get cosmetic surgery to meet certain physical norms.

Clinically this can be addressed by building awareness around the external factors that become embedded in the unconscious. Psychotherapy can expose unconscious socially learned desires in order to build personal agency in clients. The more a client is aware of their motivations, and how those motivations have been shaped by unconscious as well as external influences, the more freedom they have to choose how to proceed with behavior and actions. From a depth perspective, this could include helping clients identify and differentiate from values and standards related to the feminine held in the cultural and collective unconscious. Given that such values are expressed through images—which is the language of the unconscious (Jung, 1921/1971, p. 442)—psychotherapy that supports women in creating their own images of their beauty and values might prove helpful. This could be done in both individual and group therapy settings.

Suggested Research

More research should be conducted on Bandura's (1995, 1997) theory of self-efficacy and the skills he suggests for implementing self-efficacy and self-directed change. This research could examine the effects of building self-efficacy in women who wish to receive cosmetic surgery.

More research on cross-cultural perspectives on physical beauty would be valuable in understanding how perceptions of beauty are formed among different cultures. Both quantitative and qualitative data would be valuable in understanding social norms related to the physical beauty of women among different cultures. Additionally, more anthropological, historical, and psychosocial data is needed to understand the complex origins of body modification, how different practices become accepted in different cultures, and how both individuals and society can influence cultural beauty standards with greater awareness of their ramifications for physical and psychological well-being.

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