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ATTITUDES TOWARDS PLASTIC SURGERY IN COLLEGE MEN AND WOMEN

by
Margaret Rose Hovan

A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of
the requirements of the Sally McDonnell Barksdale Honors College.

Oxford
May 2018

Approved by

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Reader: Dr. Kirsten Dellinger

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ABSTRACT

MARGARET ROSE HOVAN: Attitudes towards Plastic Surgery in College Men and
Women

(Under the direction of Elise Lake)

The aim of this study is to determine whether exposure to extreme makeover based reality television programs is related to the attitudes of college-aged individuals towards the acceptability of obtaining plastic surgery procedures and how students view plastic surgery itself. Interviews consisting of closed- and open-ended questions measured the possible influence that exposure to plastic surgery reality television programs, familial experience with plastic surgery and parental attitudes towards plastic surgery, among other factors, have on one's attitudes towards plastic surgery. The data collected were then entered into Qualtrics and analyzed using Statistical Package for the Social Sciences (SPSS) or coded for common themes to determine significance. This study found that college women have more exposure to plastic surgery reality television programs than college men. Qualitative responses suggest that many college individuals consider having cosmetic surgery private or personal and worry about being judged for having such procedures. The small sample size of the study was limiting in determining the significance of the findings, but analysis revealed many possibilities for future research.

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I. Introduction

In the past few years, there has been an increase in the amount of plastic surgery related content on television. Exposure to programs where individuals alter their appearance by surgical means could possibly have an effect on the attitudes of viewers. The rise in numbers of this type of television programs suggests that younger generations are the primary viewers (Wegenstein 2012) and that adolescents are particularly susceptible to body modification because of risk taking tendencies (Rodriguez Cano and Sams 2010). Extreme makeover-based reality television programs present plastic surgery in a format that can potentially desensitize viewers and normalize taboos associated with body modification. In this study, I examine the relationship between exposure to extreme makeover reality television programs and the attitudes of college-aged individuals regarding the acceptability of obtaining plastic surgery procedures and how students view plastic surgery itself. I will investigate the attitudes of male and female college students towards plastic surgery to examine the possibility of positive experiences or reactions as they may be related to exposure to extreme makeover-based reality television programs.

Many studies have attempted to discover the relationship between media exposure and body image and have found that unrealistic images of women in media are associated with body dissatisfaction and body anxieties. Identifying the relationship between exposure to plastic surgery reality television programs and attitudes about obtaining plastic surgery and plastic surgery as a practice could determine if altered perceptions of plastic surgery lead to individuals pursuing body modification or transformative procedures. Studies gauging attitudes towards plastic surgery in middle-aged females

have found that media have a primarily direct effect on attitudes towards cosmetic surgery (Slevec and Tiggemann 2010). Other studies examine the attitudes towards cosmetic surgery of college-aged females in relation to objectification theory (Calogero et al. 2010) and societal appearance ideals (Menzel et al. 2011).

Frequent exposure to plastic surgery content in one's life may desensitize individuals to the risks and taboos associated with having plastic surgery. In the past, plastic surgery was done secretly and rarely every spoken about (Adams 2009). The change in the presentation of plastic surgery in today's society reveals the transition in cultural norms and may be predictive of accepting attitudes towards plastic surgery. Exposure to plastic surgery, from both the media and other outlets, could possibly influence one's attitudes towards plastic surgery, so this study will also relate familial experience with plastic surgery and attitudes.

Parental attitudes can be deterministic of attitudes of their children (Henderson-King and Brooks 2009). College students who are between the ages of 18 and 22 are newly out of their parents' homes and may still be influenced by their parents in decision-making processes and attitude formation, but they are also in the risk-taking stage of their lives (Adams 2009). In this study, I wanted to see if parental attitudes towards plastic surgery are related to their college-aged children's attitudes because adolescence is a highly variable time in one's life and may be affected by influences of closely-related individuals.

Many external factors may influence attitudes and I have decided to explore the relationship between the attitudes of college-age men and women and exposure to plastic surgery reality television shows, exposure to plastic surgery from familial experience and

parental attitudes towards plastic surgery. I use both men and women students as respondents because little prior research shows strong relationships between external variables and men's attitudes towards plastic surgery. Data were collected by conducting interviews that consisted of 35 open- and closed-ended questions from 51 undergraduate students at the University of Mississippi.

II. History of Plastic Surgery

The word plastic as it is used in the phrase plastic surgery is derived from the Greek word “plastikos” meaning to create, shape or form (Cock, 2014). In ancient times, plastic surgery was done for those who received punishment in the form of having their nose cut off. This disfiguration is referred to as a “dishonoring wound” because it commonly occurred to individuals who were sexually promiscuous (Cock, 2014). Rhinoplasties became more well known when Gaspar Tagliacozzi performed the procedure for individuals in the sixteenth century. Although various reports may say differently, Tagliacozzi stated that he did this procedure for purely reconstructive means (Cock, 2014). Tagliacozzi's goal was to dignify individuals who had received the shame of this physical sentence.

The erosion of the nose that occurred because of the pox, now referred to as syphilis, is the most well-known example of plastic surgery done for health reasons in the seventeenth century (Cock, 2014). Although the cultural stigmas associated with diseases vary, the need for rhinoplasties to be done for these reasons shows the significance of disease in association with plastic surgery (Cock, 2014). The reputation of individuals who had contracted syphilis was very obvious and physicians who associated with these individuals were morally suspect. Many other surgeons were reluctant to openly do this

procedure for debauched individuals, so that is why advancements in plastic surgery did not occur until wartime injuries sparked a need for such procedures (Cock, 2014).

In “Plastic Surgery History (2005)” Karol Gutowski reviews the short film *A Plastic Story: A Short History of Plastic Surgery* (2003) directed by Antoine Hurtado Huyssen. In this work, the earliest beginnings of plastic surgery are noted and renowned plastic surgeons provide commentary on important times for this specialty. The first book about plastic surgery was published by Gaspar Tagliacozzi in 1597. The nasal reconstructions mentioned in this book were done for individuals who lost their nose to trauma or disease. Further work was published in the 1800s and the word rhinoplasty became commonplace. The facial defects that occurred during World War I because of trench warfare gave rise to a new era of plastic surgery. After these surgical procedures were created to reconstruct the faces of soldiers with tragic defects, the first aesthetic procedures emerged. In the 1920s, plastic surgery began to flourish in North America and the first breast reduction and mini-facelift were recorded. The controversies associated with plastic surgery surrounding silicone implants and liposuction for cosmetic means arose in the 1990s and may have contributed to the common beliefs that cosmetic surgery and plastic surgery are the same.

The injuries that resulted from trench warfare gave rise to a new discipline in medicine, reconstructive plastic surgery. Soldiers who fought in trenches had protection from the neck down, but their faces were exposed to the enemy’s fire. Readjusting into society was difficult for these soldiers because of facial disfigurements, so surgeries were created by Sir Harold Gilles and Hippolyte Morestin to reduce the mutilations. Both of these physicians worked primarily with dental surgeons to improve techniques for bone

and skin grafting that were used to repair deformities in the faces and jaws of wounded soldiers. This work happened at the Queen's Hospital in Sidcup, England, a district of London (Sykes and Bamji, 2010). Work done on soldiers created the field of plastic surgery that was more acceptable to the medical community. Cosmetic or beautification procedures had been attempted before this time, but they were looked down upon because of their frivolous nature.

In the United States, beauty and cosmetic surgery advertisements began in the late twentieth century (Denkler and Hudson, 2015). John H. Woodbury was the first pioneer of cosmetic surgery in the United States and developed many surgical operations in this field (Denkler and Hudson, 2015). Woodbury dedicated his career to fixing and treating facial disfigurements after he had a facial deformity fixed by physicians during his childhood (Denkler and Hudson, 2015). The procedures that Woodbury created and offered at his surgical institutes were those that improved facial imperfections in minor ways. His efforts made the field of plastic surgery innovative and lucrative. Americans' desires to have these procedures done by Americans made the United States the leader in this field compared to other major countries.

In "A Brief History of Plastic Surgery: A Mural's Perspective" (2015) by Jose Guerrerosantos, Oscar F. Fernandez-Diaz, and Hiram Fernandez-Diaz, the first mural depicting the history of plastic surgery at the Jalisco Reconstructive Surgery Institute is examined. The plastic surgeon's hand in the center of the mural is "holding a scalpel, ready to improve and correct wounds or deformities through modeling, creating, or reconstructing" (1018). Reconstructive surgery was the first to emerge in the discipline of plastic surgery, but people now associate cosmetic surgery more commonly with

plastic surgery. Plastic surgery began as a reconstructive field and has transformed into an industry in which frivolousness thrives and individuals can transform themselves if they have the resources to do so (Denkler and Hudson, 2018).

III. Media Exposure and Body Image

Body dissatisfaction has become increasingly common in American girls and young women. A meta-analysis done by Shelley Grabe, L. Monique Ward and Janet Shibey Hyde entitled “The Role of the Media in Body Image Concerns Among Women: A Meta-Analysis of Experimental and Correlational Studies” (2008) examined the relationship between body image concerns and exposure to media that contain images of thin characters and celebrities. The type of media exposure analyzed in this meta-analysis consisted of fashion magazines, television commercials and television programs that were appearance-focused. Repeated exposure to this media content leads individuals to accept these images of women as representations of reality. Normalization of these images leads women to become more dissatisfied with their own bodies due to constant comparison. Analysis of research done shows that women feel worse when exposed to images of thin women as opposed to neutral ones. The number of hours a week individuals are exposed to newspapers, radio and other media that may contain messages or images related to the thin ideal can be used as an assessment of alternative media exposure. The results of this study found that overall, media exposure is associated with increased levels of body dissatisfaction in women and increased investment in appearance.

Media-induced body dissatisfaction was examined by Julie Slevec and Marika Tiggemann in “Media Exposure, Body Dissatisfaction and Disordered Eating in Middle-

aged Women” (2011). In this study, one hundred and one women between the ages of thirty-five and fifty-five answered questionnaires that measured media exposure, thin-ideal internalization, social comparison, appearance investment, aging anxiety, body dissatisfaction, and disordered eating. The results showed that television exposure was positively related to body dissatisfaction. Although much of the research done on this topic shows a relationship between media exposure and body dissatisfaction in young women, this study successfully shows that there is a relationship between media exposure and body dissatisfaction in other age groups.

Body image concerns have become normative in Western society. In “Psychological Functioning, Media Pressure and Body Dissatisfaction among College Women” (2011) by Rodger, Sales and Chabrol, the relationship between media exposure and body dissatisfaction was examined. This article is relevant to my study because it focuses on perceived media pressure to conform to idealized images presented in mass media. Social phobia in combination with media pressure was a significant predictor of body dissatisfaction. This suggests that appearance comparison plays an important role in body dissatisfaction. Individuals who experience social phobias see themselves as lacking in certain areas and are more vulnerable to experience negative feelings and be influenced by social desirability. This study furthered previous research conducted on media exposure in college-aged females and body image by emphasizing the role that social phobias play into individual dissatisfaction.

In “Body Dissatisfaction and Body Comparison with Media Images in Males and Females” (2007) by Patricia van den Berg et al., body comparison was examined using media images. The authors of this study investigated whether media body comparison

contributed to thin ideal pressures and body dissatisfaction. Participants in this research were males and females who responded to Eating Among Teens, a large epidemiological study that collected information about dietary intake, weight and body image of adolescents of diverse ethnic backgrounds. Assessment of media body comparison was done by using the Sociocultural Attitudes toward Appearance Questionnaire to see if young individuals compare themselves to celebrities or images of individuals in magazines. Participants were also asked to indicate the frequency with which they watched television or videos weekly. The study concluded that media body comparison is significantly associated with body dissatisfaction in women, but that there is not a significant relationship between media body comparison and body dissatisfaction in men.

Although men have received less research attention, Nikkelen et al. focused on media influence on body image of males in “Influence of Visual Attention on Male Body Dissatisfaction After Idealized Media Exposure” (2007). Studies have found that men are somewhat dissatisfied with their bodies and prefer bodies that are leaner and muscular. Negative contrast theory suggests that individuals tend to compare themselves to images in the media and develop negative feeling about their bodies. Contemporary images of men in media show a more muscular body than the bodies of average men and exposure to these images may foster a negative effect on male body dissatisfaction. This study consisted of fifty-seven participants among a student population that ranged from nineteen to thirty-three years of age. The results revealed that media images do not affect all men equally. Some men may be more susceptible to developing body dissatisfaction than others due to media exposure, but overall, body dissatisfaction did not differ between men who had been exposed to neutral media or idealized media content.

An extensive review of 15 studies by Anna Blond entitled “Impacts of Exposure to Images of Ideal Bodies on Male Dissatisfaction: A Review” (2008) explored the effects that advertisements and commercials containing idealized images of men have on male body dissatisfaction. Social comparison theory is used to explain the connection between individual body satisfaction and images shown in media. Overall, the studies had a small positive effect size that suggests that exposure to media showing ideal male bodies has a small significant effect on body dissatisfaction. The accounts of dissatisfaction all resulted from images presenting athletic male bodies. These images in combination with those containing attractive faces have the greatest influence on male body dissatisfaction. This study suggested that some men think this ideal is attainable and may view these images as a source of inspiration instead of discouragement.

IV. Body Modification and Society

In “Bodies of Change: A Comparative Analysis of Media Representations of Body Modification Practices” (2009), Josh Adams compares representations of cosmetic surgery, tattoos and body piercings in mass media accounts. Media outlets frame issues so that they reinforce normative standards. An increasingly popular subject in the media are topics regarding self-betterment. Content about cosmetic surgery, exercise and diets emphasize cultural beauty ideals and the importance of attractiveness and personal appearance. This practice has led to the assimilation of cosmetic surgery into mainstream culture. The frame in which cosmetic surgery is currently presented in the media suggest that it is accessible for everyone, but in the past these procedures were luxuries reserved for the rich. Newspaper analysis revealed that cosmetic surgery has a higher degree of social legitimacy in comparison to other body modification practices.

The current way that cosmetic surgery is presented in the media omits many of the real issues associated with surgery and the postsurgical recovery process. This analysis also showed that media coverage of cosmetic surgery is highly gendered and is directed primarily towards female viewers and readers. The presence of men and women in newspaper articles regarding cosmetic surgery differs in the rationales that individuals must give for having such procedures. Men having cosmetic procedures must have rational justification for doing so unless they want to be seen as feminine or vain. Cosmetic surgery is a way for men to adapt in workplaces that are full of young individuals so that they do not fall behind or get forgotten. The justification of maintaining a specific appearance to stay relevant in the workplace makes getting plastic surgery acceptable for men. Regardless of gender, cosmetic surgery is presented in the media as a way to maintain a youthful appearance and stay relevant in a society where energy often trumps experience.

The current presentation of race in cosmetic surgery media content is focused on the idea that certain procedures are associated with certain ethnic groups. Individuals of certain races may not necessarily be trying to look “white” when they have certain procedures done. Goals of individuals are related to social or cultural acceptance and identification with a dominant racial or ethnic group or white-centered aesthetic standard. Prevalence of the words beauty, youth and ideal show that individuals of any race or gender obtain plastic surgery to look better and thrive in a society obsessed with physical appearance. The aesthetic expectations of our culture are framed by mass media and the attitudes that individuals have about cosmetic surgery play an important part in the increasing popularity of certain body modification practices in today’s society. The

positive transformative experiences shown in some mass media regarding cosmetic surgery have attempted to de-gender these practices, legitimize them socially and popularize them in our culture (Adams 2009).

“Body Modifications and Young Adults: Predictors of Intentions to Engage in Future Body Modification” (2010) by Cynthia Rodriguez Cano and Doreen Sams examined the likelihood that college students who have already engaged in body modification will do so again. Body modification is a way for young adults to express control over their bodies and identities. Individual’s identities are created and change as the world changes around them. Those who alter their bodies through modification nonverbally communicate their identity to others and express their group affiliations and other relationships. Cultural experiences can be influenced by the generational status and age of individuals and the decisions that those individuals make at different stages in life. This study consisted of a sample size of 454 college students and seventy-seven percent of the participants had engaged in some kind of body modification and intend to continue plastic surgery and tattoos in large numbers in the future. This study showed a strong positive relationship between previous and future likelihood to pursue body modifications and suggests that attitudes and perceptions change as self-expression does. College students are more likely to engage in body modification because younger individuals tend to be vain and impulsive (Rodriguez Cano and Sams 2010).

The emergence of plastic surgery reality television and television reality makeover shows has created a culture that focuses on the cosmetic gaze, “the search for the younger more productive sexual self”(Wegenstein 2012), and targets assumptions, desires and images of audiences who want to have transformative experiences themselves. In *The*

Cosmetic Gaze, Bernadette Wegenstein talks about the normalization techniques that are used to make body modification and self-adjustment part of popular culture. Wegenstein argues that watching these transformative experiences on television makes body and body image one. Determining beauty and understanding beauty standards in our society has contributed to this wave of presenting body modification on a public stage.

Individuals who begin their transformative experience as average or beautiful can become beautiful or really beautiful with plastic surgery. Current statistics show that the age of individuals who are undergo cosmetic procedures has gotten younger. “In the United States in 2006, 16,477 rhinoplasties, 7,915 Botox injections, and 5,423 Hylaform/Restylane injections were performed on adolescents who were eighteen years and younger” (113). Wegenstein attributes this to the quick fix mentality of younger generations and the celebrity culture that is prominent in everyday life.

Part of celebrity culture includes the new wave of reality television celebrities who arose with the reality TV revolution of the early two-thousands. Viewers watch these programs and see “real people” with whom they can identify. People in cosmetic surgery reality television programs show others that real bodies can be media bodies and present plastic surgery as accessible to all. The increase of these programs since their inception has contributed to the increase in cosmetic surgery done in the United States. The increased media coverage of this topic has exposed individuals to a culture that could alter one’s perception of physical attractiveness, body image and the practice of plastic surgery. Wegenstein conducted an in-study in Buffalo, New York and Los Angeles, California (2004, 2005, 2006) of college-aged females and males about viewing patterns of *The Swan* (Fox) and *I Want a Famous Face* (MTV). The results showed that Buffalo

students watch these shows more and exhibit more beauty anxiety than students in Los Angeles. Women were generally more likely to watch the shows than men and to feel increased body anxiety. The reality television market has created a vicious cycle where individuals who watch feel anxious and those who feel anxious watch. Body modification has become normalized in today's society because of the media exposure and the way that plastic surgery procedures are presented.

V. Attitudes towards Cosmetic Surgery in College Students

Studies have examined college women's attitudes towards cosmetic surgery because cosmetic surgery is culturally and socially viewed as a gendered activity (Henderson-King and Brooks 2009). The experiences that women have with their bodies are subject to objectification and lead to participation in activities that enhance physical appearance. Some of the pressures women feel to monitor and alter their bodies come from media conglomerates, corporations, celebrities and techniques that support unrealistic beauty standards of today's society. In "Materialism, Sociocultural Appearance Messages, and Paternal Attitudes Predict College Women's Attitudes about Cosmetic Surgery" (2009) by Henderson-King and Brooks, a positive relationship between internalization of social standards and acceptance of cosmetic surgery procedures was identified. Women who accept sociocultural messages about beauty and attractiveness are more likely to consider cosmetic surgery procedures and desire a larger number of such procedures. This study also found that familial attitudes towards plastic surgery are deterministic for one's acceptance of cosmetic surgery, but that friends' attitudes were not predictive of individual attitudes. This study used the Acceptance of Cosmetic Surgery scale (Henderson-King and Henderson King 2005) and the results further validated this test.

Investigation of attitudes towards cosmetic surgery using objectification theory was done by Calogero et al. in “Objectification Theory Predicts College Women’s Attitudes Toward Cosmetic Surgery” (2010). Experiencing sexual objectification and body shaming by others is predictive of one having plastic surgery and suggests that women reflect on sociocultural expectations of attractiveness and beauty heavily. Objectification theory is demonstrated in interpersonal and social encounters and in media content that focuses on women’s bodies. This study found that the frequencies of experiences with sexual objectification and body shame were predictors of giving social reasons for accepting cosmetic surgery. This suggests that social evaluations of women are a driving force in the increased number of cosmetic procedures done and the greater acceptability of plastic surgery for this gender. Interpersonal and intrapersonal variables like negative body image, appearance-based self-esteem and body anxiety are linked to people’s attitudes towards cosmetic surgery and reveal deeper reasoning for acceptance of this once-controversial practice.

A study done in Florida on college men and women by Menzel et al. entitled “Internalization of Appearance Ideals and Cosmetic Surgery Attitudes: A Test of the Tripartite Influence Model of Body Image” (2011) examined the role of body satisfaction, pressure to have cosmetic surgery and social appearance ideals internalization in relation to cosmetic surgery attitudes. The distribution of males and females was not equal in this study and had a 20 percent male to 80 percent female ratio. This study attempted to detect the level of body image concerns in men and to further understand formative influences of attitudes towards cosmetic surgery by using the Tripartite Influence Model of Body Image. This model examines the relationship between

eating disorders and body dissatisfaction by focusing on social comparison, internalization of appearance ideals and sociocultural influences. This study found an interesting difference between how social pressures operate on each gender and relate to male and female cosmetic surgery attitudes. Body dissatisfaction has a strong association with accepting attitudes towards cosmetic surgery in males. Females, however, experience social pressures that cause internalization of beauty ideals and that internalization is associated with positive cosmetic surgery attitudes. This work still claims that there are many paths for future research to be done in exploring college male attitudes towards cosmetic surgery and supports other findings regarding the attitudes towards cosmetic surgery in college females.

VI. Data Collection Methods

For my study, I conducted interviews of college students over the course of one week at the University of Mississippi, using the second floor study room of Burns Hall. Participants of this study had to be currently enrolled undergraduates at the University of Mississippi between the ages of eighteen and twenty-two. This study population was selected because previous research done on this topic suggests that college students are more likely to consider body modification procedures like plastic surgery (Rodriguez Cano and Sams 2010) and are the main audience of extreme makeover or plastic surgery reality television shows (Wegenstein 2012).

The data collected consists of responses from fifty-one participants. Questions at the end of the interview collected demographic information about age, gender and race and ethnicity of the participants. Participants were primarily from the United States, but four of the participants were international students who are currently enrolled at the University

of Mississippi. Ten of the participants were 18 years of age, eighteen participants were 19 years of age, seven were 20 years of age, nine were 21 years of age and seven were 22 years of age. Of the fifty-one participants, twenty-five identified as female, twenty-five identified as male and one identified as transgender female. In my analyses I included only data from respondents who identified as male or female, as I was uncertain whether the responses of the transgender woman might have been affected by her unique status as a transgender individual in a heteronormative society. Even numbers of interviews from male and females were conducted so that the collective responses of each gender could be compared equally. Twenty-seven of the participants identified as white, seventeen identified as black or African American, five identified as Asian or Pacific Islander, one identified as Biracial and one identified as other.

The non-random convenience sample consisted of participants that were recruited by word-of-mouth. Initial participants were individuals whom I contacted because of common classes or other regular interactions. Those individuals then told friends and others whom they thought may enjoy participating. To ensure that the desired age category was maintained, I specifically requested that participants encourage current undergraduate students to volunteer. I was the sole interviewer.

The 35 question interview used for data collection consisted of both closed- and open-ended questions. The interview and procedures for this study were approved by IRB as Exempt under 45 CF 46.101(b) (#2). I started the interviews by telling participants about my interest in this topic and giving a brief overview of the differences between reconstructive plastic surgery. Most interviews lasted about fifteen minutes, but some participants took additional time. No interview lasted more than thirty minutes. The

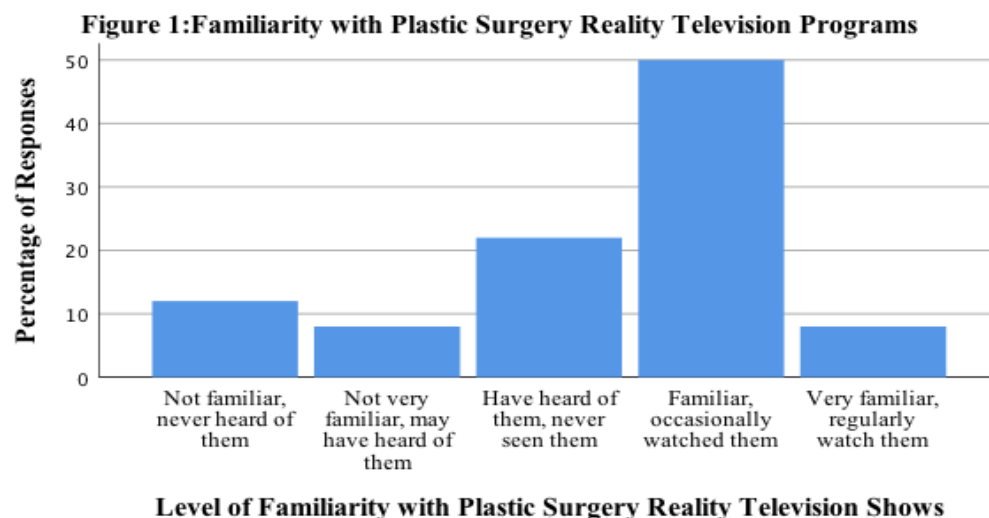
majority of the questions used were modified or directly drawn from the Acceptance of Cosmetic Surgery Scale (ACSS) (Henderson-King and Henderson-King 2005) and the Cosmetic Surgery Attitudes Questionnaire (CSAQ) (Sarwer et al. 2005), and used five-point response scales beginning with strongly agree and ending in strongly disagree. Questions that were not drawn from these instruments were created by me with the assistance of my research advisor. All interview questions can be found in Appendix A.

The interview instrument assessed three key independent variables among other variables. Research participants were first asked about family history regarding plastic surgery (“As far as you know, has anyone in your family gotten plastic surgery?”). This variable was measured because previous exposure to plastic surgery that is not media content may be a predictor of certain attitudes towards plastic surgery. Individuals with family members who have had positive experiences with plastic surgery might have the tendency to have positive attitudes towards plastic surgery. Those who have family members who have had negative plastic surgery procedures might have negative feelings towards the plastic surgery practice and have anxieties when considering such procedures themselves. Responses to this question showed that half of the participants did know a family member that had plastic surgery and the other half did not.

The second and third key questions in the interview are related to how likely individuals are to give advice to others about getting plastic surgery. Speaking to others about a topic may reveal one’s opinions and attitudes about that topic. Questions sixteen through twenty-one are associated with talking about having cosmetic procedures to family, friends and strangers and were followed up with “why?” to obtain qualitative

data. Reluctance and eagerness were used in these questions because they represent extremes and can provide information that reveals a dramatic difference in behavior that is related to one's attitudes towards plastic surgery. Differentiating between family, friends, and strangers may reveal privacy concerns regarding plastic surgery.

To determine exposure to plastic surgery reality television programs, individuals were asked about their familiarity with these programs ("How familiar are you with plastic surgery reality television shows?") and had response options that gauged the exposure ("not familiar, never heard of them," "not very familiar, may have heard of them," "have heard of it, never seen them," "familiar, occasionally watch them" or "very familiar, regularly watch them"). This independent variable is of interest because of the possible relationship between repeated exposure to content and desensitization of taboo body modification practices. Twenty-five participants answered with "familiar, occasionally watch them" response. The distribution of participant responses can be viewed in Figure 1. A follow up question identifying what reality shows this age category watched was used to see if individuals who watch this content favor similar programs or have seen some of the original shows of this genre.



Parental attitudes towards plastic surgery were measured in questions twenty-five and twenty-six by asking participants how supportive their mother or father would be if they decided to have plastic surgery. These questions were asked towards the end of the interview and are present to explore the relationship that familial expectations and attitudes towards plastic surgery have with each participant's attitudes. The responses to these questions were varied and can be viewed in Table 1. This independent variable is an important measure because pressures or influence of close individuals could relate to one's attitudes towards plastic surgery. Question twenty-seven is also associated with influence but is focused on how participants think their friends' attitudes are influenced by plastic surgery related media content. One cannot assume that individuals who are close to one another share common attitudes, but this question was included to determine the prevalence of surgery acceptance and rejection within the respondents' friend groups.

Table 1: Perceived Parental Support for having Plastic Surgery.							
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Total
26. My mother would support me if I choose to get plastic surgery.	16.0%	26.0%	4.0%	26.0%	18.0%	10.0%	100.00%
26. My father would support me if I choose to get plastic surgery.	2.0%	20.0%	16.0%	24.0%	38.0%	0.0%	100.00%

Questions seven, eight and nine are related to acceptability of having plastic surgery among closely-related individuals to the participant. Cosmetic surgery is something that may be acceptable for some and not others. Acceptability of plastic surgery practices is related to many outside influences and investigating how acceptable one sees plastic surgery for their peers, family and group members may indicate individual attitudes towards plastic surgery. Gauging acceptance of approval in obtaining plastic surgery among family, friends and other community members may reveal one's own attitudes towards plastic surgery and may also indicate the perceptions regarding plastic surgery in one's common environments.

Questions ten, eleven and twelve were used to relate financial predicaments or expectations to one's attitudes towards plastic surgery. Attitudes may be affected by one's financial situation or whether respondents see plastic surgery as frivolous or unnecessary. These questions were drawn from the CSAQ (Sarwer et al. 2005) and the ACSS (Henderson-King and Henderson-King 2005) and were used because previous studies showed that financial considerations have little impact on women's interest in cosmetic surgery (Sarwer et al. 2005). The relationship of finances and plastic surgery is of interest because money is required to have these procedures and accessibility may be predictive of one's attitudes towards this practice.

Level of medical risk of reconstructive and cosmetic surgical procedures was identified through questions fourteen and fifteen. These questions were created to see if individuals differentiate the level of medical risk associated with procedures done in the same field but for different reasons. Responses in this category also relate to possible fears that individuals have regarding hospitals, physicians and other medical practices

that could affect their attitudes towards plastic surgery. Cosmetic surgery is what is typically associated with plastic surgery, although reconstructive procedures were what initiated this field of medicine. Question four was also measured to determine if individuals view plastic surgery only as an enhancing practice. This mentality may be predictive of one's attitudes towards plastic surgery.

Question thirteen was used to determine what cosmetic procedures participants would consider getting. The responses from this question and questions twenty-nine, thirty and thirty-one which are from the ACSS (Henderson-King and Henderson-King 2005) and CASQ (Sarwer et al. 2005) are related to the seriousness with which participants have considered getting cosmetic surgery procedures. Communication of plans with others may reveal body dissatisfaction and indicate how societal appearance ideals put thoughts into action. Question twenty-eight identifies how often individuals speak to others about their plans of having cosmetic work done and relates to the how increased acceptability of plastic surgery has made it a normative practice and topic of conversation.

Desirability in relation to attitudes towards plastic surgery was measured using questions twenty-two, twenty-three and twenty-four. Partner acceptance and support is examined by asking individuals if they would modify themselves if their partner wanted them to get plastic surgery or thought it was a good idea and if they would support a partner who wanted to get plastic surgery. Responses in this category are related to the pressures that individuals face regarding physical attractiveness and the desire to please others. Accepting attitudes towards cosmetic surgery is measured in this set of questions by relating the likelihood to change oneself for love and altering personal attitudes for

love. Desires to be attractive and have success in relationships relate to large social pressures that may predict attitudes towards plastic surgery.

Question thirty-two was used from the ACSS (Henderson-King and Henderson-King 2005) and assesses the transformative experience that may occur to individuals who pursue cosmetic surgery. The idea of cosmetic surgery being beneficial to a person's self-image, not necessarily one's own self-image, examines the attitudes that one has towards others getting cosmetic surgery. Responses to this question reveal broader social attitudes towards plastic surgery and could be related to how extreme makeover or plastic surgery reality television programs present cosmetic surgery as a positive transformation.

The final three questions of the interview assessed the age, gender, and race or ethnicity of each participant. Obtaining this information is important because comparison of attitudes towards plastic surgery between genders, age groups and racial or ethnic groups is indicative of how social pressures manifest differently for diverse individuals.

VII. Methods of Analysis

Information collected from interviews was originally recorded on paper. Quantitative data were entered into Qualtrics, a web-based survey tool that can be used for data collection, and qualitative responses from questions sixteen through twenty-one were entered into a Word document. Initial analysis of quantitative data was done by using the Results and Reports tabs on Qualtrics. These data were then exported in to Statistical Package for the Social Sciences (SPSS) software to conduct more detailed analysis. The data from the three independent variables, exposure, previous experience and parental influence, were cross-tabulated with other factors to determine the relationships, if any, between these factors and attitudes towards plastic surgery.

A grounded coding scheme was used to analyze the qualitative data collected. After data were entered into a single document, I looked for common themes, code words, and phrases. The words “privacy” and “judgment” as well as the phrases “personal matter” and “it’s none of their business” were used to gauge attitudes towards plastic surgery that are related to social acceptance. Words and phrases that indicated embracing having cosmetic surgery were common, but for varying reasons.

VIII. Results

Half of the participants knew of a family member that had plastic surgery and half did not. When asked if they would advise a family member who was unsure about getting plastic surgery, 26 percent of participants responded with “it depends,” 42 percent of participants responded with yes and 32 percent of participants responded with no. Table 2 contains the advice that respondents that said yes would give and Table 3 contains the advice that the “it depends” respondents would give to a family member who was unsure about having plastic surgery. The advice from the individuals that said yes was encouraging and cautionary. Three participants responded with questions they would ask to the unsure family member, “why are you doing this?”, “what are the benefits?,” “will you go against your wishes later?,” “why do you feel like you need it?,” “do you feel like it would make you feel better?,” and “will you regret it later?.” Other advice was “do what will make you happy,” “do what you want,” and “get it if you want it.”. The advice from the “it depends” respondents consisted of support for reconstructive means and health issues. Participants responded with “For reconstructive means, I would support them.,” “If it is associated with a health risk, then I would support them.,” “If it is for

health reasons, yes I would endorse it, but otherwise, I would not.,” and “If it was for reconstructive means, I would say do it. Otherwise, I don’t feel like it is my place.”

In response to the statement “People who get plastic surgery only do so for cosmetic reasons,” 4 percent of participants selected agree, 10 percent selected neither agree nor disagree, 48 percent selected disagree and 38 percent selected strongly disagree. This suggests that participants are aware of the two types of plastic surgery and do not see plastic surgery through a purely cosmetic lens. Six participants (12%) were not familiar, 4 participants (8%) were not very familiar, 11 participants (22%) were somewhat familiar, 25 participants (50%) were familiar and 4 participants (8%) were very familiar with plastic surgery reality television programs. Over half of the participants occasionally or regularly watch plastic surgery reality television programs. This reveals a high level of exposure in this sample population.

Regarding social acceptability of their friends obtaining plastic surgery, 14 percent of participants selected strongly agree, 52 percent selected agree, 18 percent selected neither agree nor disagree and 16 percent selected disagree. Over half of participants believe that having plastic surgery is socially acceptable for their friends. Regarding social acceptability of their family obtaining plastic surgery, 14 percent of participants selected strongly agree, 36 percent selected agree, 26 percent selected neither agree nor disagree, 20 percent selected disagree and 4 percent selected strongly disagree. The responses to this question showed that half of participants think it is socially acceptable for their family members to have plastic surgery, but the other half were unsure or disagree. Regarding social acceptability of members of their community obtaining plastic surgery, 6 participants (12%) selected strongly agree, 23 participants (46%) selected agree, 16

participants (32%) selected neither agree nor disagree, 4 participants (8%) selected disagree and 1 participant (2%) selected strongly disagree in response to getting plastic surgery being socially acceptable for members of their community. These responses show that individuals think that have the smallest number of negative attitudes towards members of their community having plastic surgery.

Fifty-four percent of participants disagreed and 46% agreed when asked “If I could have a surgical procedure done for free, I would consider trying cosmetic surgery.” This suggests that if money were not an option when considering having plastic surgery, individuals would still not choose to try plastic surgery. Twenty-seven participants disagreed, 19 agreed and 4 didn’t know if they could have cosmetic surgery if they had an unlimited amount of money. These responses also show that the majority of participants would not have cosmetic surgery if money were not a problem. Figure 2 shows the distribution of responses for “I think plastic surgery is a waste of money.” Although more than half of participants would not consider having cosmetic surgery if they could get a cosmetic procedure done for free or if they had an unlimited amount of money, over half of participants do not think that plastic surgery is a waste of money.

Figure 2: I think cosmetic surgery is a waste of money.



Twenty-eight percent of participant associate a high level of medical risk with cosmetic plastic surgery, 58 percent associate a moderate level, 12 percent associate a low level and 2 percent did not know what level of medical risk. Forty-six percent of participants associate a high level of medical risk with reconstructive plastic surgery, 36 percent associate a moderate level of risk, 16 percent associate a low level of risk and 2 percent of participants did not know what level of medical risk to associate with having reconstructive plastic surgery. The responses to these questions show that most participants associate a high or moderate level of risk with both reconstructive and cosmetic plastic surgery.

Responses to questions 16 through 21 can be viewed in Table 2. The results regarding reluctance in talking to others about having cosmetic surgery were varied and almost the same when considering family and friends, but respondents were somewhat more reluctant to discuss such surgery with people who were not close friends. This suggests that many individuals would be reluctant telling strangers about having cosmetic work done, but not all are reluctant about telling their family and friends. Individuals that are closely to participants may understand the person's reasoning for having cosmetic work done or be accepting of the participant's decisions in general. The results reveal that very few individuals are eager about talking to family, friends and others about having cosmetic surgery which suggests that getting cosmetic surgery may not be widely socially accepted. Participants would not want to talk about having cosmetic work eagerly with any individuals they may interact with in their life.

Table 2: Responses to Questions 16, 17, 18, 19, 20 and 21							
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Total
16. If I had cosmetic surgery, I would be reluctant to tell people other than family.	12.00%	30.00%	14.00%	34.00%	8.00%	2.00%	100.00%
17. If I had cosmetic surgery, I would be reluctant to tell people other than friends.	6.00%	38.00%	16.00%	32.00%	4.00%	4.00%	100%
18. If I had cosmetic surgery, I would be reluctant to tell people other than family and close friends.	18.00%	42.00%	8.00%	28.00%	2.00%	2.00%	100.00%
19. If I had cosmetic surgery, I would be eager to tell people other than family.	0.00%	8.00%	14.00%	58.00%	18.00%	2.00%	100.00%
20. If I had cosmetic surgery, I would be eager to tell people other than friends.	0.00%	6.00%	18.00%	60.00%	12.00%	4.00%	100.00%
21. If I had cosmetic surgery, I would be eager to tell people other than family and close friends.	0.00%	6.10%	12.20%	36.70%	42.90%	2.00%	100.00%

Six percent of participants strongly agree, 8 percent agree, 4 percent neither agree nor disagree, 32 percent disagree and 50 percent strongly disagree about seriously considering plastic surgery if they thought their partner would find them more attractive. This shows that individuals are strongly opposed to changing their appearance or having plastic surgery to please others. When asked if they would consider having cosmetic

surgery if their partner thought it was a good idea, 4 percent of participants responded strongly agree, 18 percent responded agree, 12 percent responded neither agree nor disagree, 30 percent responded disagree, 32 percent responded strongly disagree and 4 percent responded don't know. The responses to this question show that over sixty percent of participants would not get cosmetic surgery if their partner thought it was a good idea. When asked if they would support a partner's decision to get plastic surgery, 26 percent of participants selected strongly agree, 44 percent selected agree, 20 percent selected neither agree nor disagree, 6 percent selected disagree, 2 percent selected strongly disagree and 2 percent selected don't know. Overall, participants would be supportive of a partner's decision to get plastic surgery. The breakdown of men's and women's consideration of getting specific procedures is in Table 3.

Table 3: Surgical Procedure Consideration of each Gender.

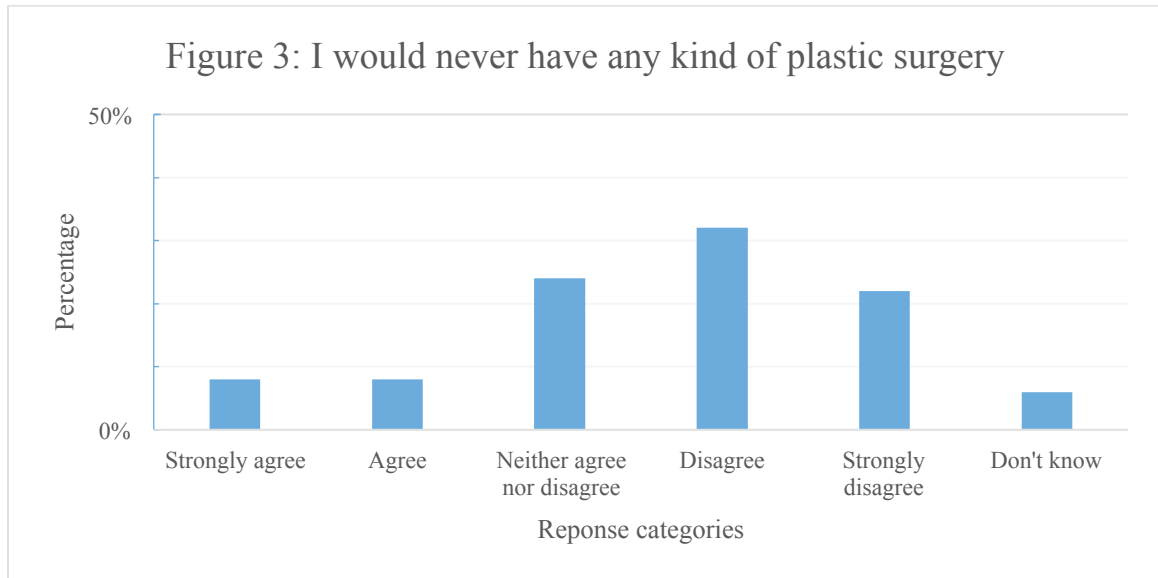
Total

		Men	Women	
"What cosmetic procedures would you consider getting?"	None	75%	25%	100%
	Rhinoplasty	0%	100%	100%
	Breast augmentation	0%	100%	100%
	Breast reduction	13%	88%	100%
	Face lift	0%	100%	100%
	Abdominoplasty (tummy tuck)	27%	73%	100%
	Liposuction	29%	71%	100%
	Other	25%	75%	100%
Total		100%	100%	100%

When asked how much influence cosmetic surgery related content in the media has on friends' attitudes towards plastic surgery, 18 percent said high influence, 46 percent said moderate influence, 20 percent said low influence, 14 percent said no influence and 2 percent said didn't know. This suggests that most participants think that their friends' attitudes towards plastic surgery are highly and moderately influenced by cosmetic surgery related content in the media. Regarding how often they do talk to others about having cosmetic work done, 2 percent of participants said very often, 10 percent said often, 36 percent said sometimes and 52 percent said never. This distribution shows that many individuals would not talk to others about having cosmetic work done, but does not reveal if they think about it.

When asked about their future possibility of having cosmetic surgery, 7 participants responded strongly agree, 8 responded agree, 18 responded neither agree nor disagree, 14 responded disagree and 4 responded strongly disagree. The majority of

participants are unsure about their future possibility of having plastic surgery. When asked if they have thought about having cosmetic surgery, 14 percent of participants said strongly agree, 24 percent said agree, 2 percent said neither agree nor disagree, 22 percent said disagree and 38 percent said strongly disagree. Over 50 percent of participants have not thought about having cosmetic surgery, but around 40 percent have. This suggests that individuals of a younger age are considering having cosmetic surgery; it is not a practice limited to a different age group. Response distribution for “I would never have any kind of plastic surgery” is in Figure 3. The majority of participants in this study disagreed or strongly disagreed about never having plastic surgery. The clarification made before the interview explaining the differences between reconstructive and plastic surgery could have affected the responses to this question. Several participants commented that plastic surgery included reconstructive surgery before answering this question and remarked that they could not know if they would need reconstructive surgery in the future. Those responses suggest that this question could be heavily influenced by future possibilities of experiencing disease and trauma.



I used chi-square tests to examine differences between women's and men's responses to questions regarding social understanding, social acceptability, financial considerations, risk associated with reconstructive and cosmetic surgery, eagerness or reluctance in talking to others about having cosmetic surgery, social desirability, parental attitudes, media influence towards friends' attitudes, consideration about having cosmetic or plastic surgery. The relationship between gender and social acceptability of friends getting plastic surgery was significantly significant ($p=0.02$) and can be attributed to younger individuals thinking plastic surgery is acceptable for individuals of their generation. Understanding of friends' reasoning and desires for getting plastic surgery could also contribute to the relatedness of these variables. Several chi square values calculated regarding consideration of having plastic surgery and gender had statistically significant relatedness. Frequency with which one talks to others about their plans for having plastic surgery ($p=0.007$), consideration of having plastic surgery in the future ($p=0.003$) and never having plastic surgery ($p=0.012$) were significantly related to gender

and possibly reveal how often each gender talks about and thinks about having plastic surgery. Women feel more pressure from society to maintain body ideals and are more likely to pursue plastic surgery in the future (Wegenstein 2012). Although the results of this tests do not show the nature of the relationship, more research could be done to see if consideration about getting plastic surgery differs between genders.

The relationship between gender and exposure to plastic surgery reality television programs was analyzed first using the cross-tabulation and chi-square tests in SPSS. Cross tabulations are used to compare the relationship between two variables. Results of cross tabulation between gender and familiarity or exposure to plastic surgery reality television programs are shown in Table 7. The chi square test determined that there was a statistically significant p value ($p=0.01$) and that one gender is more likely to be familiar, or have greater exposure to plastic surgery reality television programs than the other. This information supports the findings of the study done in *The Cosmetic Gaze* that found that women are more likely to watch plastic surgery reality television programs than men. A Cramer's V test was also used to determine the strength of the relationship between gender and exposure. The value calculated was 0.637 which reveals a strong relationship between the two variables.

Table 4: Gender and Exposure to Plastic Surgery Reality Television Cross Tabulation							
		How familiar are you with plastic surgery reality television shows?					Total
		Not familiar, never heard of them	Not very familiar, may have heard of them	Have heard of them, never seen them	Familiar, occasionally watched them	Very familiar, regularly watch them	
Gender	Men	24.0%	12.0%	36.0%	28.0%	0.0%	100.0%
	Women	0.0%	4.0%	8.0%	72.0%	16.0%	100.0%
Total		12.0%	8.0%	22.0%	50.0%	8.0%	100.0%

The results from the cross tabulation done relating gender and exposure were expected. College-aged women have higher levels of exposure to plastic surgery reality television programs that college-aged men do (Table 3). This suggests that once college-aged women see commercials or advertisements for and watch this television programs, they continue to do so. Familiarity with programs identifies continuous and repeated exposure that could have a desensitizing effect regarding plastic surgery as a practice and create desires of getting plastic surgery in college-aged women. Thirty-six percent, the largest response group, of men said that they had heard of plastic surgery reality television shows but have never watched them. This suggests that men have had opportunities to watch these programs and become exposed to this content, but have chosen not to.

Results of chi square testing show statistically significant relatedness between exposure to plastic surgery reality television programs and never getting plastic surgery ($p=0.046$). Although statistically significant results were not found after completing the chi square tests regarding exposure, a statistically significant relationship was found between exposure to plastic surgery reality television programs and attitudes about never getting plastic surgery. The chi square value does not determine anything about the relationship, other than its presence, but one could suggest that exposure to reality surgery plastic television programs presents plastic surgery in a way that makes viewers open-minded about getting plastic surgery in the future.

Table 5 presents a cross tabulation between the exposure to plastic surgery reality television programs and attitudes towards others have cosmetic surgery. Chi-square test did not show a relationship between these two variables, but the presentation of this table shows that the individuals who are most exposed to plastic surgery reality television programs have positive attitudes towards others having plastic surgery. Individuals who are not frequently exposed to plastic surgery reality television programs selected strongly agree or agree in response to “Cosmetic surgery can be a big benefit to a person’s self-image,.” but did so in smaller numbers. This suggests that exposure may have an influence on the attitudes towards plastic surgery in college-aged men and women.

Table 5: Exposure to Plastic Surgery Reality Television Programs and Attitudes towards others having Plastic Surgery Cross Tabulation							
		How familiar are you with plastic surgery reality television shows?					Total
		Not familiar, never heard of them	Not very familiar, may have heard of them	Have heard of them, never seen them	Familiar, occasionally watched them	Very familiar, regularly watch them	
Cosmetic surgery can be a big benefit to a person's self-image.	Strongly agree	2	1	6	11	2	22
	Agree	1	2	4	11	2	20
	Neither agree nor disagree	3	1	1	2	0	7
	Disagree	0	0	0	1	0	1
Total		6	4	11	25	4	50

The number of plastic surgery reality television shows viewed by participants is presented in Table 6. Nineteen participants had never seen a plastic surgery reality television shows. *Botched* (Entertainment Television (E!)) was the most viewed plastic surgery reality television show out of the possible responses. Other was the second highest response option. Individuals that selected this said that they had seen videos of plastic surgery shows on Instagram and Facebook and had watched the shows *Nip/Tuck* (FX), *Dr. Miami* (Women's Entertainment Television (WE)) and *Atlanta Plastic* (Lifetime). Several participants asked if *Keeping Up with the Kardashians* and *Real Housewives* were considered plastic surgery reality television shows, but for this research these programs were not included because the focus of these shows is not primarily plastic surgery transformations.

Table 6: Number of Plastic Surgery Reality Television Shows Viewed			
		Count	Percentage
	None	19	38.0%
	Botched	21	42.0%
	Botched by Nature	7	14.0%
	The Swan	3	6.0%
	Dr. 90210	12	24.0%
	Extreme Makeover	14	28.0%
	Other	17	34.0%
The counts do not add up to total number of participants and the percentages to not add up to 100% because this was a multiple response question.			

Chi square identified statistically significant relatedness between familial experience with plastic surgery and the acceptability of family members having plastic surgery ($p=0.039$). Although the strength and direction of this relationship cannot be deduced from this finding, a relationship between these two variables is expected. Individuals who know of a family member who has had plastic surgery have been exposed to plastic surgery and may think other family members having plastic surgery is acceptable. Knowledge of a family member's experience having plastic surgery may reduce one's fear of the unknown or increase one's apprehensions regarding plastic surgery and affect attitudes. Chi square testing identified relatedness between familial experience with plastic surgery and reluctance towards telling people other than family ($p=0.049$). Although the frequency distributions for question 16 (Table 2) were not obviously leading towards one attitude or another (30 percent agree; 34 percent disagree), knowledge of previous family members having plastic surgery can be predictive of one's attitudes towards telling family. If an individual knows that one of their family members

were accepted by other family for having plastic surgery, one can assume that their family will give a similar reaction; however, if one knows of a family member who experienced a negative response from family members after having cosmetic surgery, that individual might be more reluctant to tell their family.

Never having plastic surgery and familial experience with plastic surgery showed relatedness after chi square testing ($p=0.049$). Individuals who have family members who have had plastic surgery may have knowledge of the unexpectedness of trauma or disease. The rigidity of the word never implies that one cannot do something under any circumstances, but if one knows of a family member who had to get reconstructive surgery after an accident, they may be better prepared for the uncertainties of life. Individuals that have family members who have had positive experiences may consider getting cosmetic work done after seeing the transformation of an individual closely related to them. The statistically significant relationships found regarding familial experience are predictive of individual's attitudes towards having plastic surgery, but it is important to remember that the strength of and the direction between the variables was not determined.

Analysis of the relationship between parental attitudes towards plastic surgery and the acknowledgment of cosmetic procedures as beneficial to one's self-esteem was done to see if perceived parental attitudes are associated with attitudes towards others getting cosmetic surgery. Two additional chi square tests were conducted to compare one's support from their mother and father regarding getting plastic surgery and attitudes towards others getting plastic surgery, but neither relationship was statistically significant. The p values for the mother's support and father's support ($p=0.544$;

$p=0.482$) showed that the measures are independent of one's attitudes towards other individuals getting plastic surgery.

General frequencies of responses to the question associating cosmetic surgery with benefits to a person's self-image (Table 7) revealed an overall accepting attitude towards individuals getting plastic surgery from all research participants. Eighty-four percent of participants either agreed or strongly agreed that cosmetic surgery can be beneficial to one's self-image. This suggests that college men and women between the ages of

Table 7: Cosmetic Surgery can be Beneficial to One's Self-Image			
		Count	Percentage
	Strongly agree	22	44.0%
	Agree	20	40.0%
	Neither agree nor disagree	7	14.0%
	Disagree	1	2.0%
	Strongly disagree	0	0.0%
	Don't know	0	0.0%

eighteen and twenty-one have a positive attitude toward others having plastic surgery.

Statistically significant relationships were found between maternal support and reluctance to tell people other than family about having cosmetic surgery ($p=0.008$), reluctance to tell people other than family and close friends about having cosmetic surgery ($p=0.004$), and eagerness to tell people other than friends about having cosmetic surgery ($p=0.019$) were identified. Chi square tests that attempted to relate financial considerations, desirability, medical risk associated with cosmetic and reconstructive procedures, influence that media content has on friend's attitudes and social acceptability of closely related individuals towards plastic surgery with maternal attitudes towards plastic surgery were not successful. All p values calculated were greater than 0.05.

Statistically significant relationships were found between paternal support and having plastic surgery with unlimited amounts of money ($p=0.004$), reluctance in telling people other than friends about having cosmetic surgery ($p=0.002$), eagerness in telling people other than family about having cosmetic surgery ($p=0.038$) and eagerness in telling people other than friends about having cosmetic surgery ($p=0.021$). Chi square tests that attempted to relate medical risk associated with cosmetic and reconstructive procedures, influence that media content has on friend's attitudes and social acceptability of closely related individuals towards plastic surgery with paternal attitudes towards plastic surgery were not successful. All p values calculated for testing relatedness between these variables and paternal attitudes were greater than 0.05.

I assessed maternal and paternal surgery attitudes separately in part because each parent may have been perceived to have different views, and also I was unsure whether some respondents may have been raised by a single parent or may have been unaware of one parent's views. Relationships between maternal support and reluctance to tell people other than family ($p=0.008$) and reluctance to tell people other than family and close friends ($p=0.004$) about having cosmetic surgery suggest that the knowledge an individual has regarding their mother's attitudes toward plastic surgery has an influence on how reluctant they would or would not be telling their family and individuals that aren't close family or friends about having cosmetic surgery. Individuals who know they have their mother's support when they undergo plastic surgery may not be reluctant to tell their family, friends and others because their mother's support and attitudes may be all that the individual considers as important. Individuals may also be reluctant to tell family or strangers about having plastic surgery if they know their mother thinks it should

be a secret. The relationship between maternal support and eagerness to tell people other than friends about having cosmetic surgery ($p=0.019$) suggests that individuals may be eager to tell their mothers about their experience or may only be eager to tell friends because friends may understand feelings and desires that parents do not.

The relationships between paternal support and reluctance in telling people other than friends about having cosmetic surgery ($p=0.002$) and eagerness in telling people other than family ($p=0.038$) and other than friends ($p=0.021$) about having cosmetic surgery suggest the same influences that the maternal support relationships do.

Knowledge of how a father views plastic surgery might influence how eager or reluctant their children would be telling others about having cosmetic surgery. This relationship may however be different for the men who participated in this study because fathers may have greater expectations regarding masculinity for their sons. Evidence of this suggestion was not found in this study because responses of males and females regarding paternal support for having plastic surgery were most identical for each response category, but the transmission of masculinity between fathers and sons could be an interesting area for future research regarding attitudes towards plastic surgery.

The statistically significant relationship between paternal support and having plastic surgery with unlimited amounts of money ($p=0.004$) suggests that parental attitudes relate to financial considerations regarding plastic surgery. Although we live in a society dominated by men, one cannot assume that fathers are the financial heads of households. This finding does suggest however that fathers' attitudes regarding plastic surgery and the cost of having such may procedures influence one's attitudes towards plastic surgery. Fathers may be the parent to give their children knowledge of finances

and financial responsibility, but they may also be the parent who gives children what they want, so it is difficult to define the relationship between these two variables without understanding the strength and direction.

Chi square tests were also used to determine the relationship between exposure to plastic surgery reality television shows and age ($p=0.745$) and race or ethnicity ($p=0.243$) but did not reveal statistical significance. No relationship was found between familial experience with plastic surgery and gender ($p=0.157$), racial or ethnic group ($p=0.096$) and age ($p=0.773$). The relatedness of parental attitudes with gender, race or ethnicity and age was tested by using chi square testing with the responses for perceived maternal and paternal support for having plastic surgery. No statistically significant relationship was found between maternal support and gender ($p=0.086$), racial or ethnic group ($p=0.068$), and age ($p=0.475$) or paternal support and gender ($p=0.577$), racial or ethnic group ($p=0.794$) and age ($p=0.806$).

No significant relationships were identified between the three independent variables (family history regarding plastic surgery, parental attitudes towards plastic surgery, exposure to plastic surgery reality television programs) and the variables assessing participant demographics other than the significance of gender and exposure to plastic surgery reality television programs. This was not unexpected regarding age because although the age varied for the participants, the age range was narrow. Although it cannot be assumed, individuals of the same age group may share similar attitudes about a topic or have similar habits. I expected racial or ethnic group to be related to exposure to plastic surgery reality television shows, familial experience with plastic surgery and parental attitudes because of the influence that cultural expectations may have on value

formation. The lack of relationships between gender and familial experience and gender and parental attitudes showed that increased knowledge and the attitudes of other people close to an individual are not necessarily influenced by the gender of that individual.

The analysis of the qualitative data collected in this study exhibited a pattern that showed how attitudes towards plastic surgery in college-aged men and women are affected by how others may perceive them if they have cosmetic procedures. Coding of responses into 20 words, phrases or themes (attention, cheating, disappoint parents, don't care, family understands, friends understand, help others, judge, level of relationship dependent, natural beauty, never see them again, not want, personal/private, procedure dependent, procedure outcome dependent, proud, reveals unhappiness, taboo, talk about if asked, tell younger people, transparency) revealed why individuals are reluctant or eager to tell people other than family, other than friends, and other than close friends and family that they have gotten cosmetic surgery. The distribution of these responses for questions 16 through 21 is in Tables 10 through 15.

Table 8: Reasons for Reluctance in telling Family about having Cosmetic Surgery				
Coded Responses	Female	Male	Transgender Female	Grand Total
transparency	2			2
talk about if asked		2		2
taboo		2		2
proud	4	4		8
procedure dependent	1			1
personal/private	2	6		8
not want		2		2
judge	8	3		11
help others	1			1
don't care	3	6		9
disappoint parents	1		1	2
attention	3			3
Grand Total	25	25	1	51

Table 9: : Reasons for Reluctance in telling Friends about having Cosmetic Surgery				
Responses	Female	Male	Transgender Female	Grand Total
attention	2			2
cheating	1			1
don't care	3	6		9
family understands	1			1
friends understand	4	3	1	8
help others	1			1
judge	4	3		7
not want		1		1
personal/private	3	3		6
proud	3	4		7
taboo		2		2
talk about if asked		2		2
tell younger people	1			1
transparency	2	1		3
Grand Total	25	25	1	51

Table 10: Reasons for Reluctance in telling Strangers about having Cosmetic Surgery				
Responses	Female	Male	Transgender Female	Grand Total
bad attention	2			2
cheating	1			1
don't care	2	5		7
help others		1		1
judge	3	2		5
level of relationship dependent	2	1		3
never see them again	1			1
not want		1		1
personal/private	10	11	1	22
proud	1			1
taboo		3		3
talk about if asked	2	1		3
transparency	1			1
Grand Total	25	25	1	51

Table 11: Reasons for Eagerness in telling Family about having Cosmetic Surgery				
Responses	Female	Male	Transgender Female	Grand Total
attention		1		1
bad attention		4		4
don't care	1	1		2
family understands	1	1		2
friends understand	2			2
help others	2			2
judge	3	3		6
level of relationship dependent	1			1
natural beauty	1			1
not want		1		1
personal/private	11	9	1	21
reveals unhappiness		1		1
talk about if asked	3	4		7
Grand Total	25	25	1	51

Table 12: Reasons for Eagerness in telling Friends about having Cosmetic Surgery				
Responses	Female	Male	Transgender Female	Grand Total
attention	1			1
bad attention		5		5
don't care	1	1		2
family understands	3			3
friends understand	1	1		2
help others	1			1
judge	3	2		5
natural beauty	1			1
not want		1		1
personal/private	11	9	1	21
procedure outcome dependent		1		1
talk about if asked	3	5		8
Grand Total	25	25	1	51

Table 13: Reasons for Eagerness in telling Strangers about having Cosmetic Surgery				
Responses	Female	Male	Transgender Female	Grand Total
attention			1	1
bad attention	2	5		7
don't care	1			1
help others	1			1
judge	2	3		5
never see them again	1	1		2
not want		1		1
personal/private	12	14		26
taboo	1			1
talk about if asked	5	1		6
Grand Total	25	25	1	51

The majority of responses to these questions reflected feeling judged and keeping having cosmetic surgery personal or private. Participants responded with personal or private 22 times when asked why they would be reluctant to tell strangers about having

cosmetic surgery, 21 when asked why they would be eager to tell family about having cosmetic surgery, 21 when asked why they would be eager to tell friends about having cosmetic surgery and 26 times when asked why they would be eager to tell strangers about having cosmetic surgery. The overwhelming number of responses coded for personal/private suggest that individuals think having cosmetic surgery is something that should be kept quiet or secretive. Some participants responded that they are proud of their bodies and would want to help others, but it was not the primary response. Previous research suggested higher levels of accepting attitudes towards plastic surgery in females (Wegenstein 2012), and these findings support that. Six of the seven responses given related to helping others were female. Of the responses to “bad attention,” 14 were male and 2 were female. This coding included not wanting to brag or show off which was a common response for the questions regarding eagerness. This finding suggests that the word eager may have a relationship with boasting. The high level of male responses regarding this topic suggest that if men would have cosmetic procedures, they would not want to show off their experience.

Some of the responses that individuals gave but that were not common throughout the sample population were revealing of factors that influence attitudes towards plastic surgery. Five women remarked that getting cosmetic surgery is cheating and they want others to view them as naturally beautiful or fit. Although this finding is not significant, it presents a new area for research that scholars could investigate. Five individuals gave responses that were related to finances and were coded in the judgment theme, but they varied in content. Two men remarked that getting cosmetic surgery shows that you “waste money,” two men referenced money choice, “I can spend my money how I want”

and one woman remarked that “it is fake not to mention that you paid for looking good.” Although these responses regarding money are different, they reveal that some attitudes towards plastic surgery in college-aged males and females are related to financial considerations. Previous work done found that financial considerations have little impact on attitudes towards cosmetic surgery in females (Henderson-King and Henderson-King 2005), but male attitudes could have a different relationship.

Although the distribution of responses from the qualitative analysis suggests that some male college students are not reluctant to tell individuals about having cosmetic surgery, a positive relationship cannot be identified because many of their responses were “I don’t care.” This phrase is used when someone is uninterested about a topic or is unsure of their response, but one cannot know their true feelings until they are placed in a certain situation. All seven of the responses coded with taboo for reluctance in telling people other than family, friends and family and close friends were given by men. Some said “it’s frowned upon for men,” “there is a stigma associated with plastic surgery and I don’t want people to think of me that way” and “there is a stigma.” These responses revealed male internalization of societal expectations.

Overall, the words “personal,” “private,” and the phrase “my business” were the most common responses to questions sixteen through twenty-one. These questions were asked to determine if individuals are communicatively accepting of plastic surgery and if degrees of relationships are related to on attitudes towards plastic surgery in college students. The commonality of these responses suggest that individuals internalize negative feelings about plastic surgery when they are the patient in question. Accepting attitudes towards cosmetic surgery are affected by societal beauty ideals and these

findings reveal the role that perspective plays in attitude formation. The findings of the 2011 study done by Menzel et al suggested that social pressures lead to internalization of beauty standards and that is supported by the findings of this study.

Use of the word eager was something that resonated with research participants. The power of this strong emphatic word revealed insecurities that individuals may have regarding societal acceptance of plastic surgery. Individuals may respond in other areas that suggests that there are positive attitudes towards plastic surgery in college-aged males and females, however, responses to questions nineteen, twenty and twenty-one show that individuals do not think that cosmetic surgery is be accepted by all members of society. If this were the case, all individuals would have strongly disagreed with the questions regarding reluctance and strongly agreed with questions regarding eagerness because that would reveal widespread acceptance of talking to anyone about having cosmetic surgery.

IX. Conclusions

The purpose of this study was to explore the relationship between exposure to plastic surgery reality television shows and the attitudes towards plastic surgery in college-aged men and women. The results found that women are more familiar with plastic surgery reality television than men; therefore, women receive more exposure to plastic surgery reality television programs. This was expected because most the current literature regarding the influence of media exposure is focused on women and women are usually the target of programs and messaging regarding body modification and physical attractiveness (Adams 2009). The small size of the sample population made it difficult to

analyze without assumption, so the influence of familial experience with plastic surgery and parental attitudes towards plastic surgery were also explored.

Familial experience with plastic surgery and parental attitudes were measured to see what associations, if any, these external factors have with one's attitudes towards plastic surgery. Knowledge about plastic surgery, even that is experienced by a family member, is exposure that can affect one's attitudes toward plastic surgery but not because of media. Although I did not expect the relationship between familial experience with plastic surgery and never having plastic surgery to be statistically significant, the association is understandable. Those who have heard great stories about plastic surgery are likely to think of plastic surgery in a positive light and those who have heard horror stories about it are more likely to be apprehensive towards plastic surgery and possibly have negative feelings towards the practice and individuals who get such procedures.

This relationship could be examined further by including only research participants that have family members who have experienced plastic surgery and conducting interviews with only open-ended questions. The ability to obtain qualitative data might reveal the outcome of the family member's surgery and possibly even other family members' reactions. Data collected might be better able to show direct influences on an individual's attitudes towards plastic surgery. This exploration would not have to be limited to college-aged individuals. Interviews done with participants of many age groups could reveal anxieties about plastic surgery that are present at different stages of life.

The possible influence of parental attitudes towards plastic surgery were revealed in the statistically significant relationships between perceived parental support and reluctance and eagerness in telling others about having cosmetic surgery. The

expectations and values imparted on children by parents can be long-lasting and affect decisions and attitudes towards certain topics. The results of this study show the relatedness of one telling others and being open about their experience with cosmetic surgery and the attitudes they perceive their parents to have. This variable was limited however because support for having plastic surgery was generally asked. In future studies, one could research the many types of support that parents can give their children by having distinct questions regarding emotional support, financial support, physical support etc. Results of a study like this could determine the strength of a support system in relation to one's future plans about having plastic surgery and assess parental values regarding money, modification and religion. This study would be most beneficial in an interview setting because responses could reveal the parents' previous experiences with plastic surgery and identify how varying types of support for getting plastic surgery may be more predictive of one having plastic surgery and holding certain attitudes towards plastic surgery.

I expected many research participants to respond that plastic surgery related content in the media has a moderate level of influence on their friends' attitudes towards having plastic surgery and my results confirmed it. My friends and I may not sit around and talk about wanting plastic surgery on a daily basis, but plastic surgery is becoming a popular topic of conversation relating to other areas. Conversations about celebrities having plastic surgery and the results of individuals I know having plastic surgery are common with my friends. Comparison of oneself to celebrities and other societally beautiful people may lead to body dissatisfaction. Constantly talking about plastic surgery may make people more aware of their imperfections and association with

individuals who positively or negatively view plastic surgery may influence individual attitudes towards plastic surgery.

The college women that participated in this study were more exposed to plastic surgery reality television programs than men and this suggests that women are deciding to expose themselves to programs that present this transformative experience. This may decision may be predictive of these women having cosmetic surgery in the future, but may also reveal how this content desensitizes viewers to the risks of plastic surgery. I was not shocked, but very intrigued at the number of participants that asked if *Keeping up with the Kardashians* was considered a plastic surgery reality television program. An area for future research could assess the influence that reality television shows that have celebrities that are getting cosmetic surgery have on attitudes towards plastic surgery in college men and women. These celebrities have a presence that is also large on social media and may have a greater effect on the attitudes towards plastic surgery in college men and women than plastic surgery reality television programs do.

The qualitative responses about not telling others about having cosmetic surgery because it is cheating and people want to be perceived as naturally beautiful revealed how some feel a need to look a certain way, but think that there is a correct path to get there. This finding made me think that exploration of the stigmas would be an area for future research. I had never thought of getting plastic surgery as cheating until I conducted these interviews and am interested in finding out how many people see plastic surgery in this way and what other associations they have with this practice. This research could be conducted in a multitude of ways, but I think conducting interviews about what the first thing or person that comes to mind when one thinks of plastic surgery could be revealing

about social association of plastic surgery and identification of any cultural myths regarding this practice.

The sample size was a limiting factor in completing significant data analysis in this study. A larger group of individuals would have provided a more accurate representation of the attitudes towards plastic surgery in college men and women and determine the influence of exposure to plastic surgery related television programs, exposure from familial experience with plastic surgery and parental attitudes towards plastic surgery. I also think that completing purely qualitative interviews would have provided data that was more suggestive about the impact of financial considerations, social acceptability, and social desirability on attitudes towards plastic surgery.

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APPENDIX A: INTERVIEW QUESTIONS

1. As far as you know, has anyone in your family gotten plastic surgery?
 - a. Yes
 - b. No
 - c. Don't know
2. If your family member was unsure about getting plastic surgery, would you advise them? (If yes, go to 3. If no, move to 4.)
3. What would you tell them?
4. People who get plastic surgery only do so to for cosmetic reasons.
 - a. Strongly agree
 - b. Agree
 - c. Neither agree or disagree
 - d. Disagree
 - e. Strongly disagree
5. How familiar are you with plastic surgery reality television shows?
(If not familiar, skip to question 6.)
 - a. Not familiar, never heard of them
 - b. Not very familiar, may have heard of them
 - c. Have heard of it, never seen them
 - d. Familiar, occasionally watch them
 - e. Very familiar, regularly watch them
6. Which plastic surgery reality television shows have you watched?
 - a. None
 - b. Botched
 - c. Botched by Nature
 - d. The Swan
 - e. Dr. 90210
 - f. Extreme Makeover
 - g. Other
7. Getting plastic surgery is socially acceptable for my friends.
 - a. Strongly agree
 - b. Agree
 - c. Neither agree or disagree
 - d. Disagree
 - e. Strongly disagree
8. Getting plastic surgery is socially acceptable for my family.
 - a. Strongly agree
 - b. Agree
 - c. Neither agree or disagree
 - d. Disagree
 - e. Strongly disagree

9. Getting plastic surgery is socially acceptable for members of my community.
 - a. Strongly agree
 - b. Agree
 - c. Neither agree or disagree
 - d. Disagree
 - e. Strongly disagree
10. If I could have a surgical procedure done for free I would consider trying cosmetic surgery.
 - a. Agree
 - b. Disagree
 - c. Don't know
11. If I had an unlimited amount of money, I would have cosmetic surgery.
 - a. Agree
 - b. Disagree
 - c. Don't know
12. I think cosmetic surgery is a waste of money.
 - a. Agree
 - b. Disagree
 - c. Don't know
13. What cosmetic procedures would you consider getting?
 - a. none
 - b. Rhinoplasty
 - c. Breast augmentation
 - d. Breast reduction
 - e. Face lift
 - f. Abdominoplasty (tummy tuck)
 - g. Liposuction
 - h. Other
14. When you think about cosmetic plastic surgery, what level of medical risk do you associate with have such procedures?
 - a. High level
 - b. Moderate level
 - c. Low level
 - d. No level
 - e. Don't know
15. When you think about reconstructive plastic surgery, what level of medical risk do you associate with having such procedures?
 - a. High level
 - b. Moderate level
 - c. Low level
 - d. No level
 - e. Don't know

16. If I had cosmetic surgery, I would be reluctant to tell people other than family.
(pause) Why?
- a. Strongly agree
 - b. Agree
 - c. Neither agree or disagree
 - d. Disagree
 - e. Strongly disagree
 - f. Don't know
17. If I had cosmetic surgery, I would be reluctant to tell people other than friends.
(pause) Why?
- a. Strongly agree
 - b. Agree
 - c. Neither agree or disagree
 - d. Disagree
 - e. Strongly disagree
 - f. Don't know
18. If I had cosmetic surgery, I would be reluctant to tell people other than family and close friends. (pause) Why?
- a. Strongly agree
 - b. Agree
 - c. Neither agree or disagree
 - d. Disagree
 - e. Strongly disagree
 - f. Don't know
19. If I had cosmetic surgery, I would be eager to tell people other than family.
(pause) Why?
- a. Strongly agree
 - b. Agree
 - c. Neither agree or disagree
 - d. Disagree
 - e. Strongly disagree
 - f. Don't know
20. If I had cosmetic surgery, I would be eager to tell people other than friends.
(pause) Why?
- a. Strongly agree
 - b. Agree
 - c. Neither agree or disagree
 - d. Disagree
 - e. Strongly disagree
 - f. Don't know

21. If I had cosmetic surgery, I would be eager to tell people other than family and close friends. (pause) Why?
- a. Strongly agree
 - b. Agree
 - c. Neither agree or disagree
 - d. Disagree
 - e. Strongly disagree
 - f. Don't know
22. I would seriously consider having cosmetic surgery if I thought my partner would find me more attractive.
- a. Strongly agree
 - b. Agree
 - c. Neither agree or disagree
 - d. Disagree
 - e. Strongly disagree
 - f. Don't know
23. I would seriously consider having cosmetic surgery if my partner thought it was a good idea.
- a. Strongly agree
 - b. Agree
 - c. Neither agree or disagree
 - d. Disagree
 - e. Strongly disagree
 - f. Don't know
24. If your partner wanted to get plastic surgery, you would support his or her decision.
- a. Strongly agree
 - b. Agree
 - c. Neither agree or disagree
 - d. Disagree
 - e. Strongly disagree
 - f. Don't know
25. My mother would support me if I choose to get plastic surgery.
- a. Strongly agree
 - b. Agree
 - c. Neither agree or disagree
 - d. Disagree
 - e. Strongly disagree
 - f. Don't know

26. My father would support me if I choose to get plastic surgery.
- Strongly agree
 - Agree
 - Neither agree or disagree
 - Disagree
 - Strongly disagree
 - Don't know
27. How much influence do you this cosmetic surgery related content in the media has on your friends' attitudes towards cosmetic surgery?
- High influence
 - Moderate influence
 - Low influence
 - No influence
28. If you have thought of getting cosmetic work done, how often would you say you spoke to others about your plans?
- Very often
 - Often
 - Sometimes
 - Never
29. In the future, I might have some kind of cosmetic surgery.
- Strongly agree
 - Agree
 - Neither agree or disagree
 - Disagree
 - Strongly disagree
 - Don't know
30. I have sometimes thought about having cosmetic surgery.
- Strongly agree
 - Agree
 - Neither agree or disagree
 - Disagree
 - Strongly disagree
 - Don't know
31. I would never have any kind of plastic surgery.
- Strongly agree
 - Agree
 - Neither agree or disagree
 - Disagree
 - Strongly disagree
 - Don't know

32. Cosmetic surgery can be a big benefit to a person's self-image.
- a. Strongly agree
 - b. Agree
 - c. Neither agree or disagree
 - d. Disagree
 - e. Strongly disagree
 - f. Don't know
33. Which gender do you most identify with?
- a. Female
 - b. Male
 - c. Transgender female
 - d. Transgender male
 - e. Gender variant
 - f. Other
34. Which race or ethnic group do you most identify with?
- a. White
 - b. Black or African American
 - c. Hispanic or Latino
 - d. Native American or American Indian
 - e. Asian/Pacific Islander
 - f. Biracial
 - g. Other
35. How old are you?
- a. 18
 - b. 19
 - c. 20
 - d. 21
 - e. 22
 - f. 23