



## Acceptance of cosmetic surgery: Scale development and validation

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### Abstract

We conducted a set of four studies with a total of 1288 adult and undergraduate women and men to develop the Acceptance of Cosmetic Surgery Scale. These studies provide evidence of this scale's reliability, as well as convergent and discriminant validity. Initial explorations using this 15-item scale indicate that acceptance of cosmetic surgery is negatively related to satisfaction with physical appearance and positively related to attitudes about make-up use. The acceptance of cosmetic surgery may be more related to fears about becoming unattractive than to hopes of becoming more attractive. Cosmetic surgery attitudes were positively related to age for women but not for men. The study's limitations and implications are discussed.

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### Introduction

Cosmetic surgery procedures have been performed at dramatically increased rates in recent years (Rohrich, 2003). The most recent available figures (which are conservative since they account only for surgeries conducted by members of the American Society of Plastic Surgeons, ASPS) indicate that cosmetic medical procedures continue to increase in popularity (ASPS, 2004). ASPS members conducted a total of 1,781,191 elective surgical procedures and 7,012,752 minimally invasive procedures (e.g., Botox

injections, chemical peels, etc.) during 2003. Certain procedures, such as eyelid surgery, liposuction, rhinoplasty, chemical peels, and dermabrasion, are especially popular, and some procedures have become much more so in recent years. For example, ASPS statistics reveal that buttock lifts increased by 78%, tummy tucks by 61%, and Botox injections by 267%, between the years of 2000 and 2003. As noted by Sarwer et al. (2003), numerous factors may be contributing to this increase in popularity, including advances in surgical procedures, lower costs and higher disposable income of patients, and increased emphasis on physical appearance. Moreover, individuals are increasingly exposed to the possibility of cosmetic surgery through their social networks. Media coverage of cosmetic surgery is now commonplace, as

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advertisements promise enhanced attractiveness, magazines tout the latest developments in surgical procedures, and television reality shows celebrate physical makeovers. Psychological research on cosmetic surgery has focused on patients' expectations and satisfaction regarding surgical outcomes (e.g., Cash, Duel, & Perkins, 2002; Ching, Thoma, McCabe, & Antony, 2003; Sarwer, Wadden, & Whitaker, 2002); however little is known about attitudes regarding cosmetic surgery more generally. Questions about cosmetic surgery attitudes among the general population, the degree to which they are changing over time, and the factors related to such attitudes, remain largely unexplored. In this paper, we present the development of the Acceptance of Cosmetic Surgery Scale (ACSS), a reliable three factor instrument that will allow researchers to more readily pursue such questions. We also begin the process of exploring the relationship between acceptance of cosmetic surgery and experiences of the body (e.g., body-esteem) and the self (e.g., possible selves).

One obvious way to measure attitudes about cosmetic surgery is simply to ask someone whether they would consider having cosmetic surgery. This certainly taps one dimension of people's acceptance of cosmetic surgery as a route to physical attractiveness; however, it is entirely possible to be accepting of cosmetic surgery and yet have no interest in utilizing it oneself. Thus, in order to assess attitudes beyond this important, but limited, dimension, we set out to develop a measure that would also capture the degree to which individuals accept cosmetic surgery for people in general, based on the motivation for having it done. We focused on two sources of motivation, and sought to measure acceptance of cosmetic surgery for social reasons and for intrapersonal reasons.

Cash (1985, 2002; Cash & Fleming, 2002) has contended that two perspectives might be taken in the psychology of physical appearance: the individual's subjective experience of appearance, and the view of persons as social objects. Furthermore, he argued that cosmetics and grooming practices are used in the management of both self-image and social impressions (Cash, 1987, 1988). Similarly, we propose that both of these perspectives are important in the way people view cosmetic surgery practices. Certainly, in regard to social motives, it is abundantly clear that people's self-conceptions are shaped by social norms

and expectations associated with a particular time and place. Mead (1934) argued that it is almost inconceivable that a person could develop a sense of self outside of the social milieu; and, physical attractiveness is an important thread in the social fabric of contemporary Western society.

To the extent that people are exposed to messages about the importance of attractiveness, they should be more concerned with their own appearance and, perhaps, more open to using the various means through which cultural standards can be achieved (Fredrickson & Roberts, 1997). For example, there is some evidence suggesting that as the number of diet and exercise advertisements in women's magazines has increased, there has been a corresponding rise in eating disorders (Wiseman, Gray, Mosimann, & Ahren, 1992). With regard to cosmetic surgery, Sarwer et al. (2003) found that women who were considering breast augmentation surgery reported a greater rate of appearance-related teasing than did women who were not seeking surgery. Morgan (1991) has argued that the pressure to strive for physical perfection is becoming so severe for women, in particular, that eventually women who refuse to submit to procedures such as cosmetic surgery will be seen as deviant.

Attitudes toward cosmetic surgery may also be influenced by intrapersonal factors. According to Haiken (1997), the idea that people consider cosmetic surgery because of a deep sense of personal inadequacy regarding their appearance has its roots in the work of Alfred Adler. The introduction of Adler's concept of the inferiority complex into mainstream American society in the 1920s allowed surgeons — as well as the general public — to reconstruct the prevailing view of cosmetic surgery. Instead of epitomizing the vanity of individuals, cosmetic surgery came to be viewed as something that enabled the individual to repair a damaged self-concept. Thus, over time, cosmetic surgery has come to be seen as a tool to be employed in the attempt to maintain or enhance self-esteem. This perspective has some validity; it is certainly the case that people are motivated to maintain and enhance their self-esteem (see Kunda, 1990, for a review). Various researchers have found that women report wanting cosmetic surgery in order to satisfy internal needs. For example, Davis (1995) argued that many of the women in her

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