

Measuring the Effects of Viewing Plastic Surgery Reality Television Programs upon
College Students' Self-esteem and Body-Image Satisfaction

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Abstract: While many studies have been done to determine the effect of media on self-esteem and body-image satisfaction, it has not yet been applied to the genre of reality television, specifically those programs involving plastic surgery content. The current study seeks to answer the following research questions: To what extent does viewing plastic surgery reality television programs have an impact upon self-reported self-esteem and self-reported body image satisfaction? To what extent do differences exist between men and women and their self-reported level of self-esteem and self-reported body image satisfaction? A survey given to 150 college students at RIT will be utilized to obtain respondents' self-esteem and body-image satisfaction. A week later, half of the respondents will be exposed to two hours viewing time of plastic surgery reality television, the other half of respondents will not view any of the program. The survey will again be given, and results will be compared in order to determine a possible cause and effect relationship, and the possible differences related to gender.

In a culture obsessed with media, it's long been known that what we watch has an impact upon us. This impact may be small and of little significance, or in some cases what we see may have some important influence on our life. Recently, a programming trend has taken over our television sets: reality television. This trend is growing in popularity both with the numbers of viewers and shows. Popular shows such as the "Real World" which has been on MTV's line-up for over a decade, and more recent shows like "Survivor". Other popular programs include makeover reality shows, such as "Extreme Makeover" and "The Swan" in which participants undergo plastic surgery in order to improve their appearance.

Elective cosmetic surgery has been a recent cultural trend. Although cosmetic surgery has been around for many years, the number of procedures performed has risen substantially. In 2003 there were 1.8 million surgical cosmetic procedures performed in the United States, an 87 percent increase since 1997 (American Society for Aesthetic Plastic Surgery as cited in George, 2004). Historically, surgery has been a means to save lives, treat diseases, and improve medical conditions for patients. However, this form of elective surgery is a planned, non-emergency surgical procedure (Ford-Martin, 2004). This type of surgery, while not medically necessary, can improve a patient's quality of life physically and/or psychologically. Specifically, they may benefit the patient by raising self-esteem.

In discussing self-esteem we are defining it as the positive or negative attitude toward oneself, as termed by Rosenberg (p. 30). High self-esteem suggests that someone believes themselves to be "very good." He or she feels that they are a person of worth; they respect themselves for what they are. This does not imply that they consider

themselves to be more superior to others. Low self-esteem implies self-rejections, self-dissatisfaction, and self-contempt (Rosenberg, p. 31). An individual with low self-esteem lacks respect for the self that he or she sees.

Self-esteem is also important in relation to body-image satisfaction; studies suggest that feelings about the body are an important dimension of general self-esteem (Franzoi & Shields, 1984). Theorists suggest that dissatisfaction with any aspect of one's self will result in overall lower self-esteem (Harter, 1985). Body image satisfaction deals with someone's feelings about their body. How happy are they with their appearance? Satisfaction with body image is influenced by physical characteristics and also comparison to the ideal (Thomas, 1989). The ideal may be their own personal image of how the individual wishes to appear, or it may be a comparison to an ideal seen elsewhere, for example on a television program.

It is not a new concept that perfect body images, especially those depicted on television, prompt women and men to feel self-conscious and perhaps dissatisfied with their own appearance, damaging their self-esteem. One study offered a relation between total television viewing and body dissatisfaction (K. Harrison & Cantor, 1997). Specifically, reality television programs with plastic surgery content depict many people with low self-esteem and low body-image satisfaction. They are undergoing these elective procedures in order to be happy with their appearance and build their self-worth. While previously the 35-50 year old age group has undergone the greatest number of plastic surgery procedures, the 18-24 year old age group is slowly catching up (American Society of Plastic Surgeons). In March 2004 the American Society of Plastic Surgeons released a statement calling this new phenomenon of reality shows a "serious cause for

concern” (George, 2004). What impact then does this have upon viewers, specifically those in the college age demographic, of these types of programs and their own feelings about their image and body?

Research Questions

The present study then, investigates the effects of cosmetic surgery reality shows by examining the changes in respondent’s self-reported level of self-esteem. The first research question deals with the effect of viewing on self-esteem. To what extent does viewing plastic surgery reality television programs have an impact upon self-reported self-esteem? The second question deals with the effect on viewer’s body-image satisfaction. To what extent does viewing plastic surgery reality television programs have an impact upon self-reported body-image satisfaction?

The third and fourth research questions differentiate between the men and women. To what extent do differences exist between genders in the influence upon self-reported self-esteem? To what extent do differences exist between genders in the influence upon self-reported body-image satisfaction? In these two questions, men and women’s results will be compared to determine if viewing plastic surgery reality television programs has more effect upon one or the other. Women have previously received more cosmetic surgery than men. In 2005, women made up 84% of surgical patients, 1,529,001 out of 1,813,514 (American Society of Plastic Surgeons). Perhaps then could women’s self-esteem be more influenced by what is being viewed? However, up to 70% of college aged men in one study were dissatisfied with their bodies (Tucker, 1982). It is important

then to look at both sexes and not just one in particular when dealing with the previous research questions.

Project Rationale

After completion of this study, we will be more aware of what the effects of this type of reality television programs are on self-esteem and body image satisfaction. Personally, I have witnessed several friends' battle with eating disorders. I have heard their complaints that they wish they could lose a few more pounds, or that if they could have a liposuction procedure their life would be so much better. I watched as they were broken down by the pressure to look perfect, never feeling quite good enough, repeatedly comparing themselves to the flawless women they see in the media. This issue has also been of concern to me. More important things like education and leading a happy life are frequently pushed aside to be the prettiest girl or the guy with the biggest muscles. I would like to think that this study may help to change this idea. There are more important things in life than what you look like.

Socially, these types of programs may be damaging to our culture. Through this type of exposure are we further damaging self-esteem and body-image satisfaction? These types of shows are implying that a simple surgery can drastically improve ones life. Brent J. Smith, M.D., "Some patients can be over-obsessed with the way they look. Some people are not able to achieve their desired goals, and they think that through plastic surgery, they may be able to change themselves into what may be ideal for them" (Nash, 2004). Can we just continue to allow this notion to persist and flourish? An individual is never quite good enough and by changing their appearance they will be

happier and make you have a more fulfilling life? This idea started out in photographs and advertisements, now it is sinking into nearly every aspect of our culture. My hope is that in offering insight into the effect of these types of programs upon viewers' self-esteem and body-image satisfaction, people may be more aware while watching. Possibly, these types of shows could lose viewership, people may not continue to watch and be influenced by what they are seeing. But first it is crucial to attempt to gain information into just what influence is being waged on the two variables. We may not be able to stop the ideal of unobtainable beauty, it has been constant in that media and that may never be fully halted. However, we may be able to restrict viewing of such programs that do not have beneficial effects and how harmful that influence could be.

This present study proposes to take another look at self-esteem and body image satisfaction. While these two variables have been studied in the past, they have not been studied yet in relation to reality television with plastic surgery content. The scholarly rationale of this study is an attempt to offer some insight into this area. While this study will not completely fill in the gap, it will provide some information and a start to learning about the effects of viewing upon self-reported self-esteem and body image satisfaction. This study may also provide results which will lead to further scholarly studies. The results of the study may offer additional questions and hypothesis to be studied involving the effects of plastic surgery reality television and just how strong those effects may be.

Literature Review

Thomas (1989) studied the relationships of body-image satisfaction to body weight, self-esteem, and perceptions of significant others among 102 black adult women

in Washington, D.C. The women completed a questionnaire that asked for information regarding body-image satisfaction, self-esteem, perceptions of significant others, and body weight. A Likert-type scale was used to measure body satisfaction. Rosenberg's scale, the Guttman Scale was used to determine self-esteem. Body weight was determined by asking women to give their present and ideal weight.

A great deal of the women reported some amount of body-image dissatisfaction, 54.5% were either very unhappy or somewhat happy. Body weight was inversely related to body-image satisfaction. Ideal weight was significantly lower than actual body weight, however no differences existed between current and ideal height. Self-esteem was positively related to body-image satisfaction, and negatively correlated to body weight.

This study offers a significant relationship between self-esteem and body-image satisfaction. Some limitations do exist, this study sought to focus on black women, so this specific study's results are limited to that sample. The results are also limited to just one geographic area. Although there are some limitations to the study, it still offers results which lead us to believe that self-esteem and body-image are closely related. Therefore, in this current study it is necessary to look at both the effects on self-esteem and body-image satisfaction caused by viewing of plastic surgery reality television.

Anderson, Huston, Schmitt, Linebarger, and Wright (2001) focused on the relation of mass media to two aspects of adolescents' self-image: role model choices and body image. This study hypothesized that the content of television viewed would be related to the type of role model chosen. The prediction that exposure to entertainment media would predict body dissatisfaction, especially for females, was tested. The major

categories of viewing were preschool and teen viewing of entertainment television, sports media was also examined. To measure body image, respondents were asked for their actual and ideal height and weight. Height dissatisfaction was calculated as a proportion by which the ideal differed from the actual. The absolute difference between the ideal and actual was then divided by the actual for both height and weight. A score was given to each respondent; with zero meaning a person was satisfied with their height/weight. Perceived physical appearance was measured using the Physical Appearance subtest from the Self-Perception Profile for Adolescents. Five items were rated on a 4-point scale, with higher scores indicating greater satisfaction with appearance.

It was revealed that equal percentages of males and females were dissatisfied with their height, 63% of males and 61% of females. The majority were also dissatisfied with their weight, 72% of males and 75% of females. Within the males, 49% wanted to gain weight, and 23% wanted to lose weight. For females, 6% wanted to gain weight and 69% wanted to lose weight. The mean physical appearance score for boys was 12.4 and for girls, 12.5. Exposure to entertainment television for males predicted dissatisfaction with height and negative perceptions of physical appearance. For females, those who watched a lot of entertainment television in teen years were more likely to be dissatisfied with their weight than those who watched less entertainment television.

The limitations of this study include that it was limited strictly to adolescents, and can only be attributed to the respondents in the sample. Also, the data was self-reported; results depend only upon what respondents say. However, this study offered a great deal of information. Males were almost equally dissatisfied with their weight and height as females, this shows that it is important to look at the differences

between both genders although it is frequently assumed that females will be more concerned with their body image and satisfaction. While this study did not differentiate what type of entertainment television was used, it shows that viewing this type of television led to higher dissatisfaction within the sample of females.

Since little is known about the perception of plastic surgery in society, a survey was conducted in 2004 to assess knowledge and provide evidence for education about the scope of plastic surgery amongst the public, medical and nursing students and general practitioners (Pawan). A questionnaire was used and the four population groups were surveyed at random in one district. Seven hundred and eighteen individuals of various ages, education levels, and social background and of either sex participated in the study. The participants were asked to name five conditions they believed were most often treated by plastic surgeons and where they got this information from. They could choose from television, magazines, general practitioners, the work place, friends, personal experience, or other. This study offers empirical evidence about the public perception of plastic surgery.

Most importantly, the results revealed that the public received their knowledge of plastic surgery from the media, over 50% said from television or magazines; the next largest group said their knowledge was from friends or relatives, 41%. Only 2% of information was said to be from a general practitioner. This is important because that means the majority source of information is television. If people are not given enough correct information about plastic surgery then their beliefs may be incorrect. Educational

level had no influence on differences, so even well educated people are still using the mass media as their main source of information.

One limitation of the study is that the groups were not very representative because they were obtained from just one geographical area. Also, this study was done in India, so it may not be relevant when applying it to the United State's population. However, it does offer insight into how important it is to study the effects on television viewing of cosmetic surgery programming. If this is where most people are receiving their information, and the information is incorrect or misleading then the effects could be very negative.

Method

In order to answer the previous research questions, a survey instrument will be utilized (Appendix B). A sample survey will be used to discover facts about a large population on the basis of a moderately smaller sample. I am going to pretest the survey instrument by giving it to ten students in the RIT Department of Communication. I will receive and consider their feedback and suggestions in order to ensure the validity of the survey, in that it is asking what it should of respondents what it should be in order to answer the research questions.

A convenience sample will be used for this study. Respondents will be drawn from ten classes in the College of Liberal Arts at Rochester Institute of Technology, in hopes that at least three will agree to participate. A letter will be sent to ten professors asking for their students' participation in the study (see Appendix A). Since a major purpose of this study was to learn about the effect of viewing plastic surgery reality

television programs upon self-esteem in college aged students, RIT offers a valuable population. The total sample will consist of students, both men and women of various races, religious groups, and nationality groups. Both men and women were chosen in order to answer the second research question, if there is a greater influence on self-esteem upon one or the other. The target group of respondents is between college aged because a growing number of procedures are performed within this demographic.

Data will be obtained through a sample survey of respondents' self-reported evaluations. The first survey will be given to the sample in the class; I will visit the class and hand out the survey. Surveys will be filled out and returned back to me. Therefore, the sample will be limited to students that were present in class the day the survey is given. To further test the cause-effect relationship, an experiment will be utilized. A week after the first survey has been received, half of the sample, will be asked to view two-hours of plastic reality television programming in a controlled environment. This is being done to ensure that the respondents have had some exposure to the specific genre of reality television. A week is given in between in order to reduce the respondent's sensitivity, so they are not influenced by the first survey. In order to determine which students will be selected for the control and experimental groups, names will be obtained of the students from professors who agree to participate, and each possible respondent will be assigned a number. The two groups will be obtained by use of a calculator which will generate random numbers. This is done to ensure validity, and eliminate bias.

The television program shown will be *Extreme Makeover*. This specific program is being utilized because in the first six weeks *Extreme Makeover* increased ABC's viewership by 3.6 million, specifically among adults 18-49, viewing increased 114%

(RealityTVWorld.com, 2003). This is the largest increase of any network in the 2003 season, and it also includes a portion of the age group targeted in this study. Further, viewing of *Extreme Makeover* is increased by 50% from its first half-hour to its second among adults 18-49, which is the largest build for any TV show in the 2003 season from start to finish. *Extreme Makeover* has been a significant program in the plastic surgery reality television genre. Also, it depicts average men and women receiving plastic surgery in order to boost their self-image satisfaction and self-esteem. As a result, this television program plays an important role in the plastic surgery reality television genre.

The other half of respondents in the sample will not be viewing any of the related programming. Further, they will be asked to abstain from watching any plastic surgery related television for a week, so they are not influenced by it. This group will be the control group, in order to increase reliability. The data from the two groups will be compared after the experiment is done for support if there is shown to be a decrease in self-esteem and body-image satisfaction in the experimental group. If self-esteem and body-image satisfaction stay about the same in the control group, but changes in the experimental group then it may be suggested that the viewing of the plastic surgery reality television program had an influence upon the two test variables.

After the experiment, the respondents will be again given the same survey, excluding the information pertaining to viewing of plastic surgery reality television programs. The control group will be given the second survey again; however they will receive the second survey through e-mail on the same day that the other group undergoes the experiment. E-mail addresses will be obtained from the professors. The experimental group will fill out the second survey immediately after viewing. Giving the survey before

and after viewing is vital to testing the cause-effect relationship between viewing and self-esteem and body-image satisfaction. The viewing of the experimental group is essential to ensure that there has been exposure to the related programming.

To test if there is a causal relationship between self-esteem and viewing plastic surgery reality television programs, and to answer the first research question, respondents will be given a ten-item Guttman scale, items 1-10 on the survey. This scale will be used to operationalize self-esteem by determining people's self-reported responses of attitude toward self-esteem. This reliability of this scale has been proven in past studies which have utilized this same method, included in the review of literature. The Guttman scale has satisfactory reproducibility and scalability, the reproducibility of the scale is 92 percent and its scalability is 72 percent, these coefficients are satisfactory in terms of the criteria established by Guttman and Menzel (Rosenberg, 1989, p. 16-17). Further, the scale is internally reliable and has proven to have face validity (Rosenberg, 1989, p. 30). The adequacy of each item is determined by its relationship with the other items on the scale, not to a total score. Items were selected so as to directly deal with the element under deliberation. "Positive" and "negative" items were alternated to facilitate and reduce the effect of respondent set (Rosenberg, 1989, p. 18). The items deal with a favorable or unfavorable attitude toward oneself. Respondents will be asked the extent to which they strongly agree, agree, disagree, or strongly disagree with each of the ten items by circling their response. Respondents self-reported answers to these items will be used to derive a self-esteem "score" for each respondent, ranging from low to medium to high (see Appendix C for scoring).

To test if there is a causal relationship between body-image satisfaction and viewing plastic surgery reality television programs, and answer the second research question, statements 11-22 on the survey will be evaluated by the respondent. In order to determine overall body-image satisfaction, each respondent will be given a perceived physical appearance score, a height dissatisfaction score, and a weight dissatisfaction score. The first group of statements, 11-18 will follow the set-up of the Guttman scale; however they are my own original statements. Self-reported physical appearance satisfaction will be calculated based upon respondent's evaluation of the statements whether they strongly agree, agree, disagree, or strongly disagree. Each option for each statement will be given a point value (See Appendix D). The points will be added up for all of the questions, and this number will be the respondents perceived physical appearance score. These statements will help to explain the respondent's attitudes about their body image and appearance satisfaction.

To ensure validity since items 11-18 are original, items 19-22 will also be used to determine respondents' height and weight dissatisfaction. Respondents will be asked to report their actual and ideal height and weight following the Anderson et al. study, 2001. These will be open-ended questions since the respondents are filling in this information. Satisfaction of height and weight will be calculated as a proportion of the difference between self-reported ideal and actual. The absolute difference between the ideal and actual is divided by the actual (Anderson et al., 2001). The result will be a score, with zero indicating the respondent is satisfied with his or her height and/or weight. Each respondent will be given a score in order to determine their weight dissatisfaction and their height satisfaction. These two scores along with the perceived physical appearance

score will be used to evaluate each respondent's overall body-image satisfaction, since overall body image satisfaction cannot be determined just by each factor alone.

The next item on the survey, 23, will ask respondents an open-ended question asking them to indicate the amount of time they spent viewing this genre of reality television in the last week. The question is open-ended so that it may be as accurate as possible. Considering the amount of outside time spent viewing is important because if a respondent has spent time viewing these types of programs outside of the experiment they may have an extra influence. The experiment seeks to control the amount of time spent viewing, however, it cannot be controlled what the respondent does outside of the experiment. Considering this reduces a limitation of the study.

The last items on the survey instrument, 24 and 25, will include demographical information about the respondents. Number 24 on the survey will be used in order to measure the variable of sex. Respondents may choose either 1) Male or 2) Female. This will help to answer the third and fourth research questions, if plastic surgery reality television shows have a greater impact upon the self-esteem of males or females. Respondents will also be asked to indicate their age in the last item on the survey; this is to verify that respondents are in the target age group, between 18 and 24 so that their information can be used in the study.

Conclusion

Upon completion of this study, I hope to offer further insight into the effects upon self-esteem and body-image satisfaction and viewing reality television programs with plastic surgery content. Previous studies have investigated the relationship between self-

esteem and body-image satisfaction, as well as the influence of television and the media upon these two variables. However, there has not yet been a study which helps us learn about the effect of upon these variables after viewing a specific genre of television, reality programs with plastic surgery content. I believe the method chosen, the combination of both the survey instrument and experiment design, will allow offer valuable information about the effects upon the sample chosen.

While this study may offer important insight, there are limitations which may impact the results and the extent to which information may be concluded. The first limitation of this study is that the sample is limited to one college and one geographical area. Since the sample is a convenience sample, results are limited. The results may be used to discuss what the sample reported, but since it was not a random sample of all RIT students, the results can not be generalized for all RIT students. Further, the results may not be generalized for all college students. The results are limited only to what my respondent's surveyed. Further, data collected through the survey is soft data. Since respondents are asked to self-report this information, we must rely on them to be accurate and truthful. We are depending on what they say versus the actual. We can not see self-esteem or body image satisfaction; we only know what the respondents say about it. A possible limitation may be that two hours of exposure may not be enough to have a significant influence on self-esteem or body image satisfaction. This study may only say that the effects of viewing are based on only two hours of viewing. Also, since the survey is given immediately after viewing, you can not determine that these effects are persistent. The effects only might be strong after exposure; however, they may not last.

While this study does have various limitations, it may offer very useful information. It may also be helpful in future work. If the results of this study indicate a strong effect on decreased self-esteem and body image satisfaction, it may be necessary to perform a more thorough and general study. Would the results be the same with a greater population? Self-esteem and body image satisfaction are very sensitive issues dealing strongly with people's emotions. It is important to know if this kind of viewing has the power to lower self-esteem and body image satisfaction. Also, other age groups may be studied. While the college age is an important group, younger children and teens will also be important to study because they are very impressionable. These effects could be stronger on them, and the effects could possibly be more dangerous. Also, this study may offer further insight into reality television. It might be important to study how strongly people view reality television. "At their core, extreme-makeover shows are entertainment, but their effect is to normalize plastic surgery," George (2004). Are these programs merely for entertainment purposes or does this genre of television shows actually have the potential to affect viewers' thoughts, emotions, and feelings? This study offers many possible roads for further study and research.

Appendix A (letter to Professors of potential sample classes):

Dear <insert>,

A growing trend in television has focused on reality television. In particular many reality shows have emerged containing plastic surgery content. I am a senior at RIT proposing a study in order to determine two effects of viewing of these types of shows. I am interested in looking at the effect on self-esteem and on body image satisfaction. Previous studies have looked at the effect of media on self-esteem and body image satisfaction, however, that has not yet been applied to the genre of reality television programs with plastic surgery content. My study is interested in looking at these effects upon college students.

I am asking for your consideration in allowing your class to participate in this study. Participation would include taking a brief survey, distributed in class by me. Half of the students would then be asked to come in on their spare time to view two hours of plastic surgery reality television programming. All students will then be given the survey again. The students viewing the program would be given the survey immediately after, and the other students would receive the survey again through e-mail which would be returned to me.

Participation would include a chance for students to take part in an important study in order to help understand the effects of a recent phenomenon. Their results will help to understand if the effects of these types of programs are dangerous and harmful upon viewer's self-esteem and body image satisfaction.

Thank you for your time and consideration. I can be reached at (315) 345-4689 should you have any questions.

Sincerely,
Katherine Robert

Appendix B (Survey instrument):

Self-Esteem and Plastic surgery reality television

First, you will be asked a few questions about how you feel about yourself. Please rate the extent to which you strongly agree, agree, disagree, or strongly disagree with the following statements by circling your response:

- 1) On the whole, I am satisfied with myself.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 2) At times I think I am no good at all.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 3) I feel that I have a number of good qualities.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 4) I am able to do things as well as most other people.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 5) I feel I do not have much to be proud of.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 6) I certainly feel useless at times.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 7) I feel that I am a person of worth, at least on an equal plane with others.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 8) I wish I could have more respect for myself.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 9) All in all, I am inclined to feel that I am a failure.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 10) I take a positive attitude toward myself.
Strongly agree _____ agree _____ disagree _____ strong disagree

Next, you will be asked a few questions concerning how you feel about your appearance. Please rate the extent to which you strongly agree, agree, disagree, or strongly disagree with the following statements by circling your response:

- 11) If I could change something about my body I would.
Strongly agree _____ agree _____ disagree _____ strong disagree

- 12) Overall, I am happy with my weight.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 13) I do not find myself attractive.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 14) Overall, I am happy with my physical appearance.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 15) I frequently worry about my weight.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 16) I spend a great deal of time on my appearance.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 17) I would have more self-worth if I were more attractive.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 18) I frequently worry about my appearance.
Strongly agree _____ agree _____ disagree _____ strong disagree
- 19) Please state your actual height: _____ ft. _____ inches
- 20) Please state your ideal height: _____ ft. _____ inches
- 21) Please state your actual weight: _____ lbs.
- 22) Please state your ideal weight: _____ lbs.

The next set of questions will be used to learn more about your reality television viewing habits. Please answer as approximately as you can

- 23) Please specify the approximate number of hours you spent viewing reality television with plastic surgery content last week: _____ hour(s) _____ minutes

Finally, please indicate the following. These items are confidential and will be used for statistical purposes only.

- 24) Sex: Male _____
Female _____
- 25) Your present age: _____

Appendix C

Evaluating the Guttman Scale: Scale items are presented here in order from the strongest to the weakest responses; the items were represented in a different order on the survey. “Positive” responses are indicated by asterisks, and “positive” responses indicate low self-esteem.

Scale Item I

If a respondent answer 2 out of 3 or 3 out of 3 positively, he or she received a positive score for Scale Item I. If he or she answered 1 out of 3 or 0 out of 3 positively, he or she received a negative score for Scale Item 1.

I feel that I’m a person of worth, at least on an equal plane with others.

- 1 Strong agree
- 2 Agree
- *3 Disagree
- *4 Strongly disagree

I feel that I have a number of good qualities.

- 1 Strong agree
- 2 Agree
- *3 Disagree
- *4 Strongly disagree

All in all, I am inclined to feel that I am a failure.

- *1 Strong agree
- *2 Agree
- 3 Disagree
- 4 Strongly disagree

Scale Item II

One out of 2 or 2 out of 2 positive responses were considered positive for Scale

Item II.

I am able to do things as well as most other people.

- 1 Strong agree
- 2 Agree
- *3 Disagree
- *4 Strongly disagree

I feel I do not have much to be proud of.

- *1 Strong agree
- *2 Agree
- 3 Disagree
- 4 Strongly disagree

Scale Item III

I take a positive attitude toward myself.

- 1 Strong agree
- 2 Agree
- *3 Disagree
- *4 Strongly disagree

Scale Item IV

On the whole, I am satisfied with myself.

- 1 Strong agree
- 2 Agree
- *3 Disagree
- *4 Strongly disagree

Scale Item V

I wish I could have more respect for myself.

- *1 Strong agree
- *2 Agree
- 3 Disagree
- 4 Strongly disagree

Scale Item VI

One out of 2 or 2 out of 2 positive responses were considered positive.

I certainly feel useless at times.

- *1 Strong agree
- *2 Agree
- 3 Disagree
- 4 Strongly disagree

At times I think I am no good at all.

- *1 Strong agree
- *2 Agree
- 3 Disagree
- 4 Strongly disagree

Appendix D:

Evaluating perceived physical appearance: Positive responses to physical appearance statements will receive higher point values, and negative response will receive lower point values, ranging from 0 to 3. Total points for each statement will be totaled to derive a perceived physical appearance score.

If I could change something about my body I would.

Strongly agree (3) ____ Agree (2) ____ Disagree (1) ____ Strongly disagree (0)

Overall, I am happy with my weight.

Strongly agree (0) ____ Agree (1) ____ Disagree (2) ____ Strongly disagree (3)

I do not find myself attractive.

Strongly agree (3) ____ Agree (2) ____ Disagree (1) ____ Strongly disagree (0)

Overall, I am happy with my physical appearance.

Strongly agree (0) ____ Agree (1) ____ Disagree (2) ____ Strongly disagree (3)

I frequently worry about my weight.

Strongly agree (3) ____ Agree (2) ____ Disagree (1) ____ Strongly disagree (0)

I spend a great deal of time on my appearance.

Strongly agree (3) ____ Agree (2) ____ Disagree (1) ____ Strongly disagree (0)

I would have more self-worth if I were more attractive.

Strongly agree (3) ____ Agree (2) ____ Disagree (1) ____ Strongly disagree (0)

I frequently worry about my appearance.

Strongly agree (3) ____ Agree (2) ____ Disagree (1) ____ Strongly disagree (0)

Appendix E:

The following databases were used:

-Academic Search Elite via Ebsco

Date Coverage: Indexing, 1984 - present; Full text, 1985 - present.

-Arts & Humanities Search via First Search

Date Coverage: 1980 - present

-Ebsco Host Databases

Date Coverage: Indexing, 1984 - present; Full text, 1990 - present.

-ComAbstracts/Communication Abstracts

Date Coverage: Abstracts, 1966 - present

-Sociological Abstracts/CSA Illumina

Date Coverage: 1952-present

-Health Source: Nursing/Academic Edition via Ebsco

Date Coverage: Indexing, 1984 - present; Full text, 1990 - present.

-Psych Info

Date Coverage: 1887 – present

-PsychARTICLES

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