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Reality Cosmetic Surgery Makeovers: Potential Psychological and Behavioral Correlates

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by

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ABSTRACT

According to the American Society of Plastic Surgeons (2006), the number of cosmetic procedures has increased to over 10 million in 2005, showing a 38% increase from 2000. This increase in cosmetic surgery prevalence is paralleled by a surge in reality cosmetic makeover television programming, such as *Extreme Makeover* and *Dr. 90210*. No research to date has assessed the potential relationships between reality media viewership and body image, eating pathology, or cosmetic surgery attitudes. The tripartite model of core influence (Thompson et al., 1999) is presented as a theoretical framework for conceptualizing the link between media influences, internalization, body image dissatisfaction, and outcomes such as eating disorder symptomatology and cosmetic surgery attitudes. The current study examines the relationships between reality cosmetic makeover viewership, cosmetic surgery attitudes, body image, and eating disorder symptomatology in a sample of 2057 college females. Viewership of reality cosmetic surgery shows was significantly related to more favorable cosmetic surgery attitudes, perceived pressure to have cosmetic surgery, past attainment of a cosmetic procedure, overall body dissatisfaction, thin ideal internalization, eating disorder symptomatology, and a decreased fear of surgery. Although the current study is correlational, it provides a framework for future hypothesis testing and elucidates the link

between contemporary media influences, body dissatisfaction, eating disturbance, and cosmetic surgery attitudes and behaviors.

Introduction

The recent surge of reality improvement shows has included such themes as making over the neighbors' house, revamping one's fashion, receiving a new "look" with updated hair and makeup, and even making over a friend's car. The latest reality makeover wave goes beyond seemingly benign improvements of cars or houses to the use of cosmetic procedures to physically change people. ABC launched this idea with the premier of *Extreme Makeover* in September 2003. This reality program involved the total transformation of individuals from a "below-average" appearance to "highly attractive" with the use of multiple cosmetic procedures and the supplementation of a strict diet and exercise regime. The show was an instant success for the network and soon found MTV's *I want a Famous Face* and Fox's *The Swan* following close behind. In 2004, the premier of *Doctor 90210* was E! Entertainment Television's attempt to cash in on the success of previous cosmetic makeover programming. Even The Learning Channel (TLC) endorsed this new wave of reality cosmetic surgery with the 2004 premier of *Body Work*, as did the Discovery Health Channel with the release of *Plastic Surgery: Before and After.* The potential relationship between reality cosmetic makeover shows and psychological constructs such as self-esteem, body image, and desire for cosmetic surgery has not been examined, nor has the relationship between these shows and behavioral variables such as attainment of cosmetic procedures and abnormal eating behaviors been explored.

Cosmetic Surgery Statistics

According to the American Society of Plastic Surgeons (2006), the number of cosmetic procedures has increased to over 10 million in 2005, showing a 38% increase from 2000. The number of breast augmentations is up 37% from 2000, and Botox injections and lower body lifts have demonstrated a 388% and 4,101% increase respectively over this five-year period. Interestingly, it appears that an increasing number of consumers are opting for less invasive procedures such as Botox. Between 2004 and 2005, the number of surgical cosmetic procedures increased 5%, whereas the number of minimally invasive procedures increased 11%.

The top five surgical cosmetic procedures for women in 2005 included breast augmentation (291,350), liposuction (287,932), nose reshaping (198,732), eyelid surgery (197,709), and tummy tuck (128,874), and the top five nonsurgical cosmetic procedures included Botox injection (3,525,868), chemical peel (925,030), laser hair removal (609,345), microdermabrasion (636,6600) and sclerotherapy (583,870; ASPS, 2006).

Although women received 88% of the cosmetic procedures performed in 2005, the number of procedures performed on men has increased 44% from the year 2000 (ASPS, 2006). According to the ASPS (2006), the top five cosmetic surgical procedures for men included nose reshaping (99,680), hair transplantation (39,244), liposuction (35,673), eyelid surgery (32,988), and male breast reduction (16,275). The top five nonsurgical procedures for men included Botox injection (313,519), microdermabrasion (201,051), laser hair removal (173,387), chemical peel (108,998), and laser skin resurfacing (37,998).

It should be clarified that the phrase "cosmetic procedures" includes both surgical and nonsurgical procedures performed with an aesthetic motive. Both surgical (i.e. liposuction) and nonsurgical procedures (i.e. Botox injections) will be included within the context of this paper. A distinction should also be made between cosmetic procedures and reconstructive surgery. As defined by the ASPS (2004), "cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem." Cosmetic procedures are rarely covered by insurance companies because they are viewed as elective. Reconstructive surgery, on the other hand, is frequently covered by insurance. This type of surgery is performed on parts of the body that are abnormal due to congenital defects, developmental abnormalities, trauma, infection, tumors or disease. The intention of reconstructive surgery is generally to improve or restore functioning, but may be used in certain instances to approximate a normal appearance (ASPS, 2004). The current study will focus on cosmetic procedures due to the more proximal relation such procedures might have with reality cosmetic makeover television viewership.

The increase in cosmetic procedures is well documented, but the influencing factors have received virtually no research attention. Three potential factors playing into this cosmetic procedure upsurge include advances in the medical field, characteristics of the patient, and the influence of the media (Sarwer, Magee, & Crerand, 2004), each of which will be discussed in the sections to follow.

Advances in Medicine

According to Sarwer et al. (2004), recent medical advances have undoubtedly influenced the growing number of individuals seeking cosmetic procedures. The surgical and nonsurgical procedures have become safer and less invasive due to research advancements and enhanced equipment. Additional research on postoperative care has also contributed to the increased medical innovations related to cosmetic procedures. Although recent medical advancements influence individuals to seek out cosmetic procedures, other factors likely play into the decision to surgically change one's body, including psychological characteristics of the patients themselves.

Patient Characteristics

According to Sarwer, Wadden, Pertschuk, and Linton (1998a), patients undergo cosmetic procedures in order to improve appearance satisfaction and self-esteem. As a result, cosmetic surgery can be conceptualized as a surgical procedure with psychological consequences. Notably, research on the psychological motivations for and implications of cosmetic surgery is limited. Body image is one psychological construct in particular that has received a minimal amount of research attention in relation to cosmetic procedures.

Body image dissatisfaction is believed to induce appearance-enhancing behaviors, including weight loss, exercise, and the purchase of clothing and cosmetics (Sarwer et al., 2004). It is also suggested that body dissatisfaction is a prominent impetus in the attainment of cosmetic procedures. Pruzinsky and Edgerton (1990) have conceptualized cosmetic surgery as body image surgery because psychological improvements may occur as a result of modifying the body surgically. Limited research assessing body image in

patients undergoing cosmetic surgery suggests that patients report elevated body dissatisfaction preoperatively and show improvements in body image postoperatively (e.g., Baker et al., 1974; Killman, Sattler, & Taylor, 1987; Schlebusch, 1989; Sihm, Jagd, & Pers, 1978).

Preoperative body image studies in which patients were compared to normative samples found that patients reported increased dissatisfaction with the specific feature considered for surgery (Sarwer et al., 2004). It is interesting to note that although site-specific dissatisfaction was found among these patients, overall body image dissatisfaction was not reported. Cash, Duel, and Perkins (2002) assessed breast augmentation patients postoperatively and found that 90% of the patients reported an improved body image, although the distinction between overall body image and site-specific body satisfaction was not clear. Although the empirical studies are limited, it appears that patients who have undergone cosmetic surgery experience improvements on some body image indices postoperatively.

Although body image improvements are found post-operatively in a subset of cosmetic surgery patients, the degree to which this effect can be generalized to all cosmetic surgery patients has been challenged (Sarwer et al., 2004). It is possible that post-operative changes may be moderated by the type of procedure desired, patient expectations, and other psychological characteristics of the patient. It is also likely that the type of dissatisfaction experienced is dependent on membership to specific sub-groups of cosmetic surgery patients. The degree to which patients experience overall appearance dissatisfaction or investment in appearance may be related to the type of procedure they desire. Studies have found discrepant levels of overall dissatisfaction and

investment in appearance that appear to be moderated by the procedure group they were assessing (e.g breast augmentation patients versus rhinoplasty patients). Additionally, studies that have assessed cosmetic surgery patients in general versus specific sub-groups of cosmetic surgery patients (e.g. breast augmentation patients specifically) have found differing levels of overall body dissatisfaction and investment in appearance.

In a study by Sarwer et al. (1998b), body image was assessed seven months postoperatively in women who had undergone cosmetic surgery. Significant improvements were found in the degree of satisfaction with the body part that had been surgically altered, but no change in overall dissatisfaction was reported. Sarwer et al. (2005) found that cosmetic surgery patients experienced elevated site-specific dissatisfaction preoperatively, and experienced post-operative improvements. These patients did not report elevated overall appearance dissatisfaction, however, and no changes in overall dissatisfaction were found following surgery. Additional findings from a series of studies assessing body image in facial cosmetic surgery patients (Sarwer et al., 1997; Sarwer et al., 1998; Sarwer et al., 2002) support the site-specific versus overall body image disparity. Facial cosmetic surgery patients report dissatisfaction with the facial feature for which they are seeking surgery, but these patients do not report overall body dissatisfaction.

Interestingly, Bolton et al. (2003) assessed body image pre- and post-operatively in abdominoplasty patients, finding improvements in both site-specific and overall body image following surgery. Additionally, rhytidectomy and blepharoplasty patients report a higher level of investment in appearance as well as more satisfaction with their overall appearance compared to rhinoplasty patients (Sarwer et al., 1997). In general, current

literature suggests that the degree to which patients experience pre- or post-operative body dissatisfaction, appearance investment, and additional psychopathology is often related to the procedure they wish to undergo.

Research is needed that further addresses the relationship between body image and specific cosmetic procedures. It is possible that the level of dissatisfaction preoperatively and subsequent postoperative improvements may vary depending on the specific body part the patient wants to change and the subjective perceived effectiveness of the procedure and pre-operative expectations. Additionally, the pursuit of particular cosmetic procedures may be related to underlying psychopathology. Additionally, the presence of certain conditions such as Body Dysmorphic Disorder (Sarwer, 2001; Sarwer & Didie, 2002; Sarwer & Pertschuk, 2002) Anorexia Nervosa and Bulimia Nervosa (Willard et al., 1996; McIntosh et al., 1994; Yates et al., 1988) may serve as contraindications for cosmetic surgery. In such instances patients may be better treated by a mental health professional than a cosmetic surgeon (Sarwer et al., 2004).

The Role of the Media

Although theoretical models have outlined various factors to account for body image concerns, the powerful influence of societal factors has received perhaps the most documented support in the proliferation of body dissatisfaction in Western cultures (A.W. Fallon, 1990; Heinberg, 1996; Thompson et al., 1999; Thompson & Heinberg, 1999). More specifically, the media's influence on body image has received the strongest empirical support (Thompson et al., 1999). A sociocultural explanation of body concerns and the influence of the media on body dissatisfaction and potential eating pathology focuses on the media's perpetuation of the female thin-ideal. This model emphasizes that

the current societal standard for thinness in women is ubiquitous and often out of reach for the average person (Thompson et al., 1999).

A large portion of the research examining the relationship between media and body dissatisfaction has been correlational in nature. These studies suggest that viewership of television programming that emphasizes the thin-ideal is related to body image dissatisfaction and eating disorder symptomatology in women and girls (Thompson et al., 1999). In addition, internalization of the media's thin-ideal has been found to mediate the link between media exposure and eating disorder behaviors (Stice, Schupak-Neuberg, Shaw, & Stein, 1994).

In order to delineate the relationship between media exposure and internalization of the thin ideal, several correlational studies have controlled for selective exposure. In a study conducted by Harrison and Cantor (1997), exposure to thin-media images predicted thin idealization even when selective exposure to thin-ideal media was controlled. Additionally, Harrison (2003) found that exposure to ideal-body television images was still linked to thinness-favoring attitudes and approval of surgical body-alteration methods even for individuals who claim to have no interest in such programming.

Although correlational studies predominate, randomized experiments have also supported the sociocultural model (Thompson et al., 1999). For example, Birkeland et al. (2005) found strong support for the exposure model, with results indicating that individuals exposed to advertisements featuring models exhibited higher levels of body dissatisfaction and mood disturbance than individuals in a neutral exposure control group. Collectively, these studies support the hypothesis that the relationship between media

exposure and thin-ideal internalization cannot be solely accounted for by the thesis that those who idealize thinness selectively watch thin-ideal endorsing media programming.

Because cosmetic procedures are often used to change the site-specific areas of the body for which individuals are dissatisfied, body image research in which the specific body proportions of the media ideal are assessed appear especially relevant. The size of female media icons, such as Miss America contestants and playboy models, has decreased significantly over the past 30 years (Garner, Garfinkel, Schwartz & Thompson, 1980; Wiseman, Gray, Mosimann & Ahrens, 1992). The latest findings are supporting a female ideal that is ultra-thin, yet maintains an average bust. In a recent study by Harrison (2003), exposure to ideal media images was linked to an idealization of waist and hip size, not overall thinness. Participants preferred an unnaturally small waist and hips, but the ideal bust size was medium.

Unfortunately, this modified media ideal could be exacerbating body dissatisfaction in women because it is becoming increasingly difficult for average women to approximate this figure. Because breast tissue is comprised primarily of fatty tissue, decreasing overall body weight depletes the breast tissue resulting in smaller breasts. As a woman diets and exercises in an attempt to approximate the media ideal, she will likely experience weight loss in her entire body, including her breasts. As her body size decreases, her breast size does as well leaving her dissatisfied despite the measures she has already taken to meet the media's standard of beauty. According to Sarwer, Magee, and Clark (2003), this small-framed yet full-busted ideal rarely occurs in nature without the assistance of restrictive dieting, exercise, liposuction, and breast augmentation. It is possible that women, in addition to unhealthy diet and exercise, are now resorting to

cosmetic surgery in attempt to achieve the media's ideal. It is possible that liposuction is being used to reduce fatty tissue, thus paralleling the ideal by reducing body size. In addition, breast augmentation is being used to increase breast size, a necessary procedure if the breast tissue was depleted through excessive diet and exercise. The degree to which the media ideal is in fact motivating individuals to obtain cosmetic procedures is unknown.

Evolution of the media: The Surge of Realty Programming

The media has likely played a role in the recent proliferation of cosmetic procedures. Images of Hollywood stars have been thought to affect the self-images of consumers for years (Etcoff, 1999). The public has modeled the hairstyles, clothing, and body types of celebrities for decades (Sarwer et al., 2004). Because the media has been shown to have a substantial impact on self-perceptions, it is likely that the recent wave of reality cosmetic makeover shows has affected the increasing number of individuals attaining procedures. According to the American Society of Plastic Surgeons (2004), "this past year's growth may be attributed to the attention plastic surgery received from the entertainment industry, which spotlighted plastic surgery and perhaps, created a larger interest from the public." The fact that the predominant association in the plastic surgery realm acknowledges the potential influence of cosmetic surgery programming on subsequent attainment of such procedures further supports the need to investigate this topic.

Although the limited research on psychological outcomes of cosmetic surgery suggest that individuals may experience improvements in body image and self-esteem, postoperatively, dangers of these procedures are not accounted for. It appears that the

more mainstream cosmetic surgery becomes in the media, the more desensitized the public is becoming to the severity of surgery in general. A U.S. survey of 216 individuals via the internet found that cosmetic surgery is now perceived as less risky and is associated with a shorter recovery time and less pain than plastic or reconstructive surgery (Plastic Surgery Newsletter, October 2004). This board certified resource attributed this desensitization in part to "the popularity of reality makeover shows." This resource goes on to warn that this shift in perception can be dangerous, and that individuals considering cosmetic surgery should be aware that these procedures are still surgical in nature, and are thus restrained by serious risks and consequences.

Although past research examining the influence of the media on the psychology or behaviors of consumers has focused on celebrities, the potential impact of reality television stars has not been examined. According to social comparison theory (Festinger, 1954), it is plausible that these figures might affect viewers to an even greater extent than typical movie stars or celebrities. Specifically, one aspect of social comparison theory purports that individuals have a tendency to compare themselves to similar others in an attempt to see themselves accurately. Since reality television "stars" are portrayed as being "normal people" as opposed to members of an elite group of celebrities, it is possible that viewers would be more apt to compare themselves to individuals on reality television shows.

No research to date has assessed the potential relationships between reality media and body image, eating pathology, or other related psychological or behavioral constructs. In addition, the growing number of reality cosmetic makeover shows is paralleled by an increasing trend in cosmetic procedures. The relationships between

reality cosmetic makeover viewership, desire for cosmetic procedures, body image, and abnormal eating behaviors were examined in the current study. The following model was utilized in targeting research variables for the current thesis, hypothesis formation, and is suggested as a potential guide for future research.

The Tripartite Model of Core Influence

The tripartite model of core influence: peers, parents, and the media (Thompson et al., 1999) is proposed as relevant in attempting to conceptualize the relationship between reality cosmetic surgery programming, body image, and cosmetic procedures. This model was designed to guide research on the various factors that affect body image and subsequent conditions including eating disorders and global psychological functioning (Thompson et al., 1999). According to this model, three primary external influences exist: peers, parents, and the media. These three influential sources lead to internalization of societal values and appearance comparison, which lead to body dissatisfaction, which in turn influences eating pathology and psychological functioning.

The tripartite model could be used to examine the relationships between reality cosmetic makeover shows, body dissatisfaction, abnormal eating behaviors, and attainment of or desire for cosmetic procedures (See Figure 1 for the modified version of the tripartite model). Reality programming could rightly be included within the media core influence factor, as reality television is merely a contemporary form of television media. Inclusion of the body dissatisfaction and cosmetic procedure components requires slight modification to the existing model. Desire for or attainment of cosmetic procedures could be added to the outcome variables alongside restrictive eating and bulimia. Desire for or attainment of cosmetic procedures could potentially serve as

another manifestation of body dissatisfaction. It could be that individuals with high levels of dissatisfaction use different "coping strategies" in attempt to reduce their dissatisfaction, whether it be restrictive eating, bulimic behaviors, attainment of cosmetic procedures, or a combination of these strategies.

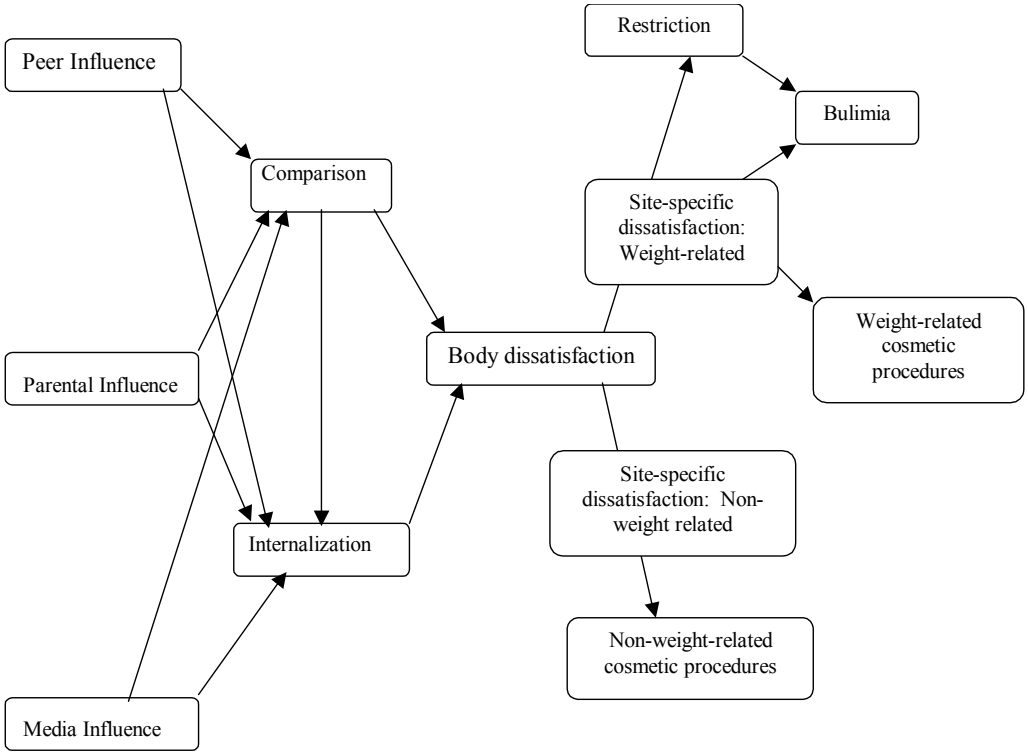

Figure 1. The tripartite model of core influence: peers, parents, and the media (Thompson et al., 1999) modified to include sub-types of body dissatisfaction as well as cosmetic procedure outcomes.

It is also possible that site-specific dissatisfaction focused on differing body sites leads to different cosmetic procedures. Weight-related site-specific dissatisfaction is characteristic of individuals who are dissatisfied with weight-related body parts such as the thighs, hips, stomach, and buttocks (Thompson et al., 1999). These individuals might be more likely to desire weight-related cosmetic procedures, including liposuction, abdominoplasty, or endermology (nonsurgical cellulite reduction procedure). In addition, individuals with weight-related site-specific dissatisfaction might be more likely to partake in maladaptive eating behaviors.

Individuals experiencing non-weight-related site-specific dissatisfaction are dissatisfied with features of their bodies that are not related to weight concerns, such as the nose, ears, or wrinkles in the face. These individuals might be more likely to desire cosmetic procedures that are not related to weight. Examples of such procedures include, face lifts, Botox injections, and rhinoplasty.

Pilot Study

Because of the limited work in this area, a pilot study was conducted to inform the specific methods and procedures of the thesis. A sample of 48 females completed a variety of measures, including a viewership measure created for this study (Appendix K), cosmetic surgery measures (Appendices G - J), measures of body image (Appendices B-F), and a demographic questionnaire (Appendix A). The primary goal of the pilot study was the evaluation of the new viewership measure (to determine if a lengthy vs. shortened measure would be most informative), examination of multiple cosmetic surgery surveys, and to initially rule out the role of disgust sensitivity in viewing cosmetic makeover shows (i.e., to determine if this variable should be included in the

thesis as a covariate). With this in mind, pilot data analyses resulted in a number of modifications to the survey packet (refer to the method section below for descriptions of the measures).

In looking at the frequency data for the viewership measure, it was decided that the open-ended portion of each item that asks participants to estimate how many hours they spend watching a particular show was not eliciting information above and beyond the likert response portion of the items. Therefore, only the likert scale items were retained for the primary study. Additionally, correlations were run between all items of the viewership measure (each genre of programming) and the body image and cosmetic surgery measures. Interestingly, significant correlations were found between a number of viewership items (other than the reality cosmetic makeover shows) and several body image cosmetic surgery indices. These preliminary findings suggested that body image and cosmetic surgery attitudes could be related to television programming other than reality cosmetic makeover shows. Because these findings were both unexpected and interesting, all items of the viewership measure (with the exception of the open-ended questions mentioned above) were retained for the primary study.

The internal consistency of the cosmetic surgery measures and the convergence between them was also assessed. All of the cosmetic surgery measures demonstrated high internal consistency reliability and most were intercorrelated. Despite the significant correlations found between cosmetic surgery measures, all were retained for the primary study because of the unique information that they provide. The ACSS contains subscales that add additional dimensions to the construct of cosmetic surgery attitudes that the CSAQ does not provide. Additionally, the CSAQ assesses valuable information

regarding actual attainment of procedures and future intent to undergo such procedures. The CPPS was also retained because it taps into perceived pressures to have cosmetic surgery from various sources. The AES provides data on desire for specific procedures, thereby providing useful information for hypothesis testing in the primary study.

Finally, a Pearson correlation between level of disgust sensitivity and reality cosmetic makeover viewership was conducted and a significant relationship was not found. As a result, it is unlikely that disgust sensitivity is moderating viewership of these programs, and the disgust sensitivity measure (Disgust Scale: Haidt et al., 1994) was removed from the final survey packet.

Current Study

The current study was primarily designed to evaluate the relationships between viewership of reality cosmetic surgery programming, cosmetic surgery attitudes and behaviors, and body image dissatisfaction and eating pathology. The tripartite model was used as a framework for selection of variables to evaluate the relations among the constructs. The following specific hypotheses were offered.

Hypotheses

Hypothesis 1: Reality cosmetic makeover viewership will be positively correlated with desire for cosmetic procedures, a more accepting attitude toward these procedures, perceived pressure to undergo a cosmetic procedure, and actual decision to attain such procedures.

Hypothesis 2: Reality cosmetic makeover viewership will be positively correlated with body dissatisfaction and eating disturbance such that individuals who watch more reality cosmetic makeover shows will experience more dissatisfaction and disturbance.

Hypothesis 3: Level of weight-related site-specific dissatisfaction will be positively correlated with desire for and attainment of weight-related cosmetic procedures.

Hypothesis 4: Level of non-weight-related site-specific dissatisfaction will be positively correlated with desire for and attainment of non-weight-related cosmetic procedures.

Hypothesis 5: Reality cosmetic makeover viewership will be positively correlated with perceived safety of surgery.

Hypothesis 6: Level of weight-related site-specific dissatisfaction will be positively correlated with dietary restraint, an index of abnormal eating behaviors.

Hypothesis 7: Attitudes toward, desire for, or attainment of cosmetic surgery will not be significantly related to overall body dissatisfaction.

Hypothesis 8: Higher participant BMI will be associated with increased interest in and attainment of cosmetic procedures as well as a more positive attitude toward such procedures.

Method

Participants

Participants included female undergraduates recruited from the Psychology department at the University of South Florida via an online recruitment system. The only inclusion criterion required the participants to be at least 18 years of age, and all participants were compensated with course credit. The data for those participants who completed at least 75% of the online survey were included in the analyses thereby leaving a total sample size of 2057 females. The mean age of the sample was 20.75 (SD = 3.87) with an age range of 18 to 61 years. Most participants were Caucasian (64.3%), with 12.6% identifying as African American, 12.7% as Hispanic, 4.9% as Asian, 1.5% as Arab, and 4% of the sample chose "other". The mean BMI was 24.19 (SD = 5.07) falling within the upper extreme of the "normal" weight category.

Measures

The administered measures can be conceptualized as belonging to one of three primary clusters: Body Image and Eating Disorder Measures, Cosmetic Procedure Measures, and a Television Viewership Measure.

Demographic Questionnaire

Participants were asked to provide information including their age, height, weight, and race/ethnicity. Body mass index (BMI) was computed using self-reported height and weight (See appendix A).

Body Image and Eating Disorder Measures

Multi-dimensional Body Self Relations Questionnaire- Appearance Evaluation Subscale (MBSRQ-AE)

The MBSRQ-AE (Cash, 1994a; 1994b; 1995; 1996; 1997) is a widely used measure of overall appearance satisfaction and evaluation. The 7-item scale consists of questions such as "My body is sexually appealing" and "I dislike my physique" (See Appendix B). Participants are asked to match their agreement with these statements on a likert scale from 1 (Definitely Disagree) to 5 (Definitely Agree). A high score on the AE subscale is indicative of greater appearance satisfaction. In a sample of over 2,000 males and females, the AES has an internal consistency of .88 and a test-retest reliability of .81 (Cash, 1994b). The internal consistency reliability for the current study was high (.907).

Multi-dimensional Body Self Relations Questionnaire- Body Areas Satisfaction Subscale (MBSRQ-BASS)

The MBSRQ-BASS is a measure of body site satisfaction (T.A. Brown, Cash, & Mikulka, 1990; Cash, 1994a; Cash, 1994b). The BASS assesses dissatisfaction with both weight-related (mid torso) and non-weight-related (face) body sites. Participants are asked to indicate how satisfied/dissatisfied they are with different areas of the body on a likert scale from 1 (Very Dissatisfied) to 5 (Very Satisfied), with higher scores indicating greater satisfaction. The BASS has an internal consistency of .77 and a test-retest reliability of .86 in a sample of men and women (Cash, 1994b). For the current study, the Cronbach's alpha was .837. See Appendix C for the scale.

Sociocultural Attitudes Towards Appearance Questionnaire-3: Internalization-General and Internalization-Athlete Subscales (SATAQ-3-Internalization-General and Internalization-Athlete Subscales)

The SATAQ-3 (Thompson et al., 2004) is the latest revision and extension of the SATAQ (Cusumano & Thompson, 1997) and the SATAQ-R (Heinberg et al., 1995). The SATAQ-3 is comprised of four dimensions of media influence: awareness, internalization, pressures, and information as opposed to the two-factor structure (internalization and awareness) of the SATAQ-R. The current revision also divides the Internalization subscale into general media internalization and athletic and sports figure internalization. The Internalization-General subscale consists of 9 items with a response set of 1(Definitely Disagree) to 5(Definitely Agree). Items include such statements as "I would like my body to look like the people who are on TV" and "I compare my appearance to the people in magazines." The Internalization-Athlete subscale consists of 5 items and uses the same response set. Items include "I try to look like sports athletes" and "I compare my body to people who are athletic." The internal consistencies for the Internalization-General and Internalization-Athlete subscales are .92 and .89 respectively. Cronbach's alpha for the total internalization scale was high for the current study (.949). See Appendix D for the scale.

Appearance Schemas Inventory-Revised (ASI-R)

The ASI-R (Cash et al, 2004) is a twenty-item measure of psychological investment in appearance (See appendix E). The ASI-R is composed of two subscales supported by principle component analysis: the Self-Evaluative Salience of Appearance Subscale (12 items) and the Motivational Salience of Appearance Subscale (8 items).

The ASI-R has demonstrated internal consistencies of .90 and .88 for males and females respectively. The Cronbach's alpha was .881 for the current study.

Eating Disorder Inventory-3-Drive for Thinness, Body Dissatisfaction, and Bulimia Subscales (EDI-3-DT, EDI-3-BD, & EDI-3-B)

The EDI-3 (Garner, 2004) is the latest revision and extension of the EDI (Garner, 1983) and the EDI-2 (Garner, 1991). The EDI-3 is a self-report measure of symptoms related to the development and proliferation of anorexia nervosa, bulimia nervosa, and eating disorder not otherwise specified (EDNOS). The drive for thinness, body dissatisfaction, and bulimia subscales were used to assess eating disorder symptomatology in the current study. Drive for thinness, in particular, is a measure of dietary restraint and is considered to be one of the central features of eating disorders and is considered a necessary diagnostic criterion in many classification systems (Garner, 2004). The Bulimia subscale assesses inclination to binge-eat, a cardinal feature of Bulimia Nervosa. The Body Dissatisfaction subscale measures discontentment with specific body areas.

The normative sample for the EDI-3 consisted of female adolescents and adults diagnosed with eating disorders. The EDI-3-DT subscale has an internal consistency ranging from .81-.91 in an adult population and .87-.93 in an adolescent population. The test-retest reliability for the Drive for Thinness subscale is .95 in a sub-sample of 15-55 year-old females. The bulimia subscale has an internal consistency ranging from .63-.90 in an adult population and .63-.93 in an adolescent population. The body dissatisfaction subscale has an internal consistency ranging from .91-.92 in an adult population and from .91-.96 in a sample of adolescents. Finally, the test-retest reliability for the three

subscales was assessed in a sub-sample of 15-55 year-olds and was found to be high (DT: .95, B: .94, DT: .95). For the current study, alpha coefficients for the subscales ranged from adequate to high (DT: .94, B: .90, BD: .89; See appendix F for the measure).

Cosmetic Procedure Measures

Appearance Enhancement Scale (AES)

The Appearance Enhancement Scale (Frederickson, 2005) was created to assess interest in a variety of cosmetic products and procedures. Male and female versions of the measure exist, with the male version including additional male cosmetic procedures (e.g. penis enhancement pills) and the female version containing additional female cosmetic procedures (e.g. breast lift). For the current study, a modified version of the measure was used that incorporated three male procedures within the female version due to the fact that male participants were also assessed as part of another study. Although the AES is comprised of two sections, only the interest scale was used for the purposes of this study. Items assess desire for specific cosmetic procedures, and participants are asked to rate their interest in obtaining or using a number of procedures/products on a likert scale from 1 (Not at all interested) to 5 (Extremely interested). In an attempt to minimize potential confounding effects of SES, participants are asked to imagine that "cost is not an issue" in determining their interest in these procedures. In should be noted that the measure was slightly modified for the current study by eliminating an additional instruction that asks participants to imagine that all procedures are "safe and effective." Because reality cosmetic makeover viewership is being assessed as a possible correlate of interest in cosmetic procedures, and it is predicted that these shows engender the idea that cosmetic procedures are safe and effective, it is possible that retaining this instruction

would wash out the effect of reality viewership. The internal consistency reliability for the AES interest scale in the current study was high (.925). See appendix G for a copy of the measure.

Acceptance of Cosmetic Surgery Scale (ACSS)

The ACSS was created by Henderson-King and Henderson-King (2005) as a measure of attitudes towards cosmetic surgery as means of changing physical appearance. The ACSS is comprised of three subscales, each consisting of 5 items (See Appendix H). The Intrapersonal subscale measures the degree to which one believes cosmetic surgery offers intrapsychic benefits or self-image improvements. The Social subscale measures one's beliefs about the social, or inter-personal benefits of cosmetic surgery. Finally, the Consider subscale measures the likelihood that an individual would undergo cosmetic surgery. The internal consistencies of the three subscales across four studies are high, ranging from .84 to .92. Convergent validity has also been established between the ACSS and the Miller Cox Attitudes About Makeup Scale (Miller & Cox, 1982), suggesting that individuals who are more likely to endorse the use of makeup are more accepting of cosmetic surgery (Henderson-King & Henderson-King, 2005). Additionally, the test-retest reliabilities of all ACSS subscales are acceptable, ranging from r=.62 (Social) to r=.82 (Consider). Internal consistency reliabilities for the current study were high (Full scale: .955; Social: .905, Intrapersonal: .932; Consider: .926).

Cosmetic Surgery Attitudes Questionnaire (CSAQ)

The CSAQ (Sarwer et al, 2005) is a measure of attitudes toward and experiences with cosmetic surgery. Cosmetic surgery attitudes are assessed in the first portion of the questionnaire with items such as "I think people should do whatever they want to look

good". The response set is a likert scale ranging from 1 "strongly disagree" to 5 "strongly agree". In the latter portion of the survey, participants provide information regarding whether or not they had undergone cosmetic surgery, a member of the family had undergone cosmetic surgery, and whether or not anyone they know had undergone cosmetic surgery in the past. They are asked which procedures they are familiar with, and which procedures they or anyone know to them have undergone. Participants are asked whether they would consider cosmetic surgery in the near future, in middle age, and in their 60's. Because this measure was created to assess the cosmetic surgery attitudes of females, and data was collected as part of another study, it was necessary to add popular male procedures (ASPS, 2005) to the second portion of the measure that assesses familiarity with and desire for individual procedures. *Breast reduction* was divided into a male and female item, and *laser hair removal* and *hair transplantation* were added to the list of procedures (See appendix I). The Cronbach's alpha for the current study was .845.

Cosmetic Procedure Pressures Scale (CPPS)

The Cosmetic Procedure Pressures Scale (CPPS) was created for this study in order to assess perceived sociocultural pressures to obtain cosmetic procedures. Sources of pressure imbedded in the scale include (1) media, (2) parents, (3) female peers, (4) male peers, and (5) significant other. These sources have been the most widely accepted influences leading toward internalization of societal ideals and have been outlined in the Tripartite model of core influences: Peers, parents and media (Thompson et al., 1999). Participants are asked to rate their feelings on questions such as "I feel pressure from my

female peers to have cosmetic surgery" using a likert scale from 1 (Strongly disagree) to 5 (Strongly agree) (See appendix J). Cronbach's alpha for the current study was .834.

Viewership Measure

Television Viewership Measure (TVM)

The Television Viewership Measure was created for the purpose of this study. Instructions ask participants to rate how frequently they watch different genres of television programming on a likert scale from "Never" to "Very often" using a television program clustering technique adopted from Nabi et al. (2003). Between two and seven examples are provided for each genre. Items 1-8 include several types of reality programming, with item 7 assessing reality cosmetic surgery program viewership, and item 8 assessing reality fashion/style makeover viewership. The remainder of the measure is comprised of items assessing viewership of other classes of programming, such as sitcoms, sports television, and dramas. The content validity of the TVM was increased with an expert panel review of the measure (See appendix K).

Procedure

Participants were administered the above measures via the University of South Florida's online survey system ExperimenTrak. The body image and eating disorder measures were administered first to prevent potential priming or test sensitization of these trait measures. The MBSRQ-AES was presented first, followed by the MBSRQ-BASS, the BIDQ, the SATAQ-3-Internalization subscales, the ASI-R, and the EDI-3. Next, the cosmetic surgery surveys were administered (e.g., AES, the ACSS, the CSAQ, and the CPPS) followed by the Television Viewership Measure.

Research Design and Analyses

Simple Pearson correlations were initially computed to determine if significant relationships exist among the study variables. Multiple regressions were then conducted to elucidate the unique predictive ability of the covariates on the body image and cosmetic surgery outcomes of interest. Because little is known about the relationships among the study variables, all predictor variables were entered simultaneously. Listwise deletion was used to handle missing data in all analyses. This procedure was optimal given the large sample size, sufficient power, and relatively sparse missing data. For the current study, listwise deletion is preferred over other methods, such as mean or regression imputation because it avoids the problem of artificial inflation of standard error (Allison, 2003). The analyses as guided by the individual hypotheses are as follows:

Hypothesis 1: *Reality cosmetic makeover viewership will be positively correlated with desire for cosmetic procedures, a more accepting attitude toward these procedures, perceived pressure to undergo a cosmetic procedure, and actual decision to attain such procedures*. This hypothesis was tested by conducting Pearson correlations between item 7 of the TV viewership measure (How often do you watch reality shows that involve plastic/cosmetic surgery makeovers?) and the following cosmetic measures: the Appearance Enhancement Scale (a measure of desire for procedures), the Attitudes towards Cosmetic Surgery Scale (composite and subscales), the Cosmetic Surgery Attitudes Questionnaire attitude composite, the Cosmetic Procedure Pressures Scale, and item 13 of the Cosmetic Surgery Attitudes Questionnaire (Have you ever had cosmetic surgery?). The reality cosmetic surgery viewership item was subsequently entered into a

series of multiple regressions (one regression for each cosmetic surgery outcome) along with the other reality viewership items (fashion/style makeover shows, "other" reality programming) and additional viewership items (e.g. sitcoms) that were significantly related to a specific cosmetic surgery outcome (e.g. AES) to determine the extent to which the viewership items uniquely predict each cosmetic surgery outcome.

Hypothesis 2: *Reality cosmetic makeover viewership will be positively correlated with body dissatisfaction and disturbance such that individuals who watch more reality cosmetic makeover shows will experience more dissatisfaction and disturbance*. This hypothesis was tested by examining the Pearson correlations between the MBSRQ-BASS, MBSRQ-AES, ASI-R, EDI-DT/BD/B, and SATAQ-3-Internalization Subscales, and item 7of the TV viewership measure. Again, a series of multiple regressions followed to elucidate the unique predictive ability of significantly related viewership items on each body image outcome.

Hypothesis 3: *Level of weight-related site-specific dissatisfaction will be positively correlated with desire for and attainment of weight-related cosmetic procedures*. This was tested by correlating a composite of the weight-related body site items of the MBSRQ-BASS (lower torso, mid torso, and weight) with composites of the weight-related body site items of the AES (abdominal liposuction, lower body liposuction, buttock lift, and abdominoplasty), item 17 (Which procedures would you consider having in the near future?) of the CSAQ (lipoplasty, abdominoplasty, and cellulite treatment), and item 15 of the CSAQ (The procedures I have had; same procedures as in item 17 above).

Hypothesis 4: *Level of non-weight-related site-specific dissatisfaction will be positively correlated with desire for and attainment of non-weight-related cosmetic procedures*. This hypothesis was assessed by correlating the facial item of the MBSRQ-BASS (item 1) with composites of the facial body site items of the AES (cosmetic dentistry, rhinoplasty, mentoplasty, botox, facelift, laser rejuvenation, lip augmentation, blepharoplasty, and cheek implants), item 17 (Which procedure would you consider having in the near future?) of the CSAQ (rhinoplasty, facelift, blepharoplasty, chemical peel, and botox injection) and item 15 (Which procedures have you had?) of the CSAQ (same procedures as in item 17). Additionally, as another index of non-weight-related body sites and procedures, the hair body site item of the MBSRQ-BASS was correlated with the composite hair-related procedure score on the AES (hair plugs, electrolysis, and hair dye) and the hair transplantation procedure from items 15 and 17 of the CSAQ.

Hypothesis 5: *Reality cosmetic makeover viewership will be positively correlated with perceived safety of surgery*. This was assessed by correlating item 7 from the viewership measure with item 1 of the CSAQ ("I am fearful of undergoing surgical procedures").

Hypothesis 6: *Level of weight-related site-specific dissatisfaction will be positively correlated with dietary restraint, an index of abnormal eating behaviors*. This hypothesis was tested by examining the Pearson correlation between the EDI-DT and the composite of the weight-related body site items of the MBSRQ-BASS.

Hypothesis 7: *Attitudes toward, desire for, or attainment of cosmetic surgery will not be significantly related to overall body dissatisfaction*. To test this hypothesis, Pearson correlations were conducted between the MBSRQ-AES and several cosmetic

surgery indices: the Appearance Enhancement Scale (a measure of desire for procedures), the Attitudes towards Cosmetic Surgery Scale (composite and subscales), the Cosmetic Surgery Attitudes Questionnaire attitude composite, and item 13 of the Cosmetic Surgery Attitudes Questionnaire (Have you ever had cosmetic surgery?).

Hypothesis 8: *Higher participant BMI will be associated with increased interest in and attainment of cosmetic procedures as well as a more positive attitude toward such procedures.* ANOVAs were conducted on the cosmetic surgery variables using BMI as the independent variable. For these analyses, BMI was divided into four categories: underweight=BMI less than 19, average weight=BMI between 19-24.9, over-weight=BMI between 25-29.9, and obese=BMI greater than or equal to 30.

Results

Means and standard deviations for the primary body image and cosmetic surgery measures are presented in Table 1 below. Similarly, descriptives for the primary viewership indices are provided in Table 2.

Table 1. Item and scale means and standard deviations

Scale	**Score Range (Scale Range)**	**Mean (Scale Mean)**	**SD (Scale SD)**
Overall body image (MBSRQ-AE)	1-5 (7-35)	3.44 (24.08)	.84 (5.88)
Body site satisfaction (MBSRQ-BASS)	1-5 (9-45)	3.45 (31.05)	.70 (6.3)
Internalization (SATAQ-3)	1-5 (14-70)	2.99 (41.86)	.92 (12.88)
Investment in appearance (ASI-R)	1-5 (20-100)	3.43 (68.6)	.56 (11.2)
Dietary restraint (EDI-DT)	1-6 (7-42)	3.80 (26.6)	1.36 (9.52)
Body dissatisfaction (EDI-BD)	1-6 (9-54)	3.57 (32.13)	1.11 (9.99)
Bulimic symptoms (EDI-B)	1-6 (7-42)	4.90 (34.3)	1.05 (7.35)
Cosmetic procedure interest (AES)	1-5 (38-190)	1.71 (64.98)	.58 (22.04)
Cosmetic surgery attitudes (ACSS)	1-7 (15-105)	4.07 (61.05)	1.55 (23.25)
Cosmetic surgery attitudes (CSAQ)	1-5 (10-50)	2.95 (29.5)	.79 (7.9)
Perceived pressure (CPPS)	1-5 (5-25)	1.79 (8.95)	.85 (4.25)

Table 2. Means and standard deviations for the viewership indices

Viewership Index	Score Range	Mean	SD
Reality cosmetic surgery makeovers	1-5	2.23	1.16
Reality fashion/style makeovers	1-5	2.46	1.19
"Other" reality	1-5	2.50	.82
Talk shows	1-5	1.96	.97
Entertainment news shows	1-5	2.03	1.06
News magazine programming	1-5	1.83	1.03
Dramas	1-5	2.92	1.33

Reliability Analysis: Cosmetic Surgery Measures

Prior to the primary analyses, internal consistency reliability analyses were run for all cosmetic surgery indices. Table 3 provides the Cronbach's alpha values for each cosmetic surgery measure.

Table 3. Internal consistency reliability of the cosmetic surgery measures

	Cronbach's Alpha
Cosmetic surgery interest (AES)	.925
Cosmetic surgery attitudes (ACSS-T)	.955
Intrapersonal benefits of cosmetic surgery (ACSS-I)	.932
Social benefits of cosmetic surgery (ACSS-S)	.905
Consideration of cosmetic surgery (ACSS-C)	.926
Cosmetic surgery attitudes (CSAQ)	.834

Cosmetic Procedure Frequency

Six point four percent of study participants reported having undergone a cosmetic procedure in the past. Thirty-nine point two percent know a family member that has undergone one or more cosmetic procedures, and 71.5 percent wish to undergo a procedure in the near future. Sixty-four point six percent of the undergraduate females sampled would consider having cosmetic surgery when they reach middle age, and 40.5 percent would consider a cosmetic procedure when they are "old".

Results by Hypothesis

Hypothesis 1: It was hypothesized that reality cosmetic surgery program viewership would be significantly related to attitudes toward cosmetic surgery, desire for cosmetic surgery, perceived pressure to undergo a cosmetic procedure, and actual attainment of a procedure. Viewership of reality cosmetic makeover shows was significantly related to interest in cosmetic procedures (AES; $r=.292$, $p<.001$), cosmetic surgery attitudes (ACSS-T; $r=.337$, $p<.001$, CSAQ; $r=.363$, $p<.001$), belief in the intrapersonal benefits of cosmetic surgery (ACSS-I; $r=.288$, $p<.001$), belief in the social benefits of cosmetic surgery (ACSS-S; $r=.331$, $p<.001$), consideration of surgery (ACSS-C; $r=.291$, $p<.001$), history of cosmetic surgery ($r=.090$, $p<.001$), and perceived pressure to have cosmetic surgery (CPPS; $r=.267$, $p<.001$).

Viewership of reality fashion/style makeovers, "other" reality programming, and viewership of other genres of television programming (e.g. entertainment news shows, dramas, comedies) was, on occasion, significantly related to the cosmetic surgery indices as well (See Table 4 for correlation coefficients and p-values). To determine the unique

ability of the viewership variables to predict the cosmetic surgery outcomes, a series of multiple regressions was subsequently conducted using the reality viewership indices as well as other significantly related viewership indices (e.g. dramas) as the predictor variables, and individual cosmetic surgery outcomes as the DV in each regression. Table 4 includes Betas and p-values for all viewership variables entered into the multiple regressions.

Table 4. Correlation coefficients, standardized Beta coefficients, and corresponding p-values for the correlations between viewership indices and cosmetic surgery outcomes and the regression predicting individual cosmetic surgery outcomes from significantly related viewership items

Viewership Variable	Cosmetic Surgery Interest (AES)	Attitudes Toward Cosmetic Surgery (ACSS-T)	Belief in Intrapsychic Benefits of Cosmetic Surgery (ACSS-I)	Belief in Social Benefits of Cosmetic Surgery (ACSS-S)	Consideration of Cosmetic Surgery (ACSS-C)	Cosmetic Surgery Attitudes (CSAQ)	Perceived Pressure to have Cosmetic Surgery (CPPS)	History of Cosmetic Surgery
Reality Cosmetic Surgery	.292*** (<.001)	.337*** (<.001)	.288*** (<.001)	.331*** (<.001)	.291*** (<.001)	.363*** (<.001)	.267*** (<.001)	.090*** (<.001)
	β= .229***, p< .001	β= .337***, p< .001	β= .301***, p< .001	β= .319***, p< .001	β= .291***, p< .001	β= .375***, p< .001	β= .215***, p< .001	β= .107***, p< .001
Reality Fashion/ style	.190*** (<.001)	.164*** (<.001)	.139*** (<.001)	.165*** (<.001)	.139*** (<.001)	.152*** (<.001)	.158*** (<.001)	.010 (.678)
	β= .059*, p= .038	β= .028, p= .313	β= .031, p= .282	β= .030, p= .284	β= .020, p= .480	β= .000, p= .997	β= .026, p= .369	β= -.033, p= .262
"Other" Reality	.165*** (<.001)	.125*** (<.001)	.087** (.001)	.140*** (<.001)	.108*** (<.001)	.132*** (<.001)	.177*** (<.001)	.011 (.655)
	β= -.048, p= .118	β= -.083**, p= .005	β= -.095**, p= .002	β= -.055, p= .075	β= -.071*, p= .020	β= -.079**, p= .008	β= .038, p= .220	β= -.046, p= .140
Talk shows	.140*** (<.001)	.032 (.196)	.000 (.988)	.077** (.002)	.009 (.708)	.083** (.001)	.090*** (<.001)	.034 (.179)
	β= .014, p= .650			β= -.035, p= .223		β= -.013, p= .655	β= -.029, p= .341	
Late night talk shows	.123*** (<.001)	.034 (.179)	.030 (.232)	.061* (.015)	.002 (.938)	.051* (.043)	.086** (.001)	-.019 (.449)
	β= .035, p= .211			β= .001, p= .958		β= -.019, p= .477	β= .034, p= .226	
Comedies	.112*** (<.001)	.071** (.005)	.077** (.002)	.062* (.013)	.053* (.033)	.080** (.001)	.057* (.024)	-.010 (.690)
	β= .056*, p= .030	β= .027, p= .258	β= .042, p= .087	β= .019, p= .446	β= .014, p= .555	β= .042, p= .094	β= .006, p= .826	

Table 4 (Continued).

Game shows	.102*** (<.001)	.017 (.503)	-.020 (.417)	.066** (.008)	-.002 (.932)	.034 (.179)	.067** (.007)	-.002 (.945)
	β= .012, p= .649			β= .001, p= .984			β= -.011, p= .681	
Entertain-ment news shows	.210*** (<.001)	.141*** (<.001)	.092*** (<.001)	.164*** (<.001)	.121*** (<.001)	.147*** (<.001)	.160*** (<.001)	.055* (.030)
	β= .106***, p< .001	β= .028, p= .289	β= -.008, p= .771	β= .067*, p= .017	β= .024, p= .375	β= .035, p= .207	β= .061*, p= .034	β= .023, p= .433
Sitcoms	.043 (.085)	.032 (.207)	.035 (.158)	.021 (.403)	.030 (.237)	.021 (.410)	-.002 (.943)	-.009 (.722)
News magazine programm ing	.082** (.001)	.028 (.265)	.020 (.427)	.043 (.084)	.013 (.614)	.067** (.008)	.070** (.005)	.073** (.004)
	β= -.043, p= .128					β= -.005, p= .843	β= -.005, p= .868	β= .061*, p= .024
Dramas	.124*** (<.001)	.135*** (<.001)	.139** (.001)	.102*** (<.001)	.125*** (<.001)	.146*** (<.001)	.089** (.001)	.042 (.093)
	β= .040, p= .114	β= .068**, p= .006	β= .086**, p= .001	β= .032, p= .191	β= .069**, p= .006	β= .080**, p= .001	β= .021, p= .414	
Sports	.029 (.253)	-.014 (.583)	-.028 (.269)	-.002 (.950)	-.009 (.707)	.028 (.262)	.037 (.144)	.046 (.064)
Soap operas	.088*** (<.001)	-.003 (.895)	-.016 (.515)	.025 (.317)	-.018 (.479)	.022 (.380)	.044 (.077)	.013 (.593)
	β= .029, p= .245							

Note: Listwise N=1592
***p<.001
**p<.01
*p<.05

If a non-reality viewership item was significantly related to an outcome, it was entered into the regression as a covariate. All reality viewership indices were entered into each regression. Covariates that were significant predictors of outcomes are highlighted in pink.

The overall model predicting interest in cosmetic surgery was significant (F(11,1582) = 17.755, p<.001), with viewership of reality cosmetic makeover shows (β = .229, p<.001), reality fashion/style programming (β = .059, p=.038), comedies (β = .056, p=.030), and entertainment news shows (β = .106, p<.001) significantly predicting unique variance in AES total score. The two models predicting cosmetic surgery attitudes were significant (ACSS-T: F(6,1586) = 36.998, p<.001, CSAQ: F(9,1583) =

29.520, p<.001), with viewership of reality cosmetic surgery shows (ACSS-T: β = .337, p<.001, CSAQ: β = .375, p<.001), "other" reality shows (ACSS-T: β = -.083, p=.005, β = -.079, p<.008), and dramas (ACSS-T: β = .068, p=.006, CSAQ: β = .080, p=.001) predicting unique variance in both ACSS and CSAQ total scores. Interestingly, the same set of viewership variables significantly predicted both indices of cosmetic surgery attitudes, and viewership of reality cosmetic makeover shows accounted for the largest degree of variance in attitudes (ACSS-T: 7.67%, CSAQ: 9.55%) relative to the other viewership variables (See Tables 5 through 12 for multiple regression results).

The model predicting perceived intrapersonal benefits of cosmetic surgery was significant (F(6,1586) = 28.397, p<.001), with viewership of reality cosmetic surgery shows (β = .301, p<.001), "other" reality shows (β = -.095, p=.002), and dramas (β = .086, p=.001) significantly predicting scores on the Intrapersonal subscale of the ACSS. Likewise, the model predicting perceived social benefits of cosmetic surgery was significant (F(9,1583) = 23.011, p<.001), with reality cosmetic surgery program viewership (β = .319, p<.001), and viewership of entertainment news shows (β = .067, p=.017) significantly predicting ACSS-S score. The model predicting consideration of cosmetic surgery was also significant (F(6,1686) = 26.829, p<.001), with viewership of reality cosmetic surgery shows (β = .291, p<.001), "other" reality programming (β = -.071, p=.020), and dramas (β = .069, p=.006) significantly predicting ACSS-C score. The model predicting actual attainment of cosmetic surgery was significant as well (F(5,1587) = 4.636, p<.001), with reality cosmetic surgery makeover viewership (β = .107, p<.001) and viewership of news magazine programming (β = .061, p=.024)

significantly predicting whether or not a participant has undergone a cosmetic procedure in the past. Finally, the model predicting perceived pressure to undergo cosmetic surgery was significant (F(10,1583) = 13.696, p<.001), with viewership of reality cosmetic surgery shows (β = .215, p<.001) and news magazine programming (β = .061, p=.034) significantly predicting CPPS score. Refer to Tables 5 through 12 for regression results.

Table 5. Significant viewership predictors of interest in cosmetic procedures (AES)

Overall Model: F(11,1582) = 17.755, p<.001		**R^2** = .110	**Adjusted R^2** = .104	
		(including all original predictor variables)		
Viewership Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Reality Cosmetic Surgery	0.229	< .001	.0353	
Reality Fashion/style	0.059	.038	.0024	
Comedies	0.056	.030	.0026	
Entertainment news shows	0.106	< .001	.0077	

Table 6. Significant viewership predictors of cosmetic surgery attitudes (ACSS-T)

Overall Model: F(6,1586) = 36.998, p<.001		**R^2** = .123	**Adjusted R^2** = .119	
		(including all original predictor variables)		
Viewership Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Reality Cosmetic Surgery	0.337	< .001	.0767	
"Other" Reality	-0.083	.005	.0044	
Dramas	0.068	.006	.0042	

Table 7. Significant viewership predictors of perceived intrapsychic benefits of cosmetic surgery (ACSS-I)

Overall Model: F(6,1586) = 28.397, p<.001		**R^2** = .097	**Adjusted R^2** = .094	
		(including all original predictor variables)		
Viewership Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Reality Cosmetic Surgery	0.301	< .001	.0610	
"Other" Reality	-0.095	.002	.0058	
Dramas	0.086	.001	.0067	

Table 8. Significant viewership predictors of perceived social benefits of cosmetic surgery (ACSS-S)

Overall Model: F(9,1583) = 23.011, p<.001			**R^2** = .116	**Adjusted R^2** = .111
			(including all original predictor variables)	
Viewership Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Reality Cosmetic Surgery	0.319	< .001	.0691	
Entertainment news shows	0.067	.017	.0031	

Table 9. Significant viewership predictors of consideration of cosmetic surgery (ACSS-C)

Overall Model: F(6,1586) = 26.829, p<.001			**R^2** = .092	**Adjusted R^2** = .089
			(including all original predictor variables)	
Viewership Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Reality Cosmetic Surgery	0.291	< .001	.0576	
"Other" Reality	-0.071	.020	.0031	
Dramas	0.069	.006	.0044	

Table 10. Significant viewership predictors of cosmetic surgery attitudes (CSAQ)

Overall Model: F(9,1583) = 29.520, p<.001			**R^2** = .144	**Adjusted R^2** = .139
			(including all original predictor variables)	
Viewership Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Reality Cosmetic Surgery	0.375	< .001	.0955	
"Other" Reality	-0.079	.008	.0037	
Dramas	0.080	.001	.0058	

Table 11. Significant viewership predictors of perceived pressure to have cosmetic surgery (CPPS)

Overall Model: F(10,1583) = 13.696, p<.001			**R^2** = .080	**Adjusted R^2** = .074
			(including all original predictor variables)	
Viewership Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Reality Cosmetic Surgery	0.215	< .001	.0313	
Entertainment news shows	0.061	.034	.0026	

Table 12. Significant viewership predictors of history of cosmetic surgery

Overall Model: F(5,1587) = 4.636, p<.001			**R^2** = .014	**Adjusted R^2** = .011
			(including all original predictor variables)	
Viewership Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Reality Cosmetic Surgery	0.107	< .001	.0079	
News magazine	0.061	.024	.0031	

Hypothesis 2: It was hypothesized that reality cosmetic makeover viewership would be positively correlated with body dissatisfaction and eating disturbance such that individuals who watch more reality cosmetic makeover shows will experience more dissatisfaction and disturbance. The study findings support this hypothesis in that viewership of reality cosmetic makeover shows was significantly related to all body image indices. In particular, viewership of these shows was significantly correlated with overall body dissatisfaction (MBSRQ-AE; r=.070, p<.01), body site dissatisfaction (MBSRQ-BASS; r=.56, p<.05), thin ideal internalization (SATAQ-3; r=.220, p<.001), and psychological investment in appearance (ASI; r=.194, p<.001). In addition, viewership of reality cosmetic surgery makeover shows was significantly related to dietary restraint (EDI-DT; r=.185, p<.001), bulimic symptomatology (EDI-B; r=.172, p<.001), and body dissatisfaction (EDI-BD; r=.094, p<.001).

Viewership of other forms of reality television programming, such as reality fashion/style makeovers, was also significantly related to many of the body image indices. In addition, other forms of non-reality programming, dramas and entertainment news shows in particular, were significantly related to the body image outcomes (see Table 13 for correlation coefficients and p-values). To determine the unique ability of the viewership indices to predict the body image variables, a series of multiple

regressions were subsequently conducted using significantly correlated viewership indices as the IVs, and each body image measure as the DV in individual regressions. Table 13 includes Betas and p-values for all viewership items that were entered into the regressions.

Table 13. Correlation coefficients, standardized Beta coefficients, and corresponding p-values for the correlations between viewership indices and body image outcomes and the regression predicting individual body image outcomes from significantly related viewership items

Viewership Variable	Overall Body Satisfaction (MBSRQ-AE)	Body Site Satisfaction (MBSRQ-BASS)	Internalization (SATAQ-3)	Investment in Appearance (ASI-R)	Dietary Restraint (EDI-3-DT)	Body Dissatisfaction (EDI-3-BD)	Bulimic Symptoms (EDI-3-B)
Reality Cosmetic Surgery	-.070** (.005)	-.056* (.027)	.220*** (<.001)	.194*** (<.001)	.185*** (<.001)	.094** (<.001)	.172*** (<.001)
	β= -.071*, p= .017	β= -.054, p= .070	β= .175***, p< .001	β= .122***, p< .001	β= .147***, p< .001	β= .093**, p= .002	β= .134***, p< .001
Reality Fashion/style	-.065* (.010)	-.063* (.011)	.143*** (<.001)	.173*** (<.001)	.133*** (<.001)	.089*** (<.001)	.140*** (<.001)
	β= -.062*, p= .036	β= -.057, p= .056	β= .045, p= .124	β= .098**, p= .001	β= .064*, p= .029	β= .083**, p= .005	β= .080**, p= .007
"Other" Reality	-.003 (.902)	-.010 (.683)	.125*** (<.001)	.156*** (<.001)	.099*** (<.001)	.009 (.707)	.085** (.001)
	β= .061*, p= .043	β= .018, p= .566	β= -.020, p= .509	β= .041, p= .181	β= .025, p= .422	β= -.076*, p= .012	β= -.051, p= .102
Talk shows	-.020 (.422)	-.012 (.627)	.046 (.065)	.002 (.929)	.057* (.022)	.039 (.116)	.095 (<.001)
					β= -.023, p= .422		β= .033, p= .284
Late night talk shows	.017 (.495)	.020 (.427)	.018 (.478)	-.018 (.471)	-.006 (.801)	-.012 (.622)	.060* (.017)
							β= .012, p= .664
Comedies	.008 (.762)	.002 (.948)	.067** (.008)	.048 (.054)	.006 (.826)	-.007 (.787)	.022 (.388)
			β= .028, p= .275				
Game shows	-.010 (.693)	.007 (.787)	-.005 (.833)	-.015 (.548)	-.004 (.867)	-.013 (.593)	.030 (.228)
Entertainment news shows	-.009 (.716)	-.042 (.090)	.139*** (<.001)	.123** (.002)	.120*** (<.001)	.044 (.079)	.113*** (<.001)
			β= .059*, p= .034	β= .083**, p= .004	β= .065*, p= .023		β= .051, p= .083
Sitcoms	-.018 (.467)	-.007 (.793)	.056* (.026)	.026 (.302)	.029 (.253)	.029 (.252)	.000 (.999)
			β= .001, p= .976				

Table 13 (Continued).

News magazine programs	.013 (.606)	.028 (.262)	-.011 (.649)	-.067** (.008) β= -.150***, p< .001	.025 (.311)	.008 (.748)	.055* (.028) β= .011, p= .689
Dramas	-.044 (.077)	-.025 (.322)	.107*** (<.001) β= .051, p= .054	.073** (.004) β= .029, p= .245	.061* (.014) β= .016, p= .530	.042 (.094)	.025 (.317)
Sports	.048 (.057)	.093*** (<.001) β= .102***, p< .001	.019 (.460)	-.034 (.176)	-.008 (.758)	-.047 (.061)	-.038 (.133)
Soap operas	.022 (.374)	.000 (.990)	-.031 (.214)	-.016 (.522)	.013 (.610)	-.017 (.487)	.038 (.127)

Note: Listwise N=1594
***p<.001
**p<.01
*p<.05

If a non-reality viewership item was significantly related to an outcome, it was entered into the regression as a covariate. All reality viewership indices were entered into each regression. Covariates that were significant predictors of outcomes are highlighted in pink.

The overall model predicting body image from relevant viewership indices was significant ($F(3,1590) = 4.701$, $p<.01$), with reality cosmetic surgery viewership ($\beta = -0.071$, $p =.017$), reality fashion/style viewership ($\beta = -0.062$, $p =.036$), and "other" reality show viewership ($\beta = 0.061$, $p =.043$) predicting unique variance in MBSRQ-AE score (See Table 14). The overall model predicting body site satisfaction was significant ($F(4,1589) = 6.432$, $p<.001$), with viewership of sports programming ($\beta = .102$, $p<.001$) remaining the only significant predictor of body site satisfaction (See Table 15). Interestingly, those who report frequent viewership of sports programming report more satisfaction with specific body sites.

The regression equation predicting thin ideal internalization was also significant ($F(7,1586) = 13.897$, $p<.001$), with viewership of reality cosmetic surgery shows ($\beta = .175$, $p< .001$), and entertainment news shows ($\beta = .059$, $p<.05$) significantly predicting level of internalization (See Table 16). The overall model predicting level of investment

in appearance was significant (F(6,1587) = 19.699, p<.001), with viewership of reality cosmetic makeover shows (β = .122, p<.001), reality fashion/style makeovers (β = .098, p=.001), entertainment news shows (β = .083, p=.004), and news magazine programming (β = -.150, p<.001), predicting unique variance in ASI total score (See Table 17). Notably, viewership of news magazine programming was related to lower levels of investment as opposed to viewership of reality cosmetic surgery shows, reality fashion/style makeovers, and entertainment news shows, which were all related to higher levels of appearance investment.

The overall model predicting dietary restraint was significant (F(6,1587) = 11.240, p<.001), with viewership of reality cosmetic surgery makeovers (β = .147, p<.001), reality fashion/style makeovers (β = .064, p=.029), and entertainment news shows (β = .065, p=.023) remaining significant predictors of EDI-DT score (See Table 18). The model predicting bulimic symptoms was also significant (F(7,1586) = 9.162, p<.001), with reality cosmetic makeover viewership (β = .134, p<.001) and reality fashion/style viewership (β = .080, p=.007) significantly predicting EDI-B score (See Table 20).

Table 14. Significant viewership predictors of overall body satisfaction (MBSRQ-AE)

Overall Model: F(3,1590) = 4.701, p<.01			**R^2** = .009 (including all original predictor variables)	**Adjusted R^2** = .007
Viewership Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Reality Cosmetic Surgery	-0.071	.017	.0036	
Reality Fashion/style	-0.062	.036	.0027	
"Other" Reality	0.061	.043	.0026	

Table 15. Significant viewership predictors of body site satisfaction (MBSRQ-BASS)

Overall Model: F(4,1589) = 6.432, p<.001			R^2 = .016	**Adjusted R^2** = .013
			(including all original predictor variables)	
Viewership Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Sports	0.102	< .001	.0098	

Table 16. Significant viewership predictors of internalization (SATAQ-3)

Overall Model: F(7,1586) = 13.897, p<.001			R^2 = .058	**Adjusted R^2** = .054
			(including all original predictor variables)	
Viewership Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Reality Cosmetic Surgery	0.175	< .001	.0204	
Entertainment news shows	0.059	.034	.0027	

Table 17. Significant viewership predictors of appearance investment (ASI-R)

Overall Model: F(6,1587) = 19.699, p<.001			R^2 = .069	**Adjusted R^2** = .066
			(including all original predictor variables)	
Viewership Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Reality Cosmetic Surgery	0.122	< .001	.0102	
Reality Fashion/style	0.098	.001	.0067	
Entertainment news shows	0.083	.004	.0050	
News magazine programs	-0.150	< .001	.0193	

Table 18. Significant viewership predictors of dietary restraint (EDI-3-DT)

Overall Model: F(6,1587) = 11.240, p<.001			R^2 = .041	**Adjusted R^2** = .037
			(including all original predictor variables)	
Viewership Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Reality Cosmetic Surgery	0.147	< .001	.0146	
Reality Fashion/style	0.064	.029	.0029	
Entertainment news shows	0.065	.023	.0031	

Table 19. Significant viewership predictors of body dissatisfaction (EDI-3-BD)

Overall Model: F(3,1590) = 8.263, p<.001			**R^2** = .015	**Adjusted R^2** = .013
			(including all original predictor variables)	
Viewership Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Reality Cosmetic Surgery	0.093	.002	.0061	
Reality Fashion/style	0.083	.005	.0049	
"Other" Reality	-0.076	.012	.0038	

Table 20. Significant viewership predictors of bulimic symptomatology (EDI-3-B)

Overall Model: F(7,1586) = 9.162, p<.001			**R^2** = .039	**Adjusted R^2** = .035
			(including all original predictor variables)	
Viewership Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Reality Cosmetic Surgery	0.134	< .001	.0121	
Reality Fashion/style	0.080	.007	.0045	

Hypothesis 3: It was hypothesized that level of weight-related site-specific dissatisfaction would be positively correlated with desire for and attainment of weight-related cosmetic procedures. Dissatisfaction with weight-related body sites (MBSRQ-BASS) was significantly correlated with interest in weight-related cosmetic procedures (AES: r = .506, p<.001) and interest in weight-related procedures in the near future (CSAQ: r = .399, p<.001). Weight-related dissatisfaction was not significantly related to actual attainment of weight-related procedures (CSAQ: r = .015, p=.557). In testing the proposed model in which weight-related dissatisfaction is related specifically to interest in and attainment of weight-related procedures as opposed to cosmetic surgery in general, correlation coefficients were examined between weight-related dissatisfaction and the non-weight-related cosmetic surgery indices. Weight-related dissatisfaction was, in fact correlated with interest in non-weight-related procedures (hair: r=.204, p<.001, face:

r=.176, p<.001) and interest in a facial procedure in the near future (r=.094, p<.001). However, weight-related dissatisfaction was not significantly related to interest in a hair procedure in the near future (r=.040, p>.05) or actual attainment of a facial procedure (r=.021, p>.05).

Hypothesis 4: It was predicted that level of non-weight-related site-specific dissatisfaction would be positively correlated with desire for and attainment of non-weight-related cosmetic procedures. Level of dissatisfaction with one's face was significantly related to interest in facial procedures (r=.230, p<.001), desire for a facial cosmetic procedure in the near future (r=.175, p<.001), and actual attainment of a facial cosmetic procedure (r=.054, p=.031). In addition, dissatisfaction with one's hair was significantly related to interest in hair procedures (r=.121, p<.001) and interest in a hair-related procedure in the near future (r=.097, p<.001). Because none of the females surveyed reported having undergone hair transplantation in the past, analyses with this variable were not possible. Notably, when dissatisfaction with non-weight-related body sites (hair and face) was correlated with interest in and attainment of weight-related procedures, the correlation coefficients dropped substantially, with only interest in weight-related procedures (AES-weight) significantly correlating with non-weight-related dissatisfaction (hair: r=.070, p=.005, face: r=.099, p<.001). This provides modest support for the proposed model in which non-weight-related dissatisfaction leads to desire for and attainment of non-weight-related procedures as opposed to cosmetic procedures in general.

Hypothesis 5: It was hypothesized that viewership of reality cosmetic surgery makeover shows would be correlated with perceived safety of surgery. In fact, viewership of reality cosmetic surgery programming was significantly related to perceived safety of surgery ($r = .112$, $p<.001$) such that those who frequently watch reality cosmetic surgery makeover shows perceive surgery as safer than those who watch less frequently or not at all.

Hypothesis 6: It was predicted that level of weight-related site-specific dissatisfaction would be positively correlated with dietary restraint, an index of abnormal eating behaviors. This hypothesis was supported, and weight-related body site dissatisfaction was significantly related to dietary restraint as measure by the EDI-DT ($r=.584$, $p<.001$). To elucidate whether weight-related dissatisfaction uniquely predicts dietary restraint, the correlation coefficients were examined between non-weight-related dissatisfaction and dietary restraint. Both facial dissatisfaction ($r=.142$, $p<.001$) and hair dissatisfaction ($r=.083$, $p=.001$) were significantly related to dietary restraint. A multiple regression was then run using weight-related dissatisfaction and the two indices of non-weight related dissatisfaction as the IVs, and dietary restraint as the DV. The regression equation was significant ($F(3,1600) = 276.997$, $p<.001$), and only weight-related dissatisfaction remained a significant predictor of dietary restraint ($\beta = .585$, $p<.001$). Table 21 provides model statistics, Beta coefficients, p-values, and semipartial correlation coefficients for the multiple regression.

Table 21. Regression of dietary restraint (EDI-3-DT) on weight-related and non-weight related body dissatisfaction

Overall Model: F(3,1600) = 276.997, p<.001			**R^2** = .342	**Adjusted R^2** = .341
Predictor Variable	**Standardized Coefficient (β)**	**p-value**	**sr^2**	
Weight-related dissatisfaction	0.585	< .001	.3215	
Facial dissatisfaction	0.018	.425	.0003	
Hair dissatisfaction	-0.028	.208	.0007	

Hypothesis 7: It was hypothesized that attitudes toward, desire for, or attainment of cosmetic surgery would not be significantly related to overall body dissatisfaction. It was found, however, that overall body dissatisfaction as measured by the MBSRQ-AE subscale was significantly related to all cosmetic surgery indices(r=.106 to r=.360; see Table 22 for correlation coefficients and p-values), with the exception of actual attainment of a cosmetic procedure (r=.020, p>.05).

Table 22. Correlations between overall body image and cosmetic surgery indices

	Overall body dissatisfaction (MBSRQ-AE)
Cosmetic surgery interest (AES)	.360***
Cosmetic surgery attitudes (ACSS-T)	.193***
Intrapersonal benefits of cosmetic surgery (ACSS-I)	.106***
Social benefits of cosmetic surgery (ACSS-S)	.210***
Consideration of cosmetic surgery (ACSS-C)	.198***
Cosmetic surgery attitudes (CSAQ)	.159***
History of cosmetic surgery	.020
Note: Listwise N=1602 ***p<.001	

Hypothesis 8: It was predicted that higher participant BMI would be related to increased interest in cosmetic surgery and more positive cosmetic surgery attitudes. BMI group differences were found for cosmetic surgery interest (AES; $F(3,1393) = 10.388$, $p<.001$). Specifically, "overweight" and "obese" participants reported significantly more interest in cosmetic procedures compared to "underweight" and "average weight" participants (See Table 23 for means, standard deviations, and F and p-values). In addition, BMI differences were found for perceived pressure to have cosmetic surgery ($F(3,1393) = 2.922$, $p<.05$), with "obese" participants reporting significantly more perceived pressure than their "average weight" counterparts. Scores on the other cosmetic surgery indices, however, were not significantly different across BMI groups.

Table 23. ANOVA results for BMI group differences on cosmetic surgery outcomes

Cosmetic Surgery Variable	ANOVA	Underweight	Average Weight	Overweight	Obese
Cosmetic surgery interest (AES)	F(3,1393) = 10.388***, p<.001	1.63 (.56)	1.68 (.56)	1.79 (.61)	1.92 (.70)
Cosmetic surgery attitudes (ACSS-T)	F(3,1393) = .667, p=.572	3.92 (1.68)	4.12 (1.55)	4.10 (1.51)	4.07 (1.54)
Intrapersonal benefits of cosmetic surgery (ACSS-I)	F(3,1393) = 1.74, p=.158	4.29 (1.76)	4.55 (1.55)	4.45 (1.54)	4.32 (1.64)
Social benefits of cosmetic surgery (ACSS-S)	F(3,1393) = .264, p=.852	3.16 (1.72)	3.30 (1.77)	3.28 (1.70)	3.29 (1.71)
Consideration of cosmetic surgery (ACSS-C)	F(3,1393) = .75, p=.522	4.30 (1.94)	4.51 (1.87)	4.57 (1.82)	4.59 (1.80)
Cosmetic surgery attitudes (CSAQ)	F(3,1393) = 1.732, p=.159	2.82 (.82)	2.96 (.79)	3.01 (.79)	3.00 (.81)
Cosmetic surgery pressures (CPPS)	F(3,1393) = 2.922*, p=.033	1.75 (.80)	1.77 (.81)	1.84 (.94)	1.97 (.96)

Note: mean (standard deviation)

***p<.001
**p<.01
*p<.05

Discussion

The current project was an exploratory study designed to assess the relationships between reality cosmetic surgery makeover viewership, body image, and cosmetic surgery attitudes and behaviors. A modified version of the tripartite model (Thompson et al., 2000) served as a theoretical framework for hypothesis formation and variable selection. Several hypotheses were offered with varying degrees of existing empirical support.

It was first suggested that reality cosmetic makeover viewership would be positively related to desire for a cosmetic procedure, more accepting attitudes toward cosmetic surgery, increased perceived pressure to obtain cosmetic surgery, and actual history of cosmetic surgery. This hypothesis was supported with virtually all cosmetic surgery indices demonstrating significant relationships with reality cosmetic surgery makeover viewership. Interestingly, viewership of reality fashion/style programs and "other" reality shows was also significantly correlated with the cosmetic surgery outcomes. In addition, viewership of a number of non-reality television genres was significantly related to the cosmetic surgery indices as well.

Because of this, the reality viewership indices along with significantly related television genres were simultaneously entered into a series of multiple regressions to determine the unique ability of the viewership variables to predict each of the cosmetic surgery outcomes. Across the series of regressions, reality cosmetic surgery viewership

significantly predicted cosmetic surgery interest (AES), attitudes (ACSS-T and CSAQ), belief in the social and intrapersonal benefits of cosmetic surgery (ACSS-S and ACSS-I), consideration of cosmetic surgery (ACSS-C), perceived pressure to undergo cosmetic surgery (CPPS), and actual history of cosmetic surgery. Viewership of reality fashion/style makeovers was a significant predictor of only cosmetic surgery interest as measured by the AES. Viewership of "other" reality programming significantly predicted cosmetic surgery attitudes (CSAQ and ACSS-T) as well as belief in the intrapersonal benefits of cosmetic surgery (ACSS-I) and consideration of cosmetic surgery (ACSS-C). Viewership of non-reality programming, specifically comedies, entertainment news shows, and dramas significantly, albeit inconsistently, predicted scores on cosmetic surgery outcomes. However, Beta coefficients were substantially larger for the reality cosmetic surgery viewership variable compared to the other reality and non-reality predictors, and examination of semipartial correlation coefficients revealed a trend in which viewership of reality cosmetic surgery makeovers accounted for substantially more variance in cosmetic surgery outcomes than did the other viewership variables. Overall, strong support was found for the hypothesis that reality cosmetic surgery viewership is related to cosmetic surgery interest, attitudes, and behaviors. However, future research should examine the degree to which other types of programming also relate to cosmetic surgery outcomes, and further exploration of the distinction between reality versus non-reality programming when relating viewership to both body image and cosmetic surgery outcomes would be informative.

A similar trend was found when testing the second hypothesis that predicted a significant relationship between reality cosmetic makeover viewership and body

dissatisfaction and eating disorder symptomatology. Viewership of cosmetic surgery shows was significantly related to all body image and eating disorder outcomes in the predicted direction. As was true in the test of hypothesis one, viewership of fashion/style makeovers, "other" reality programming, and other genres of television programming was often related to body dissatisfaction and disordered eating as well.

A series of multiple regressions was subsequently conducted to determine the unique predictive ability of the viewership indices. Across the series of regressions, viewership of cosmetic surgery shows significantly predicted overall body dissatisfaction (MBSRQ-AE and EDI-BD), thin ideal internalization (SATAQ-3), appearance investment (ASI-R), dietary restraint (EDI-DT), body dissatisfaction, and bulimic symptomatology (EDI-B). As was true with the cosmetic surgery outcomes, many of the significantly related viewership indices (other than reality cosmetic surgery programming) were not found to be significant predictors of body image outcomes when entered into the regression equations. A few viewership variables were, however, significant predictors of body image. Viewership of reality fashion/style makeovers significantly predicted overall body dissatisfaction, appearance investment and eating disorder symptomatology, and viewership of "other" reality programming and entertainment news shows remained significant predictors of dissatisfaction in some instances. Again, the general trend across regressions is one in which reality cosmetic surgery viewership accounts for substantially more variance in body image and eating disorder variables compared to the other significant viewership predictors. Overall, the second hypothesis was supported in that cosmetic surgery program viewership was significantly related to body dissatisfaction and eating disturbance, however, future

studies should build on the current study findings to further elucidate the unique predictive nature of viewership of reality cosmetic surgery makeovers as compared to general television viewership.

It was initially predicted that weight-related dissatisfaction would be related to interest in and attitudes toward weight-related procedures, and that non-weight-related dissatisfaction would be related to interest in and attitudes toward non-weight-related procedures. Simply speaking, this was found to be true, however, the current data suggest that some degree of overlap does exist between weight- and non-weight-related body dissatisfaction and weight- and non-weight-related cosmetic surgery interest and attitudes. Weight-related dissatisfaction was significantly correlated with weight-related cosmetic surgery attitudes and interest, and the pattern was similar for non-weight-related dissatisfaction and non-weight-related procedures. However, it was often the case that weight-related dissatisfaction was also related to interest in and attitudes toward non-weight-related procedures and visa versa. Notably, the correlation coefficients were substantially higher when dissatisfaction and procedure type were in concordance, and future studies could further dismantle the relationship between body site dissatisfaction and cosmetic procedure preference.

It was also hypothesized that viewership of reality cosmetic makeover shows would be related to increased perception that surgery is safe. This was supported in the current study thereby suggesting a possible desensitization effect brought about by viewership of the reality cosmetic surgery shows. Because of the correlational nature of the current project however, it cannot be concluded that a causal relationship exists between viewership and the perception that surgery is safe. A future experimental study

would help clarify the temporal relationship between viewership and decreased fear of surgery, as it is also plausible that those who are already desensitized to the dangers of surgery are more apt to view such programming.

The prediction that weight-related dissatisfaction would be related to dietary restraint, a symptom of eating disturbance, was also supported. Although indices of non-weight-related dissatisfaction (face and hair) were also significantly related to dietary restraint, a multiple regression found only weight-related dissatisfaction to have unique predictive ability. Level of weight-related dissatisfaction accounted for a large portion of the variance in EDI-DT scores (32%).

The hypothesis that overall body dissatisfaction would not be related to cosmetic surgery attitudes, interest and behavior was not supported. Overall body dissatisfaction (MBSRQ-AE) was significantly related to nearly all of the cosmetic surgery outcomes. This is likely because the MBSRQ-AE was also picking up some degree of site-specific dissatisfaction, and such overlap has been found in the past between global body site dissatisfaction (EDI-BD) and overall body dissatisfaction as measured by the MBSRQ-AE subscale (Thompson, 1999).

Finally, it was predicted that higher participant BMI would be related to increased interest in and more accepting attitudes towards cosmetic surgery. An ANOVA revealed significant differences in cosmetic surgery interest across BMI groups, with overweight and obese participants reporting more interest in obtaining a cosmetic procedure. Similarly, significant group differences were found for perceived pressure to undergo cosmetic surgery, with obese participants reporting more perceived pressure than their

average weight counterparts. This provides preliminary support for the supposition that interest in cosmetic procedures differs depending on an individual's weight status.

From a theoretical standpoint, the data trends in which reality programming was more frequently, and often more strongly correlated with the body image and cosmetic surgery indices supports the application of social comparison theory (Festinger, 1954) to television media. It is plausible that consumers are more apt to compare themselves to reality stars because they are portrayed as "normal" people relative to mainstream celebrities. An interesting next step would be are more direct comparison of the differential exposure effects of reality versus non-reality programming.

Because of the limited research in this area and the exploratory nature of the present project, several limitations should be acknowledged. Firstly, the study assessed all variables concurrently and sought to examine only relationships between variables. Causal inferences cannot be drawn based on the current data. An interesting step for future research would be the assessment of potential causal relationships between variables using a randomized experimental design (e.g. media exposure across viewership conditions).

Another limitation is the exclusion of male participants. Because of the exploratory nature of this study, assessing the relationships between the study variables in female participants alone adds significantly to the existing research base. Future studies should, however, incorporate male gender appropriate measures to examine whether similar relationships are found in young men.

In light of the inherent limitations associated with a correlational study design and the exclusion of male participants, the current study serves as a first attempt at examining

the relationship between television media and cosmetic surgery attitudes and behaviors. In general, the findings support the supposition that viewership of reality programming, especially reality cosmetic surgery makeovers, is related to body dissatisfaction, eating disturbance, and cosmetic surgery attitudes, interest, and behaviors.

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Appendices

Appendix A: Demographic Questionnaire

All responses will remain anonymous.

1. Age: _____

2. Height: _____

3. Weight: _____

4. Race/Ethnicity (please circle one):

African American/Black

Caucasian

Hispanic/Latino

Asian-American/Asian

Arab/Middle Eastern

Other: Please specify _____

5. Are you a member of a sorority or fraternity? Yes No

6. Would your religious beliefs prevent you from undergoing any medical procedures?

Yes No Not Sure

7. Would your religious beliefs prevent you from undergoing cosmetic surgery?

Yes No Not Sure

8. How common is cosmetic surgery?

1	2	3	4	5
Extremely Uncommon	Fairly Uncommon	Not sure	Fairly Common	Extremely Common

Appendix B: MBSRQ-AE

Instructions: Using the scale below, please circle the number that best matches your agreement with the following statements.

Definitely Disagree	Mostly Disagree	Neither agree nor disagree	Mostly agree	Definitely agree
1	2	3	4	5

1. My body is sexually appealing.	1	2	3	4	5
2. I like my looks just the way they are.	1	2	3	4	5
3. Most people would consider me good looking.	1	2	3	4	5
4. I like the way I look without my clothes.	1	2	3	4	5
5. I like the way my clothes fit me.	1	2	3	4	5
6. I dislike my physique.	1	2	3	4	5
7. I'm physically unattractive.	1	2	3	4	5

Appendix C: MBSRQ-BASS

Use this 1 to 5 scale to indicate how <u>dissatisfied or satisfied you are</u> with each of the following areas or aspects of your body:

1	2	3	4	5
Very Dissatisfied	**Mostly Dissatisfied**	**Neither Satisfied Nor Dissatisfied**	**Mostly Satisfied**	**Very Satisfied**

_____ 1. Face (facial features, complexion)

_____ 2. Hair (color, thickness, texture)

_____ 3. Lower torso (buttocks, hips, thighs, legs)

_____ 4. Mid torso (waist, stomach)

_____ 5. Upper torso (chest or breasts, shoulders, arms)

_____ 6. Muscle tone

_____ 7. Weight

_____ 8. Height

_____ 9. Overall appearance

Appendix D: SATAQ-3-General and Athlete Internalization Subscales

Definitely disagree	Mostly disagree	Neither agree nor disagree	Mostly agree	Definitely agree
1	2	3	4	5

1. _____I would like my body to look like the people who are on TV.
2. _____I try to look like sports athletes.
3. _____I would like my body to look like the models who appear in magazines.
4. _____I would like my body to look like the people who are in movies.
5. _____I compare my body to that of people in "good shape".
6. _____I wish I looked like the models in music videos.
7. _____I compare my body to the bodies of TV and movie stars.
8. _____I wish I looked as athletic as sports stars.
9. _____I compare my appearance to the appearance of TV and movie stars.
10. _____I compare my body to the bodies of people who appear in magazines.
11. _____I compare my body to that of people who are athletic.
12. _____I compare my appearance to the appearance of people in magazines.
13. _____I try to look like the people on TV.
14. _____I wish I looked as athletic as the people in magazines.

Appendix E: The Beliefs about Appearance Questionnaire (ASI-R Short Form)

The statements below are beliefs that people may or may not have about their physical appearance and the influence of appearance on life. Decide the extent to which you personally **disagree or agree** with each statement and enter a number from 1 to 5. There are no right or wrong answers. Just be truthful about your personal beliefs.

1	**2**	**3**	**4**	**5**
Strongly Disagree	**Mostly Disagree**	**Neither Agree or Disagree**	**Mostly Agree**	**Strongly Agree**

1. I spend little time on my physical appearance.
2. When I see good-looking people, I wonder about how my own looks measure up.
3. I try to be as physically attractive as I can be.
4. I have never paid much attention to what I look like.
5. I seldom compare my appearance to that of other people I see.
6. I often check my appearance in a mirror just to make sure I look okay.
7. When something makes me feel good or bad about my looks, I tend to dwell on it.
8. If I like how I look on a given day, it's easy to feel happy about other things.
9. If somebody had a negative reaction to what I look like, it wouldn't bother me.
10. When it comes to my physical appearance, I have high standards.
11. My physical appearance has had little influence on my life.
12. Dressing well is not a priority for me.
13. When I meet people for the first time, I wonder what they think about how I look.
14. In my everyday life, lots of things happen that make me think about what I look like.

1	2	3	4	5
Strongly Disagree	**Mostly Disagree**	**Neither Agree or Disagree**	**Mostly Agree**	**Strongly Agree**

15. If I dislike how I look on a given day, it's hard to feel happy about other things.

16. I fantasize about what it would be like to be better looking than I am.

17. Before going out, I make sure that I look as good as I possibly can.

18. What I look like is an important part of who I am.

19. By controlling my appearance, I can control many of the social and emotional events in my life.

20. My appearance is responsible for much of what's happened to me in my life.

Appendix F: EDI- DT/BD/B

These questions measure a variety of attitudes, feelings, and behaviors. There are no right or wrong answers so please try to be completely honest in your answers. Read each question and circle the number of the word that best describes how YOU usually are.

1	**2**	**3**	**4**	**5**	**6**
Always	Usually	Often	Sometimes	Rarely	Never

	Always					Never
1. I eat sweets and carbohydrates without feeling nervous.	1	2	3	4	5	6
2. I think about dieting.	1	2	3	4	5	6
3. I feel extremely guilty after overeating.	1	2	3	4	5	6
4. I am terrified of gaining weight.	1	2	3	4	5	6
5. I exaggerate or magnify the importance of weight.	1	2	3	4	5	6
6. I am preoccupied with the desire to be thinner.	1	2	3	4	5	6
7. If I gain a pound, I worry that I will keep gaining.	1	2	3	4	5	6
8. I think that my stomach is too big.	1	2	3	4	5	6
9. I think that my thighs are too large.	1	2	3	4	5	6
10. I think that my stomach is just the right size.	1	2	3	4	5	6
11. I feel satisfied with the shape of my body.	1	2	3	4	5	6
12. I like the shape of my buttocks.	1	2	3	4	5	6
13. I think my hips are too big.	1	2	3	4	5	6
14. I think that my thighs are just the right size.	1	2	3	4	5	6
15. I think that my buttocks are too large.	1	2	3	4	5	6
16. I think that my hips are just the rights size.	1	2	3	4	5	6
17. I eat when I am upset.	1	2	3	4	5	6
18. I stuff myself with food.	1	2	3	4	5	6
19. I have gone on eating binges where I felt I could not stop.	1	2	3	4	5	6
20. I think about binging (overeating).	1	2	3	4	5	6
21. I eat moderately in front of others and stuff myself when they're gone.	1	2	3	4	5	6
22. I have the thought of trying to vomit in order to lose weight.	1	2	3	4	5	6
23. I eat or drink in secrecy.	1	2	3	4	5	6

Appendix G: Appearance Enhancement Scale

INSTRUCTIONS: *Imagine that* ***COST IS NOT AN ISSUE*** *when answering the items listed below. How interested would you be in using each product or undergoing each procedure?*

1	2	3	4	5
Not At All Interested	**A Little Bit Interested**	**Somewhat Interested**	**Very Interested**	**Extremely Interested**

1. *Abdominal Liposuction* (cosmetic surgery to reduce stomach fat). _____
2. *Lower body Liposuction* (cosmetic surgery to reduce fat in thighs or buttocks). _____
3. *Bicep Implants* (cosmetic surgery to enlarge the appearance of your biceps). _____
4. *Weight Loss Pills* (pills that aid weight loss). _____
5. *Steroid Precursors* (pills that increase ability to gain muscle). _____
6. *Protein Supplements* (mixes, shakes, or bars that increase ability to gain muscle). _____
7. *Cosmetic dentistry* (cosmetic dental procedures that change the appearance of teeth). _____
8. *Calf Implants* (cosmetic surgery to enlarge or change the appearance your calf muscles). _____
9. *Rhinoplasty* (cosmetic surgery to change the size/shape of your nose). _____
10. *Mentoplasty* (cosmetic surgery to change the size/shape of your chin). _____
11. *Pectoral Implants* (cosmetic surgery to enlarge the appearance of your chest). _____
12. *Botox* (Injections that make you appear younger or remove wrinkles). _____
13. *Facelift* (cosmetic surgery to make you appear younger or remove wrinkles). _____
14. *Appetite Reduction Pills* (pills that reduce your appetite). _____
15. *Breast Lift* (cosmetic surgery to make your breasts appear firmer and less droopy). _____
16 *Breast Augmentation Surgery* (cosmetic surgery to enlarge your breasts). _____
17. *Breast Reduction Surgery* (cosmetic surgery to reduce the size of your breasts). _____
18. *Breast Symmetry Surgery* (cosmetic surgery to make your breasts more symmetrical). _____
19. *Breast Enhancement Pills* (oral tablets that increase breast size). _____

20. *Vaginaplasty / Labiaplasty* (cosmetic surgery to change the appearance and tightness of the vagina). _____
21. *Electrolysis / Laser Hair Removal* (procedures to remove hair from the body) _____
22. *Cosmetic Makeup* (e.g., lipstick, eyeshadow, blush, etc.). _____
23. *Nail Polish* (e.g. toenail polish, fingernail polish, etc). _____
24. *Laser Rejuvenation* (laser therapy that makes your skin appear younger) _____
25. *Hair Plugs* (hair transplants that cover bald spots on the scalp) _____
26. *Hair Dye* (treatments that change the color of all or part of your hair). _____
27. *Lip Augmentation* (injections that make your lips appear fuller)._____
28. *Buttock Implants* (implants that make your butt appear larger or firmer)._____
29. *Blepharoplasty* (cosmetic eyelid surgery to reduce puffiness or droopiness). _____
30. *Abdominoplasty* (A tummy tuck: Surgery to remove excess fat and skin from the stomach). _____
31. *Cheek implants* (Cosmetic surgery to give contour to the cheeks). _____
32. *Buttock Lift* (Cosmetic surgery to make buttocks appear firmer and less droopy). _____
33. *Otoplasty* (Cosmetic surgery to tuck, pin back, or change the size of the ears). _____
34. *Spider/varicose vein removal* (Cosmetic treatment for swollen veins such as spider/varicose veins protruding from the skin or legs). _____
35. *Reconstructive surgery* (Surgery that normalizes the appearance or functioning of a damaged, disfigured, or abnormal body part). _____
36. *Gynacomastia Reduction* (cosmetic surgery that removes body fat from the chest area). _____
37. *Penis Enhancement Pills* (oral tablets that enlarge the size of your penis). _____
38. *Augmentation Phalloplasty* (cosmetic surgery that enlarges the size of your penis). _____

Appendix H: Acceptance of Cosmetic Surgery Scale

Please indicate how much you agree or disagree with the following statements using the scale shown below.

1 = Disagree a Lot
2 = Disagree Somewhat
3 = Disagree a Little
4 = Neutral
5 = Agree a Little
6 = Agree Somewhat
7 = Agree a Lot

I)1. _____ It makes sense to have minor cosmetic surgery rather than spending years feeling bad about the way you look.

I)2. _____ Cosmetic surgery is a good thing because it can help people feel better about themselves.

C)3. _____ In the future, I could end up having some kind of cosmetic surgery.

I)4. _____ People who are very unhappy with their physical appearance should consider cosmetic surgery as one option.

I)5. _____ If cosmetic surgery can make someone happier with the way they look, then they should try it.

C)6. _____ If I could have a surgical procedure done for free I would consider trying cosmetic surgery.

C)7. _____ If I knew there would be no negative side effects or pain, I would like to try cosmetic surgery.

C)8. _____ I have sometimes thought about having cosmetic surgery.

S)9. _____ I would seriously consider having cosmetic surgery if my partner thought it was a good idea.

C)10. _____ I would never have any kind of plastic surgery. **(R)**

S)11. _____ I would think about having cosmetic surgery in order to keep looking young.

S)12. _____ If it would benefit my career I would think about having plastic surgery.

S)13. _____ I would seriously consider having cosmetic surgery if I thought my partner would find me more attractive.

I)14. _____ Cosmetic surgery can be a big benefit to people's self-image.

S)15. _____ If a simple cosmetic surgery procedure would make me more attractive to others, I would think about trying it.

Appendix I: Cosmetic Surgery Attitudes Questionnaire

Your responses to the research questionnaires are CONFIDENTIAL and ANONYMOUS. DO NOT write your name on any of the questionnaire materials.

Instructions-Please read carefully: This questionnaire asks you how you feel about cosmetic surgery. Please answer on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree).

Strongly Disagree 1	**Disagree 2**	**Indifferent 3**	**Agree 4**	**Strongly Agree 5**

1. I am fearful of undergoing surgical procedures.	1	2	3	4	5
2. I approve of person's undergoing cosmetic surgery to increase their self-esteem.	1	2	3	4	5
3. I think cosmetic surgery is a waste of money.	1	2	3	4	5
4. If I had cosmetic surgery, I would be embarrassed to tell people other than family and close friends.	1	2	3	4	5
5. I approve of people surgically changing their appearance to feel better about themselves.	1	2	3	4	5
6. I believe appearance is an important aspect of a person.	1	2	3	4	5
7. I think I might have cosmetic surgery when I reach middle-age.	1	2	3	4	5
8. I think people should do whatever they want to look good.	1	2	3	4	5
9. I would have cosmetic surgery if my partner wanted me to.	1	2	3	4	5
10. If I had an unlimited amount of money I would have cosmetic surgery.	1	2	3	4	5

11. Do you know anyone that has had cosmetic surgery?
    1. Yes 2. No
    11a. If yes, how many people? _____
12. Has anyone in your family had cosmetic surgery?
    1. Yes 2. No
    12a. If yes, how many people? _____

13. Have you ever had cosmetic surgery?
    1. Yes 2. No
    13a. If yes, how many times? _____

Please circle all that apply:

14. The cosmetic surgical procedures I am familiar with:

1. Rhinoplasty (nose job)
2. Lipoplasty (liposuction)
3. Facelift
4. Blepharoplasty (cosmetic eyelid surgery)
5. Abdominoplasty (tummy tuck)
6. Chemical Peel (to improve skin)
7. Botox Injection (to get rid of wrinkles)
8. Cellulite Treatment
9. Breast Augmentation
10. Breast Reduction for females
11. Breast Reduction for males
12. Hair transplantation
13. Laser hair removal
14. None

15. The procedures I have had:

1. Rhinoplasty (nose job)
2. Lipoplasty (liposuction)
3. Facelift
4. Blepharoplasty (cosmetic eyelid surgery)
5. Abdominoplasty (tummy tuck)
6. Chemical Peel (to improve skin)
7. Botox Injection (to get rid of wrinkles)
8. Cellulite Treatment
9. Breast Augmentation
10. Breast Reduction for females
11. Breast Reduction for males
12. Hair transplantation
13. Laser hair removal
14. None

16. The procedures members of my family have had:

1. Rhinoplasty (nose job)
2. Lipoplasty (liposuction)
3. Facelift
4. Blepharoplasty (cosmetic eyelid surgery)
5. Abdominoplasty (tummy tuck)
6. Chemical Peel (to improve skin)
7. Botox Injection (to get rid of wrinkles)
8. Cellulite Treatment
9. Breast Augmentation
10. Breast Reduction for females
11. Breast Reduction for males
12. Hair transplantation
13. Laser hair removal
14. None

Please circle all that apply:

17. Which procedures I would consider having in the near future:

1. Rhinoplasty (nose job)
2. Lipoplasty (liposuction)
3. Facelift
4. Blepharoplasty (cosmetic eyelid surgery)
5. Abdominoplasty (tummy tuck)
6. Chemical Peel (to improve skin)
7. Botox Injection (to get rid of wrinkles)
8. Cellulite Treatment
9. Breast Augmentation
10. Breast Reduction for females
11. Breast Reduction for males
12. Hair transplantation
13. Laser hair removal
14. None

18. Which procedures I would consider having when I reach middle-age:

1. Rhinoplasty (nose job)
2. Lipoplasty (liposuction)
3. Facelift
4. Blepharoplasty (cosmetic eyelid surgery)
5. Abdominoplasty (tummy tuck)
6. Chemical Peel (to improve skin)
7. Botox Injection (to get rid of wrinkles)
8. Cellulite Treatment
9. Breast Augmentation
10. Breast Reduction for females
11. Breast Reduction for males
12. Hair transplantation
13. Laser hair removal
14. None

19. Which procedures I would consider having when I reach my 60s:

1. Rhinoplasty (nose job)
2. Lipoplasty (liposuction)
3. Facelift
4. Blepharoplasty (cosmetic eyelid surgery)
5. Abdominoplasty (tummy tuck)
6. Chemical Peel (to improve skin)
7. Botox Injection (to get rid of wrinkles)
8. Cellulite Treatment
9. Breast Augmentation
10. Breast Reduction for females
11. Breast Reduction for males
12. Hair transplantation
13. Laser hair removal
14. None

Appendix J: Cosmetic Procedure Pressures Scale

Please circle the number below each statement that best captures your own feelings.

1) I feel pressure from the media (TV, magazines, movies, etc.) to have cosmetic surgery.

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

2) I feel pressure from my parents (one or both) to have cosmetic surgery.

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

3) I feel pressure from my female peers to have cosmetic surgery.

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

4) I feel pressure from my male peers to have cosmetic surgery.

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

5) I feel pressure from my significant other (spouse, girlfriend, boyfriend, etc.) to have cosmetic surgery.

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

Appendix K: Television Viewership Measure

Please answer the following questions regarding the programs you typically watch on T.V.

For each question, first circle the number that you feel is true for you, and then estimate how often you watch each type of television programming.

1) How often do you watch **reality** shows about people *wanting to be famous in the entertainment industry* (i.e. American Idol, America's Next Top Model, Sports Illustrated Swimsuit Model Search, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

2) How often do you watch **reality** shows that involve a *competition* for a prize (i.e. Amazing Race, Fear Factor, Big Brother, Survivor, Real World Road Rules Challenge, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

3) How often do you watch *voyeuristic* **reality** shows that allow the viewing audience to watch the lives of certain individuals (i.e. the Real World, the Osbournes, the Ashley Simpson Show, Simple Life, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

4) How often do you watch **reality** *dating* shows (i.e. the Bachelor, the Bachelorette, Blind Date, a Dating Story, Average Joe, etc.)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

5) How often do you watch **reality** shows that involve *making-over houses* (i.e. Trading Spaces, Extreme Makeover: Home Edition, While You Were Out, Clean Sweep, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

6) How often do you watch **reality** shows that involve *making-over cars* (i.e. Pimp my Ride, Overhaulin, Rides, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

7) How often do you watch **reality** shows that involve *plastic/cosmetic surgery make-overs* (i.e. Extreme Makeover: Plastic Surgery Edition, I Want a Famous Face, the Swan, Dr. 90210, Plastic Surgery: Before and After, Body Work, Miami Slice, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

8) How often do you watch **reality** shows that involve *fashion, style, or self-improvement* (i.e. What Not to Wear, A Makeover Story, Biggest Loser, 10 Years Younger, Queer Eye for the Straight Guy, Made, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

9) How often do you watch *morning talk shows* (i.e. the Today Show, Good Morning America, Live with Regis and Kelly, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

10) How often do you watch *afternoon talk shows* (i.e. Oprah, the Ellen Show, Dr. Phil, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

11) How often do you watch *late-night talk shows* (i.e. Tonight Show with Jay Leno, Late Show with David Letterman, Late Night with Conan O'Brien, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

12) How often do you watch television *comedies* (i.e. Jackass, South Park, Scrubs, Saturday Night Live, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

13) How often do you watch *game shows* (i.e. Wheel of Fortune, the Price is Right, Jeopardy, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

14) How often do you watch *Entertainment News Shows* (i.e. Entertainment Tonight, E! News Live, Extra, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

15) How often do you watch *sitcoms* (i.e. Everybody Loves Raymond, Joey, Will and Grace, Friends, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

16) How often do you watch *News Magazine programs* (i.e. Dateline NBC, 60 minutes, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

17) How often do you watch television *dramas* (i.e. Nip Tuck, Desperate Housewives, West Wing, Alias, CSI, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

18) How often do you watch sports programming (i.e. football, basketball, tennis, figure skating, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

19) How often do you watch *soap operas* (i.e. Days of our Lives, All my Children, As the World Turns, etc.)?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often