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Journal Issue: 3  
Journal Year: 1985  
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## GENDER AND RESPONSES TO DISFIGUREMENT IN SELF AND OTHERS

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Individuals viewed facial images of themselves that were normal or that had been manipulated to give the appearance of a facial scar. These were shown in a stimulus sequence that included images of both facially normal and facially disfigured others. Participants were more autonomically aroused (skin resistance) when viewing facially disfigured than when viewing nondisfigured individuals. Males and females did not differ in their autonomic arousal responses, but did differ sharply in the emotion terms they used to describe their responses to seeing themselves disfigured. No gender differences were present in the nature or severity of the negative social implications that subjects projected for facial scars in themselves or in others. Most respondents felt that their less intimate relationships would be more disrupted by a facial disfigurement than would relationships with family members and friends. When asked how they would know if another person was responding to a facial scar of the sort simulated in their photograph, respondents focused on the nonverbal dimensions of interactive behavior, particularly gaze patterns. The relative absence of gender differences in responses to facial disfigurement in self and others is discussed.

Cosmetic or aesthetic surgery of the face is predominantly practiced on female patients. This gender imbalance is evident in surgical samples for face-lifts (meloplasty, rhytidectomy, rhytidoplasty, etc.), where frequently more than 90% of the patients are women (e.g., Baker, 1978; Lemmon & Hamri, 1980). It is also present, though less strikingly, in rhinoplasty samples (e.g., Bruck, 1973; Hay, 1970) and in patient groups for which laser technology is being employed to reduce or remove facial port wine stains (Kalick, Goldwyn, & Noe, 1981). The surgical correc-

This research was supported in part by National Institute of Mental Health Grant No. MH 29446 to Robert E. Kleck. We would like to thank Jane Giffin for assisting in the experiment and for her helpful comments on an earlier version of this manuscript. Requests for reprints should be sent to Robert E. Kleck, Department of Psychology, Dartmouth College, Hanover, NH 03755.

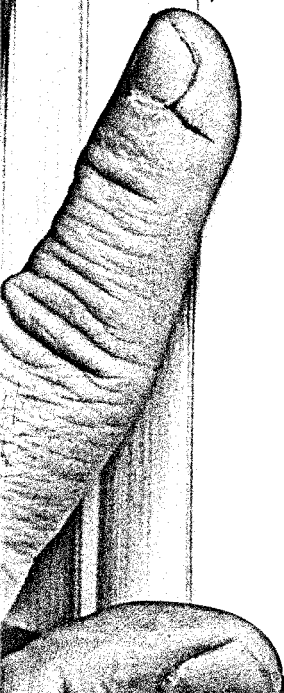
tion of protruding ears appears to be one of the few cosmetic operations in which males sometimes outnumber females in patient samples (e.g., Ju, 1963).

The predominance of females in facial aesthetic surgery samples could be due to a number of factors. Facial appearance may, for example, be very important to the social outcomes experienced by females, but relatively trivial for those experienced by males. Women, recognizing the social liabilities associated with facial cosmetic defects, may thus be more motivated than males to seek improvement in their appearance. If one examines the burgeoning literature on the social effects of physical attractiveness in order to evaluate this possibility, two things seem obvious. First, it appears that, as a group, investigators have made the assumption that if physical attractiveness is to have social implications, this is more likely to be the case for females than for males. Whether persons are asked to describe the personality characteristics of physically attractive and unattractive others (e.g., Dermer & Thiel, 1975), to converse with them on the telephone (Snyder, Tanke, & Berscheid, 1977), or to interact with them face-to-face (e.g., Kleck & Rubenstein, 1975), these attractive and unattractive "others" have typically been female.

The other observation to be made concerning this literature relates to those relatively few studies that have employed male stimulus persons. The results of these investigations strongly contradict the notion that a male's level of facial attractiveness is unimportant to his social outcomes (e.g., Allen, 1976; Berscheid, 1980; Dion, Berscheid, & Walster, 1972). They do, however, offer some support for the notion that most of us *presume* physical attractiveness to be more important for women than for men.

A second plausible explanation for the fact that more females than males avail themselves of cosmetic corrections of facial defects is that facial characteristics are more important to the identity of women than to that of men. A recent series of studies (Archer, Iritani, Kimes, & Barrios, 1983) suggests that just the reverse is in fact the case. Across many cultures and several centuries, males have tended to be depicted both in art and in the print media with their faces relatively more prominent than is the case for females. The results suggest that, independent of the gender of the perceiver, our conceptions of the "essential" qualities of males are closely linked to their heads and faces, while for females these conceptions include their bodies as well.

A third explanation for the gender bias in aesthetic surgery of the face relates to the cultural norms regarding the legitimacy of concern with physical appearance. A number of investigators have argued that there is in fact greater tolerance for "beauty" concern on the part of



women than on the part of men (e.g., Goin & Goin, 1981). Men, even though they experience social discrimination as a consequence of their facial appearance, may thus be less willing to seek aesthetic corrections. Those who do seek such corrections may have to be more powerfully and perhaps more pathologically motivated. It is interesting to note in this regard that Jacobson, Edgerton, Meyer, Canter, and Slaughter (1960) found severe psychological disturbance to be prevalent among males seeking cosmetic surgery, and Hay (1970) found male rhinoplasty candidates to be referred to a psychiatrist more frequently than were female candidates.

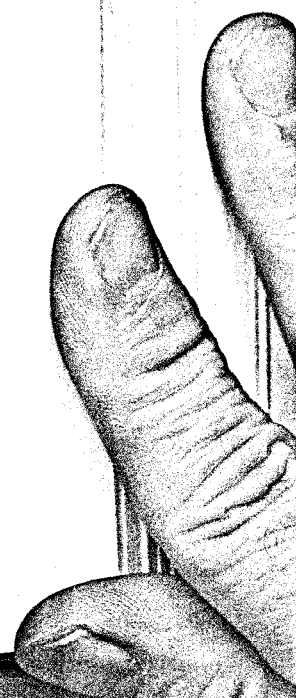
Aside from the differential number of males and females electing and being accepted for aesthetic surgery of the face, we have few data by which to assess the degree of concern males have for their facial physical appearance. Such data are obviously important for predicting future gender trends in aesthetic surgery samples. If men are in fact as concerned about their facial appearance as are women, then changes in cultural norms or in professionals' attitudes regarding the legitimacy of males availing themselves of cosmetic corrections should strongly affect their tendency to elect these procedures. On the other hand, if (for whatever reason) males are relatively low in the concern they show for defects in their facial appearance, changing attitudes or cultural norms regarding cosmetic surgery for men should have little impact on the frequency with which they choose such procedures.

The present study was undertaken to explore the extent to which males and females are disturbed by defects in their own and in other persons' facial appearance. Further, the study sought to explore their perceptions regarding the impact that specific defects in their own appearance and in that of others would have on social outcomes. It was expected that females would be more disturbed by facial defects in both themselves and others than would males, and that both males and females would project more severe social consequences for females with facial disfigurements than for males with similar facial defects.

## METHODS

### SUBJECTS

Participants were 27 males and 21 females enrolled in an introductory-level psychology course at a small liberal arts college in the northeastern United States. They attended two laboratory sessions, approximately 3 weeks apart.



## PROCEDURE

Subjects came to the first session in groups of two to four. As individuals arrived they were greeted by a female experimenter, shown to a private cubicle, and asked to complete a series of questionnaires. As each participant finished the questionnaire set, he or she was shown to an adjoining room and was asked if several photographs, needed in the next phase of the study, could be taken. If the individual consented to being photographed, three close-up, partial-profile shots were taken.

Approximately 3 weeks later, subjects came to the laboratory individually. The same female experimenter greeted them and explained that the primary purpose of the second session was to obtain their reactions to a number of photographs of individuals, some of whom were facially scarred. If the subject consented to continue, he or she was seated in a comfortable chair with large armrests, and electrodes for measuring skin resistance were attached to the second and third fingers of the nonpreferred hand. As the electrodes were being attached, it was explained that they would allow the experimenter to obtain a measure of the individual's "general level of response" to the experimental stimuli. A Coulbourn Instruments amplifier with Beckman silver/silver chloride electrodes was used to monitor skin resistance. A color television set was placed at eye level approximately 4 feet in front of the subject's chair.

The experimenter explained that the subject would be shown a series of video images of persons, some of whom would be facially disfigured. She noted that the subject's task was to observe each stimulus carefully as it appeared. There were to be several different images in the sequence, and each would be shown for approximately 15 seconds, with twice that amount of time between successive images. She reiterated the importance of attending to each picture and noted that further instructions would be presented over a speaker in the corner of the room. The experimenter then moved to an adjoining control room, from which she initiated the video sequence.

## STIMULUS MATERIALS

The stimuli presented to the subjects included facially disfigured and nondisfigured human faces of adults of both sexes. Each subject saw his or her own photograph in this sequence, both in its original form and after it had been modified to create the appearance of a facial disfigurement. The facial scar modification was achieved by manipulat-

ing the Polaroid photograph in a manner similar to that employed by Locks (1978) for artistic purposes. The effect gives the general appearance of burn scars, and the apparent extent and severity of the injury can be precisely controlled. The other facially disfigured stimuli were close-up color images of adults obtained from books and videotapes dealing with plastic surgery. They were selected to represent roughly equivalent levels of severity of facial disfigurement. The photographic stimuli were transferred to a videotape format using a color video camera and a close-up lens. A stimulus tape was made for each subject, using his or her own photograph as well as the stimuli that were constant across subjects. The first four stimuli in the sequence were physically normal and consisted of an adult male, an adult female, self, and an adult male. The locations of two of the adults were counterbalanced across subjects. The four disfigured stimuli included two adult males, self, and an adult female. Again, the locations of the pictures of one of the males and the female were counterbalanced across subjects. Thus all subjects saw a stimulus sequence in which the first non-disfigured and the first disfigured stimuli were the same. These initial images served the function of familiarizing subjects with the nature of the photographs they were to see, and their responses to them were not assessed.

Approximately 30 seconds following the offset of the final stimulus in the sequence, the experimenter informed the subject, over the intercom, that he or she would see several of the images again. The subject's task during the second sequence was to answer as fully and as candidly as possible a series of questions to be posed by the experimenter. Three of the stimuli were then presented: the disfigured photograph of the subject and two adults (one male and one female) with actual facial scars. When their own photographs were shown, the experimenter questioned subjects concerning (1) what their feelings and reactions would be if they were disfigured in this manner; (2) what changes, if any, this might make in how other people would interact with them; (3) who among their acquaintances would be most affected and who least affected by such a scar; and (4) how one might know that an interactant was responding to the fact that they (the subjects) were facially disfigured.

When the images of the other two individuals were presented, subjects were asked about (1) their emotional reactions to seeing persons of this sort; (2) whether they had ever known or interacted with someone with this type of cosmetic disfigurement; and (3) what they thought might be the most negative life consequences for these persons of being facially disfigured. Each image was kept on the television monitor until the subject had answered all questions concerning it. There was a



15-second interval between stimuli, and each subject saw his or her own photograph first in this sequence. The order of the other stimuli was counterbalanced across subjects.

When the stimulus sequence was completed, the experimenter reentered the subject's room and removed the skin resistance electrodes. She then gave him or her a brief questionnaire that focused on perceptions of the simulated disfigurement. After the questionnaire had been completed, the nature and purposes of the study were described in detail, and all questions the subject had were answered. In addition, subjects were asked for permission to have their photographs shown to others in order to obtain various ratings of them (e.g., severity of the disfigurement).

### STIMULUS MANIPULATION CHECKS

As noted above, the subjects' photographs were modified to give the appearance of a noticeable facial scar. In order to assess how this manipulation would be perceived by individuals other than the subjects, a random sample of 20 of the altered photographs (10 males and 10 females) was shown to 10 male and 10 female raters. Each of these raters saw only one of the subjects, and his or her photograph was embedded in a series of four other slides of actually disfigured persons. The stimulus set included two photographs of disfigured adults used in the study proper, plus two additional individuals selected to have facial scars either less severe or more severe than those used in the original experimental sequence. Each stimulus in the sequence was shown for 15 seconds, and the raters were asked to indicate both the physical severity of the disfigurement and the degree of impact it was likely to have on the social life of the individual. Both of these ratings were made on an 11-point scale. When the judgments were completed, the rationale for misleading the raters concerning the authenticity of one of the scars was explained, and all questions concerning the nature of the research were answered.

### RESULTS

The mean ratings of severity of disfigurement assigned to the five stimuli by the 20 raters ranged from a low of 2.25 (1 = "not at all severe") to a high of 9.05 on the 11-point scale. The altered photographs of the subjects were placed at 4.70 on this dimension. Neither gender of rater nor sex of subject had any effect on these severity ratings. The two

stimuli showing actually disfigured individuals that were used in the experiment proper were given mean severity ratings of 7.65 (female) and 7.30 (male). The severity ratings for these three stimuli were compared by *t* tests, which showed that the subjects' simulated scars were rated as being less severe than were those of the actually disfigured individuals ( $t=7.00$ ,  $df=19$ ,  $p<.0001$  for the subject-disfigured-male comparison;  $t=7.55$ ,  $df=19$ ,  $p<.0001$  for the subject-disfigured-female comparison). The male and female stimulus persons who were actually disfigured did not differ from each other in degree of perceived disfigurement ( $t=0.63$ , n.s.).

In rating the perceived social impact of the facial scars, raters did not distinguish between the manipulated photographs of male and female subjects. Consistent with their severity ratings of the actually disfigured individuals, however, they thought these persons would experience greater social difficulties than the subjects ( $t=5.24$ ,  $df=19$ ,  $p<.0001$  for the subject-disfigured-male comparison;  $t=6.18$ ,  $df=19$ ,  $p<.0001$  for the subject-disfigured-female comparison). By way of brief summary, it can be asserted on the basis of these ratings that (1) males and females viewed images of themselves that were noticeably and equally disfigured, and (2) they viewed their altered photographs in the context of images of other persons who were more severely facially disfigured.

### AUTONOMIC AROUSAL

Subjects' skin resistance responses were converted to conductance scores. A phasic response was then calculated for each stimulus by comparing the subject's level of responding through the 5 seconds prior to stimulus onset (baseline) with the peak arousal response shown during the stimulus presentation. A preliminary analysis of these arousal responses indicated, contrary to expectations, no main effects or interactions involving sex of subjects. The subsequent analysis therefore collapsed across this variable, resulting in a 2 (disfigured vs. normal)  $\times$  3 (self vs. male vs. female) within-subjects design. The results revealed a highly significant effect for disfigurement,  $F(1, 258)=17.46$ ,  $p=.0001$ , with greater arousal associated with viewing the facially disfigured stimuli. Further, a main effect was also evident for target,  $F(2, 258)=28.8$ ,  $p<.0001$ , with subjects showing greater arousal response when viewing self than when viewing other persons. No significant interactions were obtained. Thus, although subjects responded more strongly to disfigured images of self than to disfigured images of others, this difference was paralleled by a similar difference in responses to nondisfigured self versus nondisfigured others.

## VERBAL RESPONSES TO THE STIMULI

The three disfigured stimuli (self, male, female) were presented a second time, and subjects were asked a series of questions concerning each of them. These verbal responses were recorded and transcribed verbatim. Due to mechanical difficulties, the responses of one female subject were not recorded; thus the subject sample for the analyses that follow was composed of 20 females and 27 males.

The first question concerned the subjects' emotional reactions to seeing themselves scarred. Two judges, unfamiliar with whether a male or a female had generated each specific response, rated the verbal statements on a 9-point scale ranging from 1 ("extremely positive") to 9 ("extremely negative"). The reliability between judges for the entire set of 47 statements was .88. Comparisons across males and females indicated that the latter responded much more negatively to seeing themselves disfigured than did the former ( $t=3.84$ ,  $df=45$ ,  $p<.0005$ ). Content analyses of all responses to this question revealed that women were much more likely to respond with the negative emotions of "shock," "distress," "disgust," or "fright" than were males (50% of the females vs. 22% of the males). The predominant response reported by males was humor (41%); no female gave this as a reaction to her disfigured image.

Subjects also responded to the question "Would having such a scar affect your life in any way?" Again, the two judges independently coded the transcribed responses, this time on a 5-point scale ranging from 1 ("not at all") to 5 ("a great deal"). Interjudge reliability was .65, and the mean rating given to the statements as a group was 3.18. Here males ( $M=3.13$ ) did not differ from females ( $M=3.25$ ). A content analysis of these responses revealed that both males and females thought they would be less outgoing and less socially active if scarred, and they agreed that increased self-consciousness would be a primary outcome of a facial disfigurement of this sort.

In response to the question of which social relationships would be least affected if they became facially scarred, all but one of the subjects identified family members and/or close friends. Both males and females agreed that the individuals most affected by such a scar would be persons who did not know them well or who were just meeting them for the first time. Only 5% of the females and 19% of the males named a family member as the person likely to be most affected by the subject's own facial disfigurement.

Finally, subjects were asked how, if they were scarred in this way, they would know when another person was responding to their disfigurement during a social interaction. A small group (21%) said that the other person's verbal behavior would provide such clues. Inter-

estingly, half of the subjects who mentioned verbal behavior as providing cues that the disfigurement was being responded to said it would be the fact that the person *did not mention* the scar that would give away his or her negative reaction to it!

The vast majority of subjects indicated that they would look to the nonverbal behavior of others for information regarding their responses to the scar. Females indicated that both gaze behavior (e.g., "avoidance of eye contact") and body language (e.g., "avoidance of physical proximity") would cue them that the other individual was reacting to the disfigurement. Males, on the other hand, focused on gaze behavior. Most (63%) thought people would indicate their uneasiness with a facially scarred person by avoiding eye contact. A number of males (26%) thought that *either* avoiding eye contact *or* staring at the person or the scar could be taken as an indication that the person was upset by it.

Subjects were also questioned concerning their responses to the two other adults with facial disfigurements, and again these responses were content-analyzed. The primary emotional responses to these disfigured individuals, independent of sex of target or of perceiver, were pity and disgust-shock. Both males and females thought that difficulty in meeting others and in dealing with others' reactions to the scar would be the primary social complications faced by such individuals. Perceivers were also more likely to mention the "job difficulties" faced by the male than they were to comment upon this factor for the female (17% vs. 4%).

## DISCUSSION

The physiological data suggest that while subjects were very aroused when presented with their own disfigured images, females did not respond more strongly than did males, contrary to our expectations. This lack of a sex difference was also present in the autonomic responses to actually disfigured male and female adults. The arousal responses to their own disfigured faces were no doubt in part attributable to the surprise they experienced in encountering this stimulus in the experimental sequence. Subjects had anticipated that they would see their own photographs, but not in the disfigured form we had created.

When asked what impact a disfigurement would have either on their own lives or on the lives of other disfigured adults, males and females gave very similar answers. In all cases, they expected the social consequences of the kinds of facial disfigurement depicted in this study to be negative and quite severe. Both sexes also reported similar, and negative, emotional responses to disfigured others. When given the opportunity to describe their arousal responses to their own disfigured images, however, males and females behaved quite differently. The lat-



ter chose negative labels such as disgust, distress, and fright, while the modal response of the males was to say they found it humorous or "silly."

It is plausible that the nature of the males' verbal responses reflects the operation of normative pressure against showing emotional involvement and concern with their own physical appearance. The existence of such a norm is consistent with the data reported in the introduction that males elect cosmetic surgical procedures much less frequently than do females. If this interpretation is correct, then changes over time in this normative constraint may well be accompanied by parallel changes in the gender composition of cosmetic surgery samples. Research focused on the social context within which self-report responses to one's own appearance are elicited may serve to reveal the nature and intensity of the normative constraints operating on males.

As noted earlier, the results demonstrate that young adults of both sexes expect facial disfigurements to have important consequences for social interaction. They also have shared impressions of what behaviors one would attend to in other persons in order to assess whether these persons were bothered by a disfigurement in one's own face. Evidence is accumulating that expectations of this sort can be readily confirmed, even though they are invalid (e.g., Kleck & Strenta, 1980). We argue elsewhere (Kleck & Strenta, in press) that this occurs in part because we test interpersonal expectations by looking primarily for evidence to support them (e.g., Snyder, 1981), and in part because ongoing social interaction is sufficiently complex that evidence can readily be found to support a wide variety of presumptions.

This line of argument raises the interesting possibility that if we expect others to react negatively to some aspect of our physical appearance, there is probably little those others can do to prevent us from confirming our expectation. A facial disfigurement may be particularly problematic in this regard. Because the face is the expected focus of others' attention in social interaction, we fully anticipate that persons who interact with us cannot avoid noticing the "defect" each time they look at us. How frequently and for how long they look at us therefore become data for answering the question of whether they are bothered by our facial flaw. Since we do not have baseline data on how the other person would behave in the absence of the defect, it is possible to see any pattern of gaze behavior as indicative of anxiety or discomfort. Indeed, this is exactly what subjects in our earlier study (Kleck & Strenta, 1980) did. Thinking they had scars on their faces when they in fact did not, they readily assimilated a broad range of gaze patterns to this "reality." An assessment of how facially disfigured individuals construct their social realities around their perceived defects, and an examination of the variables that cause the disfigurement to play a relatively

central versus peripheral role in these constructions, are important research concerns.

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