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## **Cosmetic surgery & reality television: the relationship between college students' viewing of cosmetic surgery on reality television and self-reported attitudes toward cosmetic surgery**

Elizabeth Reeves O'Connor

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Name of author: Elizabeth Reeves O'Connor

Degree: M. S., Communication & Media Technologies

Program: GPTM

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**Running head:** COSMETIC SURGERY & REALITY TELEVISION

Cosmetic Surgery & Reality Television:  
The Relationship Between College Students' Viewing of Cosmetic Surgery on Reality  
Television and Self-Reported Attitudes Toward Cosmetic Surgery

Paper Presented in Partial Fulfillment of the Master of Science Degree in  
**Communication & Media Technologies**

Elizabeth Reeves O'Connor  
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January 19, 2007

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*To Michael, for his unfailing support,  
and to Quinn, the mighty motivator*

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**Abstract**

The current study explores the effects of viewing cosmetic surgery reality television programs (CS RTP) on self-reported attitudes toward cosmetic surgery. Undergraduate college students ( $N = 105$ ) completed surveys and responded to questions related to their television viewing habits and their attitudes toward cosmetic surgery. Results of this study indicate that heavier viewers have a more favorable attitude toward cosmetic surgery for themselves than do non-viewers or lighter viewers. However, the results also indicate no significant difference in attitudes among heavier viewers, lighter viewers, and non-viewers regarding cosmetic surgery for others; additionally, the results show no significant difference in terms of the perceived social stigma, pain, and healing time associated with undergoing surgery.

## Introduction

In September 2003, the American Broadcasting Company launched the hour-long weekly television series *Extreme Makeover*. The show featured participants—who found themselves physically less-than-perfect—undergoing various cosmetic surgery procedures (including breast augmentation, rhinoplasty, liposuction, facelift, cosmetic dentistry, chin implant, shin implant, etc.) to become more beautiful. Following *Extreme Makeover*, other networks developed similar reality shows with the same premise: *I Want a Famous Face* (MTV), *The Swan* (Fox), *Dr. 90210* (E!), *Cosmetic Surgery: On the Edge* (Discovery Health Channel), and *Plastic Surgery: Before & After* (Discovery Health Channel).

Many scholars argue that cosmetic surgery is gaining widespread approval and acceptance in the United States (Askegaard, Cardel Gertsen, & Langer, 2002; Brooks, 2004; Negrin, 2002; Woodstock, 2001). Further some suggest that mass media are in part the cause for the shift toward the acceptance of cosmetic surgery (Brooks, 2004; Woodstock, 2001; Didie & Sarwer, 2003). The attitudinal shift seems also to be reflected in behavior; in the United States, 8.3 million cosmetic procedures were performed in 2003, a 20 percent increase from 2002 (American Society for Aesthetic Plastic Surgery, 2004).

The presentation of and focus on cosmetic surgery in reality television is a relatively new phenomenon, and the effects on subsequent attitudes toward cosmetic surgery have yet to be explored. Previous investigations of fictional, dramatic television's effects on attitudes often determine the presence of a cultivation effect; heavy viewers are



frequently more likely to see the world as it is presented on television (Gerbner, 1969; Gerbner & Gross, 1976; Gerbner, Gross, Morgan, & Signorielli, 1994). Taking a cultivation approach to the relationship between viewing cosmetic surgery reality television programs (CS RTP) and attitudes, the current study's hypothesis is: repeated exposure to cosmetic surgery on television leads heavier viewers to be more inclined to report positive attitudes toward cosmetic surgery. The present study investigates whether such a relationship exists by examining the extent to which college students' self-reported attitudes toward cosmetic surgery are influenced by viewing CS RTP.

### *Research Questions*

To what extent do heavier viewers of CS RTP differ from lighter viewers and non-viewers in their self-reported attitudes about whether or not they approve of elective cosmetic surgery for others and for themselves?

To what extent do heavier viewers of CS RTP differ from lighter viewers and non-viewers in their self-reported attitudes about the social stigma associated with elective cosmetic surgery?

To what extent do heavier viewers of CS RTP differ from lighter viewers and non-viewers in their self-reported perception of healing time and pain associated with elective cosmetic surgery?

### **Rationale**

When the CSRTP *Extreme Makeover* originally aired, the female and male participants eagerly received makeovers—not only from makeup, hair, and wardrobe stylists, but also from cosmetic dentists and plastic surgeons. Soon after, copycat shows turned up on other television networks. The effects of these shows on viewers are not clear. One factor warranting an examination into the effects of CSRTP is that from a social perspective, many individuals who choose to undergo cosmetic surgery report learning about different procedures through the mass media (Didie & Sarwer, 2003); consequently, such individuals may have unrealistic expectations about their own results. On CSRTP patients rarely experience complications, results are frequently dramatic and exceptional, and several procedures are often performed at once or within a short period of time. The portrayal of cosmetic surgery on television, by promising to erase physical flaws and the negative effects of aging, is contributing to the illusion of an ageless society. Negrin (2002) writes: “The burgeoning in the use of cosmetic surgery by women is seen to be symptomatic of the permanent sense of dissatisfaction that most women have with their physical appearance as a result of being relentlessly bombarded with images of perfection by the mass media” (p. 21). And although cosmetic surgery has long been an option for people seeking to alter their appearance in order to live up to some media-encouraged physical ideal, the CSRTP boom is a new phenomenon yet to be empirically examined.

The demand for cosmetic procedures is on the rise (American Society for Aesthetic Plastic Surgery, 2004), and it is difficult to determine what role, if any,

television has played in this increase. The present study examines effects of viewing CS RTP viewing on attitudes, not behavior; however, based on the results of the present research, a future hypothesis might predict that attitudes toward cosmetic surgery, influenced—or not influenced—by viewing CS RTP, affect an individuals' decision about whether or not to undergo cosmetic surgery. Furthermore, as there have so far been no experimental studies investigating effects of CS RTP on viewers' attitudes or behavior, the current investigation would contribute to existing literature on cultivation, a theory that suggests heavy television viewers are often more likely to see the world as it is presented on television (Gerbner, 1969; Gerbner & Gross, 1976; Gerbner, Gross, Morgan, & Signorielli, 1994).

The growth of cosmetic surgery may very well have much to do with new, safer, more available, and less expensive technologies (Askegaard, Cardel Gertsen, & Langer, 2002). However, Brooks (2004) argues that while the reasons why women seek out plastic surgery (because they are motivated and pressured by a youth- and beauty-obsessed culture) are explained by existing feminist literature, nothing “fully explains Americans' increasing comfort with the actual practice of having their faces and bodies surgically altered” (p. 210). This study seeks to explore this issue, and open up avenues for continuing research.

### **Literature Review**

Although there is no direct evidence linking attitudes about cosmetic surgery and portrayals of cosmetic surgery on television, existing theories of media effects

(specifically cultivation theory) suggest a potential relationship. Cultivation theory proposes that when compared to light viewers, heavy viewers are more likely to see the world as it is presented on television (Gerbner, 1969; Gerbner & Gross, 1976; Gerbner, Gross, Morgan, & Signorielli, 1994). Cultivation researchers further suggest that cultivation occurs when individuals are repeatedly exposed to nearly identical messages and themes over long periods of time, “that only repetitive, long-range, and consistent exposure to patterns common to most programming, such as casting, social typing, and the ‘fate’ of different social types, can be expected to cultivate stable and widely shared images of life and society” (Gerbner, Gross, Morgan, & Signorielli, 1994, p. 25).

Research on television and cultivation began with Cultural Indicators project in 1967. The project was established to examine the social impact of violence in television, but later grew to address a wide range of issues, concerns, and topics (Gerbner, Gross, Morgan, & Signorielli, 1994). The cultivation hypothesis has been examined for nearly 40 years in several different contexts. A recent example of cultivation analysis is the 2002 investigation by Nabi and Segrin, which tested whether heavy television viewing cultivates unrealistic expectations about marriage. The authors surveyed never-married college students to examine the relationship among “television viewing, holding idealistic expectations about marriage, and intentions to marry” (p. 247). Findings indicated that while overall television viewing “has a negative association with idealistic marriage expectations,” viewing of romantic genre programming was “positively associated with idealistic associations about marriage” (p. 247). In another recent cultivation study, Harmon (2001) conducted two analyses to determine whether a correlation existed

between heavy television viewers and materialistic values. While findings from the first analysis (based on Simons Market Research Bureau data of 21,594 respondents who answered questions regarding materialistic values and their television viewing habits) indicated no significant correlation, findings from the second analysis (data based on materialistic and television viewing habits questions from the General Social Survey) showed “strong links between commercial television and materialism” (p. 405). A final example is the 1997 investigation of the relationship between exposure to televised messages about paranormal phenomena and paranormal beliefs (Campbell, Nelson, & Sparks, 1997). Based on results from a random-sample survey, the researchers ascertained that “exposure to particular programs that regularly depict paranormal activity is associated with an increased tendency to endorse paranormal beliefs” (p. 345). These examples support the cultivation hypothesis that extensive television viewing influences attitudes.

In addition to reviewing research on media effects and cultivation theory, literature on the psychology of cosmetic surgery was also examined. An investigation by Didie and Sarwer (2003) examined factors that motivate women to undergo breast augmentation surgery, and determined that many women obtain information about breast augmentation surgery through the mass media. The researchers surveyed 25 breast augmentation surgery candidates as well as 30 physically similar women who were not interested in receiving breast augmentation surgery. A Source of Knowledge Questionnaire (SKQ) was administered to assess what factors might serve as a source of knowledge about breast augmentation surgery. While respondents who were candidates

for breast augmentation surgery cited their physicians as a primary source of knowledge, 70 percent reported learning about their surgery in at least some part from television programs. The respondents who were not candidates for the surgery reported learning about breast augmentation surgery primarily through the mass media.

In an article examining the motivations of the growing number of male cosmetic surgery patients, Davis (2002) suggested: “we may have more reason to believe that the present gender gap in cosmetic surgery will continue than that it will disappear” (p. 61). The report referred to a very popular 1999 British television show called *Plastic Fanatic*, which aired common cosmetic surgery procedures in a format very similar to the current CSRTP in the United States: “There were shots of the operation itself interspersed with the surgeon explaining the merits and occasional side effects of the procedure. Patients were filmed, talking about their motives for having surgery and shown waiting in anticipation for their operation or explaining afterwards how delighted they were with the results” (p. 52). Davis argued that *Plastic Fanatic* is a typical example of how the media portray cosmetic surgery as the “new trend” for both women and men.

For individuals who are not currently candidates for cosmetic surgery, general attitudes about cosmetic surgery are likely shaped by interpersonal relationships and experiences; however, some authors suggest that the mass media may significantly influence perceptions of cosmetic surgery. Two studies specifically link the mass media to cosmetic surgery. *Under the Knife and Proud of It: An Analysis of the Normalization of Plastic Surgery* (Brooks, 2004) reported on an investigation of the growing acceptance and approval of cosmetic surgery among American adults. Brooks suggested that an

increase in the frequency and volume of media coverage and advertising of cosmetic surgery has produced a “normalizing” effect. According to the article, normalizing themes present in media portrayals of cosmetic surgery include: “associations between cosmetic surgery and scientific process, technological innovation, and mental and physical health” (p. 207). The results of a content analysis of articles in *Vogue*, *Harper’s Bazaar*, *US Weekly*, and *People* magazines from October 2001 to June 2003 showed how the media present cosmetic surgery favorably, and suggested that the growing approval of cosmetic surgery may indicate that the stigma once associated with cosmetic surgery is lessening (Brooks, 2004).

Another content analysis of portrayals of cosmetic surgery in the mass media is presented in *Skin Deep, Soul Deep: Mass Mediating Cosmetic Surgery in Popular Magazines 1968-1998* (Woodstock, 2001). Like Brooks, Woodstock suggested that the media messages regarding cosmetic surgery targeted at women intentionally portray cosmetic surgery favorably; “these messages most frequently frame cosmetic surgery as a ‘healthy’ way to deal with mental and physical discomfort and dissatisfaction” (p. 421). Woodstock further suggested that “in order to enhance the PR value of coverage, articles on cosmetic surgery go to considerable lengths to position cosmetic surgery favorably, but seem unable to prevent latent negativity from sneaking back into the publications” (p. 437). However, the article also suggested that when mentioned in passing, cosmetic surgery still carries a negative connotation; that it is associated with “vanity, frivolity, deception, and violence” (p. 421). The Woodstock study examined a sample of magazines (*Harper’s Bazaar*, *Ladies Home Journal*, and *Newsweek*) from 1969-1998

(Woodstock, 2001). The results suggested that mass mediated messages on the subject of cosmetic surgery fuel “nationalistic conceptions of America as a place of youth,” and implied that “failing to look young has dire consequences, carrying the threat of ‘not belonging’ to the nation” (p. 422). The review of magazines also revealed that the media places emphasis on the “practicality” and “ease” of changing your appearance.

Woodstock contended that in the earlier magazines, cosmetic surgery carried with it an “overt negative taint,” however, the more current magazines present cosmetic surgery patients as “empowered women” because they can choose to make themselves look better by surgery. The empowerment theme is repeated in the way the magazines construct a relationship between mental and physical health; looking good means feeling good (Woodstock, 2001). Negrin’s (2002) examination of cosmetic surgery in feminist literature supports Woodstock’s claim and reports on a discernable shift in attitude among some feminists toward the practice of cosmetic surgery, and discusses how in a good deal of recent writings, the decision to undergo cosmetic surgery is viewed as “an act of empowerment rather than of oppression” (p. 22).

Previous studies have gauged the public’s attitude toward cosmetic surgery. For example, the American Association for Retired People (AARP) conducted research on attitudes toward cosmetic surgery in 2001. A sample of 2,008 Americans over age 18 were interviewed via telephone. The findings indicated that 59 percent of the respondents agreed that “in principle, if someone is not happy with how they look, there is nothing wrong with their getting elective cosmetic surgery.” When asked what types of people get cosmetic surgery, 27 percent responded “vain or materialistic,” 32 percent responded



“insecure or otherwise unhappy with themselves,” and 34 percent responded “rich or upper class.” Additionally, 60 percent of women and 35 percent of men responded that they would be interested in having some cosmetic procedure done if “it could be done safely, for free, and so no one could tell.”

Statistics gathered from a 2004 consumer survey of 1000 American households indicated that 51 percent of women and 42 percent of men say they approve of cosmetic surgery, and 34 percent of women and 14 percent of men would consider cosmetic surgery for themselves now or in the future. When asked if they would be embarrassed about having cosmetic surgery, 80 percent of women said they would not be embarrassed if people outside of their immediate friends and family knew about it, and 74 percent of men would not be embarrassed (American Society for Aesthetic Plastic Surgery, 2004).

Results of a national telephone survey of 500 men and 500 women over 18 administered by the American Society of Plastic Surgeons revealed that 37.6 percent of women and 29.5 percent of men reported that they approve of cosmetic surgery for themselves and for others; 19.2 of women and 7.3 percent of men reported that they have had cosmetic surgery or think they will have cosmetic surgery at some point in their life; and 8 percent of women and 8.3 percent of men reported that they would not have cosmetic surgery because they are concerned with what other people think (2004).

The review of literature revealed that while no previous research connects CS RTP viewership and attitudes toward cosmetic surgery, attitudes in general have been examined; additionally, there is substantial evidence on media effects—specifically cultivation theory—indicating that viewing television does influence attitudes.

Furthermore, research suggests that some individuals look to the media for information about cosmetic surgery. Finally, there has been extensive analysis of the portrayal of cosmetic surgery in other media, suggesting that cosmetic surgery is being presented as a healthy, empowering new trend.

### **Method**

To determine the relationship between viewing cosmetic surgery on reality television and college students' attitudes toward cosmetic surgery, a self-administered questionnaire was distributed to a convenience sample of college students.

The questionnaire included 58 closed-ended questions and took approximately ten minutes to complete. Via the cover letter, students were informed that the questionnaire was intended to gather results for a study on television viewing habits and attitudes toward cosmetic surgery. The cover letter also informed students that their personal information would be kept confidential and their name would not appear on the survey or in the results.

The questionnaire was distributed to 105 students at Rochester Institute of Technology (Rochester, NY) enrolled in communication courses during February and March, 2005. Five classes (of approximately 20 students each) were surveyed.

The class instructor orally introduced the research project, distributed the cover letter, and administered the questionnaire; the author was not present. To ensure respondent confidentiality, students placed questionnaires, face down, in a pile at the

front of the classroom. When all questionnaires were completed, the class instructor placed them in a sealed envelope.

In the questionnaire cover letter, students were instructed to complete one and only one questionnaire. They were also informed of their right not to participate. The cover letter provided respondents information about the research project, preliminary instructions for completing the questionnaire, and contact information for the author in case they were interested in obtaining a copy of the research results. The next six pages of the survey instrument consisted of 58 closed-ended questions. The questions were composed of modified versions of the questions asked on the 2001 AARP *Public Attitudes Toward Aging, Beauty, and Cosmetic Surgery* report, the American Society of Plastic Surgeons cosmetic surgery telephone survey, the American Society for Aesthetic Plastic Surgery telephone survey, as well as items unique to this study. The final section of the questionnaire gathered basic demographic data.

#### *CS RTP viewing habits*

The first set of questions gathered data about CS RTP viewing habits. To disguise the study's purposeful intent, in addition to asking questions about CS RTP, the survey included a series of dummy questions regarding viewing habits of miscellaneous television programs. For example, respondents were asked to rate on a scale of zero to three (0 = Never; 3 = All the time) how often they watched *Dr. 90210* (a CS RTP), and also how often they watched *CSI* (not a CS RTP). Only results from six questions regarding CS RTP were recorded; CS RTP was operationalized to include the following

programs: *Dr. 90210*, *Extreme Makeover*, *The Swan*, *Cosmetic Surgery: On the Edge*, *I Want a Famous Face*, *Plastic Surgery: Before & After*.

Based on the results of the first set of questions, respondents were grouped into three categories: non-viewers, lighter viewers, and heavier viewers. To do this, each respondent was given a score from 0 to 18. The score was based on their responses to the first set of survey questions. If a participant responded that they watched all six CS RTP “All the time” (All the time = 3), they received a score of 18; if a participant responded that they “Never” watched any of the six CS RTP (Never = 0), they received a score of 0. After looking at the dispersion of scores among the 105 respondents, three moderately equivalent-sized groups were chosen: non-viewers (Score = 0); lighter viewers (Score = 1-3); heavier viewers (Score = 4-18).

#### *Attitudes toward cosmetic surgery for self and for others*

The second section of the survey gathered data about respondents’ attitudes toward cosmetic surgery. Attitudes toward elective cosmetic surgery for self were measured in two ways. First, participants were asked to respond on a scale from 1 to 4 (1 = Strongly Disagree; 4 = Strongly Agree) to the following two survey statements: (1) I approve of cosmetic surgery for myself, and (2) I would consider elective cosmetic surgery for myself. Higher scores indicated a more positive attitude toward elective cosmetic surgery; lower scores indicated a more negative attitude toward elective cosmetic surgery. Second, in the fifth section of the survey participants were asked to circle which elective cosmetic surgery procedures, if any, they would have done if they

could be done safely and for free. They were instructed to circle as many procedures as they liked. The list included 18 elective cosmetic surgery procedures; respondents could also write in a procedure that did not appear on the list. Participants also had the option of circling a response that indicated that they would have no procedure done. Participants who responded that they would have at least one procedure done were considered to have a positive attitude toward elective cosmetic surgery. Participants who responded that they would have no procedure done were considered to have a negative attitude toward elective cosmetic surgery.

The second section of the survey also measured attitudes toward elective cosmetic surgery for others. Participants were asked to respond on a scale from 1 to 4 (1 = Strongly Disagree; 4 = Strongly Agree) to the following two statements: (1) People should be happy with who they are and not get elective cosmetic surgery (this item was reverse-scored because of negative wording), and (2) I approve of cosmetic surgery for others. Higher scores indicated a more positive attitude toward elective cosmetic surgery; lower scores indicated a more negative attitude toward elective cosmetic surgery.

#### *Attitudes regarding social stigma*

Three statements from the second section of the survey measured attitudes regarding the social stigma of elective cosmetic surgery. Goffman (1963) defined stigma as “an attribute that is deeply discrediting,” describing a person with the attribute as “reduced in our minds from a whole and usual person to a tainted, discounted one” (p. 3). Scores were based on a scale from 1 to 4 (1 = Strongly Disagree; 4 = Strongly Agree).

The first item regarding social stigma stated that it is socially acceptable to get elective cosmetic surgery. The following two statements were reverse-scored because of negative wording: (1) I think people who have elective cosmetic surgery should be embarrassed if people outside of their immediate family and friends know about it, and (2) People who get elective cosmetic surgery are more vain than the average person. Higher scores indicated a perceived lessening of the social stigma (a more positive attitude toward elective cosmetic surgery).

#### *Healing time and pain*

The third section of the survey measured perceived healing times for various elective cosmetic surgery procedures. Respondents were asked to estimate on a scale of 1 to 5 (1 = 1-6 days; 5 = More than 3 weeks) how long it would take to fully heal from 18 common elective cosmetic surgery procedures.

The fourth section of the survey measured perceived pain associated with undergoing various elective cosmetic surgery procedures. Respondents were asked to estimate on a scale of 1 to 4 (1 = No Pain; 4 = Severe Pain) how much pain the average person experiences immediately after undergoing 18 common elective cosmetic surgery procedures. The list of procedures used to measure both pain and healing times is reported in the appendix.

*Analysis plan*

To determine the association among the variables under investigation, Pearson zero-order correlations were conducted. To determine the effects of viewership on respondents' attitudes toward elective cosmetic surgery for others, self, and procedures willing to have performed, as well as for pain and healing times, a multivariate analysis of variance (MANOVA) was performed. The MANOVA was conducted in an attempt to explore the data; the categorical or ordinal level data was treated as if it were continuous. To determine stigma, a univariate analysis of variance was conducted.

**Results**

Of the 105 research participants, 94.2 percent were between the ages of 18 and 24; 4.8 percent were between the ages of 25 and 31; one participant (1 percent) was between the ages of 32 and 38. The study participants were 59.2 percent male and 40.8 percent female.

Table 1 displays the sample's frequency and percent of cosmetic surgery reality television show viewing. To differentiate among respondents' viewing habits, three groups were created: non-viewers ( $N = 49$ ), lighter viewers ( $N = 38$ ), and heavier viewers ( $N = 16$ ).

**Table 1:** Total CSRTP Viewing

Score	<i>N</i>	Percent	Viewing habits
0	49	47.6	Non-viewers
1	20	19.4	Lighter viewers
2	10	9.7	
3	8	7.8	
4	3	2.9	Heavier viewers
5	4	3.9	
6	3	2.9	
7	3	2.9	
8	2	1.9	
9	1	1.0	



Pearson zero-order correlations were assessed for the following scales: TV viewing habits, attitudes for other people, attitudes for self, perceived healing time, perceived pain, willingness to have procedures, and perceived stigma (see table 2). Of the 21 correlations, 9 were significant ( $p < .05$ ). Viewing habits were positively associated with favorable attitudes toward elective cosmetic surgery for self ( $r = .35, p < .01$ ) and with the number of elective cosmetic surgery procedures respondents reported a willingness to have done ( $r = .45, p < .01$ ). Furthermore, as respondents' attitudes toward elective cosmetic surgery for others became more positive, so did their attitudes for themselves ( $r = .55, p < .01$ ). Respondents' attitudes for both others and for self were also positively associated with the number of procedures respondents reported a willingness to have done ( $r = .35, p < .01$  and  $r = .42, p < .01$ , respectively). Additionally, as attitudes for both others and for self became more positive, the reported perceived stigma toward elective cosmetic surgery lessened—indicating a more positive attitude toward elective cosmetic surgery ( $r = .36, p < .01$  and  $r = .31, p < .01$ , respectively). Finally, as the amount of perceived healing time increased, so did the amount of perceived pain ( $r = .35, p < .01$ ), and the reported perceived stigma toward elective cosmetic surgery lessened ( $r = .27, p < .01$ ).

The reliabilities for the scales ranged from a Cronbach's Alpha of .52 to .91. The lowest alpha may be attributed to the fact that there were only two items for that scale (attitudes for other people); the perceived stigma scale ( $\alpha = .68$ ) consisted of only three items.

**Table 2:** Descriptive Statistics, Reliability Coefficients, and Zero-Order Pearson Correlations for Study Variables

Measure	M	SD	N	1	2	3	4	5	6	7
1. TV viewing habits	.26	.37	103	-	.18	.35**	-.01	.16	.45**	.09
2. Attitudes for other people	2.08	.56	103		(.52)	.55**	-.01	.02	.35**	.36**
3. Attitudes for self	1.67	.77	105			(.91)	.01	-.05	.42**	.31**
4. Perceived healing time	3.78	.73	94				(.91)	.35**	-.06	.27**
5. Perceived pain	3.19	.41	97					(.88)	-.01	.10
6. Willingness to have procedures	.04	.07	102						-	.08
7. Perceived stigma	2.86	.55	104							(.68)

\*  $p < .05$ \*\*  $p \leq .01$

*Research Question 1: CSRTP viewing and attitudes for others and for self*

In order to determine the extent to which heavier viewers of CSRTP differed from lighter viewers and non-viewers in their self-reported attitudes about whether or not they approved of elective cosmetic surgery for others and for themselves, a MANOVA was conducted with attitudes toward self, attitudes toward others, and procedures willing to have performed as the dependent variables and CSRTP viewing habits and sex as the independent factors.

The analysis indicated a main effect for sex, Wilks'  $\Lambda = .87$ ,  $F(3, 85) = 4.32$ ,  $p < .01$ , and for viewership, Wilks'  $\Lambda = .83$ ,  $F(6, 170) = 2.82$ ,  $p < .01$ . Specifically, women (74.2 percent) reported a greater willingness to undergo cosmetic surgery procedures than did men (25.8 percent),  $F(1, 97) = 5.72$ ,  $p < .05$ . In terms of respondents viewing habits, there was a significant difference among groups for both attitudes for the self,  $F(2, 97) = 6.40$ ,  $p < .01$  and for the procedures willing to have done,  $F(2, 97) = 5.30$ ,  $p < .01$ . A Scheffe post hoc test was performed to determine where the differences among the groups were significant. Heavier viewers ( $M = 2.34$ ,  $SD = .96$ ) differed significantly from lighter viewers ( $M = 1.61$ ,  $SD = .73$ ) and non-viewers ( $M = 1.52$ ,  $SD = .67$ ) in their attitudes toward elective cosmetic surgery for themselves. There was also a significant difference between heavier viewers ( $M = .10$ ,  $SD = .10$ ) and lighter viewers ( $M = .05$ ,  $SD = .08$ ) and non-viewers ( $M = .02$ ,  $SD = .05$ ) in that heavier viewers showed a greater willingness to undergo elective cosmetic surgery.

*Research Question 2: CSRTP viewing and attitudes regarding social stigma*

A univariate analysis of variance was performed to analyze the extent to which heavier viewers of CSRTP differed from lighter viewers and non-viewers in their self-reported attitudes about the social stigma associated with elective cosmetic surgery.

Attitudes regarding the social stigma was used as the dependent variable, and CSRTP viewing habits and sex were used as the independent variables.

No significant difference was found among non-viewers ( $M = 2.84$ ,  $SD = .51$ ), lighter viewers ( $M = 2.80$ ,  $SD = .55$ ), and heavier viewers ( $M = 3.00$ ,  $SD = .67$ ),  $F(2, 94) = .21$ ,  $p = .81$ . However, difference in attitudes between males ( $M = 2.77$ ,  $SD = .53$ ) and females ( $M = 2.96$ ,  $SD = .56$ ) was significant,  $F(1, 94) = 5.13$ ,  $p < .05$ . Females more than males responded that the social stigma was lessening, indicating a more positive attitude toward cosmetic surgery.

*Research Question 3: CSRTP viewing and perception of healing time and pain*

The extent to which heavier viewers of CSRTP differed from lighter viewers and non-viewers in their self-reported perception of healing times and pain associated with elective cosmetic surgery was determined by conducting a MANOVA. Perceived healing time and perceived pain were used as the dependent variables and CSRTP viewing habits and sex were used as the independent factors. (See table 3.)

The omnibus test for viewership was not significant, Wilks'  $\Lambda = .97$ ,  $F(4, 166) = .68$ ,  $p = .60$ . The test for sex, Wilks'  $\Lambda = .91$ ,  $F(2, 83) = 4.29$ ,  $p < .05$ , was significant.

While there was no difference in respondents' perception of healing time and pain based

on viewing habits, there was significant difference in perception of pain based on sex,  $F(1, 90) = 7.97, p < .01$ . Males ( $M = 3.06, SD = .41$ ) perceived pain to be less than did females ( $M = 3.31, SD = .38$ ). There was no significant difference in perceived healing time based on sex,  $F(1, 90) = 2.90, p = .09$ .

**Table 3:** Perception of Healing Time and Pain, and Number of Elective Cosmetic Surgery Procedures Willing to have Performed.

Elective Cosmetic Surgery Procedure	Avg. healing time			Avg. pain			Avg. would have procedure		
	M	SD	N	M	SD	N	Number	SD	N
Botox injection	2.22	1.39	103	2.48	.78	101	6	.24	102
Breast augmentation	4.32	.89	105	3.52	.67	103	8	.27	102
Pectoral (male chest) augmentation	4.34	.82	104	3.54	.61	103	3	.17	102
Breast reduction	4.20	.94	104	3.39	.63	102	2	.14	102
Collagen injection	2.90	1.27	100	2.65	.74	100	2	.14	102
Eyelid surgery	3.67	1.25	102	3.29	.75	103	1	.10	102
Chin augmentation	3.98	1.03	102	3.32	.66	103	1	.10	102
Cheek implants	4.02	1.02	101	3.39	.60	103	0	.00	102
Calf augmentation	4.41	.92	102	3.52	.61	101	2	.14	102
Buttock augmentation	4.30	.84	102	3.52	.61	102	1	.10	102
Buttock lift	4.13	.91	101	3.36	.70	102	2	.14	102
Face lift	4.17	1.14	103	3.48	.64	103	3	.17	102
Hair transplant/implant	3.16	1.52	103	2.43	.91	102	4	.20	102
Laser skin resurfacing/dermabrasion	2.92	1.46	103	2.66	.96	103	12	.32	102
Laser treatment of leg veins	2.92	1.45	103	2.60	.97	103	6	.24	102
Liposuction	3.89	1.21	103	3.40	.75	103	10	.30	102
Nose reshaping	4.23	.98	102	3.57	.60	103	11	.31	102
Tummy tuck	4.28	1.00	103	3.51	.64	103	6	.24	102

## **Discussion**

This study examined the effects of viewing CSRTP on student attitudes toward cosmetic surgery. The three research questions asked to what extent do heavier viewers, lighter viewers, and non-viewers differ in their attitudes toward elective cosmetic surgery for themselves and others, in their perception of the social stigma associated with undergoing surgery, and in their perception of the healing time and pain patients experience.

### *Research Question 1: CSRTP viewing and attitudes for others and for self*

Respondents' attitudes toward cosmetic surgery significantly differed based on sex. Overall, females indicated a greater willingness to undergo cosmetic surgery than did men, indicating a more positive attitude toward cosmetic surgery. This finding is consistent with studies conducted by the AARP (2001), the American Society for Aesthetic Plastic Surgery (2004), and the American Society of Plastic Surgeons (2004), indicating that women more than men report interest in having some cosmetic surgery procedure done.

In addition, heavier viewers' attitudes toward cosmetic surgery for themselves were more positive than those of non-viewers and lighter viewers, indicating that heavier viewers have a more favorable attitude toward cosmetic surgery. Heavier viewers also significantly differed from non-viewers and lighter viewers in terms of how many cosmetic surgery procedures they reported a willingness to have done. These results indicate a relationship between watching CSRTP and having a favorable attitude toward

cosmetic surgery. The findings support the cultivation hypothesis that extensive television viewing does influence attitudes. Furthermore, it's reasonable to assume behavioral intent; heavier viewers are likely to be influenced by the programs when making decisions about whether or not to undergo cosmetic surgery. Admittedly, some heavier viewers may have already had favorable attitudes toward cosmetic surgery—this may be one reason they were attracted to CSRTP in the first place. However, the implications seem greater for the heavier viewers with positive attitudes who had neutral or negative attitudes before becoming viewers. In addition, as suggested by Brooks (2004), Woodstock (2001), and Didie & Sarwer (2003), the results support the claim that the mass media, specifically television, are in part the cause for the shift toward the acceptance of cosmetic surgery. One specific matter of concern is that for heavier viewers, the seemingly established *need* to be attractive in the United States is being reinforced to a dangerous degree. On CSRTP, surgery promises to erase physical flaws and the negative effects of aging, so also is reinforced the perception of aging as a crime, something to be pitied, and something that needs to be fixed. Perhaps then CSRTP—by influencing heavier viewers' attitudes—is contributing to the illusion of an ageless society.

Regarding attitudes toward elective cosmetic surgery for others and CSRTP viewership, no significant difference was found among non-viewers, heavier viewers, and lighter viewers. Heavier viewers did not have a more favorable attitude toward cosmetic surgery for others. This finding seems to falsify the third-person effect hypothesis, which



states that individuals who are exposed to persuasive communication in the mass media see it as having a greater effect on others than on themselves (Davison, 1983).

*Research Question 2: CS RTP viewing and attitudes regarding social stigma*

The second research question asked respondents to what extent do viewers of CS RTP differ from non-viewers in their self-reported attitudes about the social stigma associated with elective cosmetic surgery. The results indicated no difference among viewers. Looking at Goffman's (1963) definition of stigma as a deeply discrediting attribute, that heavier viewers, lighter viewers, and non-viewers reported similar attitudes toward stigma is perhaps a sign of growing acceptance of cosmetic surgery among all individuals, which may support Brooks' (2004) suggestion that the growing approval of cosmetic surgery may indicate that the stigma once associated with cosmetic surgery is lessening. However this study offers no data to indicate if the stigma is lessening or growing, only that attitudes among all viewers are similar.

*Research Question 3: CS RTP viewing and perception of healing time and pain*

The final research question asked to what extent do heavier viewers of CS RTP differ from lighter viewers and non-viewers in their self-reported perception of healing time and pain associated with elective cosmetic surgery. On CS RTP, little time is spent focusing on the pain and healing time a patient may experience after receiving cosmetic surgery. Thus, we might assume that heavier viewers would perceive pain to be less or more and healing time to be shorter or longer than non-viewers or lighter viewers. This

assumption is not supported by the current study. The results indicated no significant difference among non-viewers, lighter viewers, and heavier viewers regarding the pain and healing times associated with cosmetic surgery. One possible explanation for this is that some individuals were not familiar with several of the procedures listed on the questionnaire. Another possible explanation is that all individuals may learn about cosmetic surgery procedures from other sources (other media, personal experience, etc.).

### *Limitations*

The study is limited in that results are based on self-report data gathered from a convenience sample, a homogenous group of college students enrolled in communication classes at Rochester Institute of Technology. Survey questions may have been skipped or misinterpreted, and since the study is based on self-reported attitudes, it is possible that respondents may intentionally or unintentionally not be completely honest. Another important limitation is that it is not entirely possible to determine casual direction clearly; it is reasonable to suggest that people who watch CSRTP might have already had favorable attitudes toward cosmetic surgery, which is why they watch the shows. Finally, the research does not consider other factors that may contribute to an individuals' attitude toward cosmetic surgery, such as interpersonal experience or other media.

### *Directions for future research*

This study opens up avenues for research in many directions. Using this survey instrument with a much larger and heterogeneous sample would yield more accurate

results. It is also possible to refine the results of the current study by using this survey instrument in addition to more thorough and intimate research methods such as interviews or focus groups. While the present research focused on the relationship between viewing CSRTP and attitudes toward cosmetic surgery, future research might study the relationship between viewing other television programs—such as newsmagazines, dramas, or all television—and attitudes toward cosmetic surgery. Additionally, other research might examine the portrayal of cosmetic surgery on television with a content analysis investigation. Also, according to cultivation research, cultivation occurs when individuals are repeatedly exposed to the same messages over long periods of time (Gerbner, Gross, Morgan, & Signorielli, 1994, p.25). Therefore, further research might investigate effects on attitudes toward cosmetic surgery based on viewing CSRTP for a long period of time. Finally, this study may be used to examine whether or not viewers with positive attitudes toward cosmetic surgery may be more inclined to undergo cosmetic surgery.

### *Conclusion*

The present study sought to add to existing literature on cultivation by exploring the effects of viewing CSRTP on attitudes toward cosmetic surgery. To determine effects, a questionnaire was administered to 105 college students at Rochester Institute of Technology. Data gathered from the questionnaire was used to answer three general research questions. The survey asked participants to respond to statements and questions pertaining to their attitudes toward cosmetic surgery, television viewing habits, and

demographic statistics. The results of the survey were coded, analyzed, and used to determine the effects of CSRTP on attitude.

The results of this study indicate that heavier viewers have a more favorable attitude toward cosmetic surgery for themselves than do non-viewers and lighter viewers. However, the results also indicate little or no difference among heavier viewers, lighter viewers, and non-viewers regarding attitude for others, and the perceived social stigma, healing time, and pain associated with undergoing cosmetic surgery.

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## Appendix A: Survey Cover Letter and Instrument

Dear Student:

Do you think that you live in a youth and beauty obsessed culture? Have you ever tried to make yourself look or feel better by losing weight, toning up, or dying your hair? For many Americans, there is a more instant and permanent solution to looking good: cosmetic surgery. Do you think you would ever consider cosmetic surgery for yourself? How do you feel about cosmetic surgery for others?

I am a graduate student in the Communication & Media Technologies program at Rochester Institute of Technology. For my master's thesis project, I am conducting a research study investigating college students' television viewing habits and their attitudes toward cosmetic surgery. You are a member of a select group of students whose thoughts I am interested in gathering on this matter.

This investigation will contribute to existing literature on media effects, and may also benefit students, like yourself, studying the communication field.

If you decide that you would like to participate in this study, please take about ten minutes to complete a questionnaire. I do not think there are any risks to you if you decide to participate in this study. You do not need to include your name on the questionnaire; your responses are anonymous. Return completed questionnaires, face down, to a pile at the front of your classroom. Please complete one and only one survey.

When the research is completed, I will write a report on the results. The report will not include your name or indicate that you participated in the study; your identity will remain totally confidential.

If you have any questions or if you would like to receive a copy of the survey results and discussion, please contact me via email (eareeves@rochester.rr.com) or by phone (585-723-0761).

You are not required to participate in this study. There will be no penalty or loss of benefits if you choose not to participate. If you decide to participate, once you begin the questionnaire you may stop at any time with no penalty or loss of benefits.

If you decide you want to be in this study, please sign your name.

I, \_\_\_\_\_, want to be in this research study.

(Print your name here)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Date)

Thank you,

Elizabeth Reeves O'Connor

1. In this section, for each of the following, please **place a check** in the box that corresponds with how often you watch or have watched the following television programs.

	All the time	Sometimes	Rarely	Never
Desperate Housewives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. 90210	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Makeover* * This question refers to the cosmetic surgery edition of <i>Extreme Makeover</i> , <b>not</b> <i>Extreme Makeover: Home Edition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Swan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cosmetic Surgery: On the Edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nip/Tuck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I Want a Famous Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Surgery: Before & After	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please respond to the following statements on **elective cosmetic surgery**. Elective cosmetic surgery is performed when a person wants to change or enhance his or her physical appearance; it is not done for medical reasons.

Elective cosmetic surgeries include such things as liposuction, tummy tucks, face lifts, nose jobs, breast implants, etc. For our purposes, hair transplants are also considered an elective cosmetic surgery.

Please note that these statements are not asking about cosmetic surgery that is done for medical purposes to restore form or function to a body part that is abnormal or disfigured due to trauma, cancer, birth defects, or surgery.

2. In this section, for each of the following statements, please **place a check** in the box that corresponds with whether you think you **strongly agree, generally agree, generally disagree, or strongly disagree** with each statement.

	Strongly Agree	Generally Agree	Generally Disagree	Strongly Disagree
People should be happy with who they are and not get elective cosmetic surgery.				
I approve of elective cosmetic surgery for myself.				
I approve of elective cosmetic surgery for others.				
I would consider elective cosmetic surgery for myself.				
It is socially acceptable to get elective cosmetic surgery.				
It is more socially acceptable for women to get elective cosmetic surgery than it is for men.				

	<b>Strongly Agree</b>	<b>Generally Agree</b>	<b>Generally Disagree</b>	<b>Strongly Disagree</b>
I think people who have elective cosmetic surgery should be embarrassed if people outside of their immediate family and friends know about it.				
People who get elective cosmetic surgery are more vain than the average person.				
It is safe and convenient to have several elective cosmetic surgery procedures performed at the same time.				

3. In this section, for each of the following cosmetic procedures, please **place a check** in the box that corresponds with how long you would **estimate** it would take to fully heal from the following procedures.

	<b>1-6 days</b>	<b>1 week</b>	<b>2 weeks</b>	<b>3 weeks</b>	<b>More than 3 weeks</b>
Botox injection					
Breast augmentation					
Pectoral (male chest) augmentation					
Breast reduction					
Collagen injection					

	<b>1-6 days</b>	<b>1 week</b>	<b>2 weeks</b>	<b>3 weeks</b>	<b>More than 3 weeks</b>
Eyelid surgery					
Chin augmentation					
Cheek implants					
Calf augmentation					
Buttock augmentation					
Buttock lift					
Face lift					
Hair transplant/ implant					
Laser skin resurfacing/ dermabrasion					
Laser treatment of leg veins					
Liposuction					
Nose reshaping					
Tummy tuck					

4. In this section, for each of the following cosmetic procedures, please **place a check** in the box that corresponds with how much pain you would **estimate** the average person experiences immediately after undergoing the following procedures.

	Severe Pain	Some Pain	Very Little Pain	No Pain
Botox injection				
Breast augmentation				
Pectoral (male chest) augmentation				
Breast reduction				
Collagen injection				
Eyelid surgery				
Chin augmentation				
Cheek implants				
Calf augmentation				
Buttock augmentation				
Buttock lift				
Face lift				
Hair transplant/ implant				
Laser skin resurfacing/ dermabrasion				
Laser treatment of leg veins				
Liposuction				
Nose reshaping				
Tummy tuck				

5. Regardless of whether or not you've ever done it, imagine for a moment that you could have any cosmetic surgery procedure done **safely** and **for free** – and that no one would know unless you told them. Please **circle** which of the following procedures, if any, you would have done. You may circle as many procedures as you like.

Botox injection

Breast augmentation (women)

Pectoral (male chest) augmentation

Breast reduction

Collagen injection

Eyelid surgery

Chin augmentation

Cheek implants

Calf augmentation

Buttock augmentation

Buttock lift

Face lift

Hair transplant/implant

Laser skin resurfacing/dermabrasion

Laser treatment of leg veins

Liposuction

Nose reshaping

Tummy tuck

Other (please specify) \_\_\_\_\_

I would have no procedure done

Finally, please **circle** your responses to the following demographic questions.

What is your age?	<b>18-24</b>	<b>25-31</b>	<b>32-38</b>	<b>39-45</b>	<b>46-52</b>	<b>53-59</b>	<b>60+</b>
What is your sex?	<b>Male</b>	<b>Female</b>					