



Acceptance of cosmetic surgery: Personality and individual difference predictors

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ABSTRACT

This study examined the association between several attitudinal constructs related to acceptance of cosmetic surgery, and participant demographics, personality, and individual difference variables. A sample of 332 university students completed a battery of scales comprising the Acceptance of Cosmetic Surgery Scale (ACSS) and measures of the Big Five personality factors, self-esteem, conformity, self-assessed attractiveness, and demographics. Multiple regressions showed that the predictor variables explained a large proportion of the variance in ACSS factors (Adj. R^2 ranging between .31 and .60). In addition, structural equation modelling revealed that distal factors (sex and age) were generally associated with acceptance of cosmetic surgery through the mediate influence of more proximate variables (in the first instance, the Big Five personality factors, followed by self-esteem and conformity, and finally self-assessed attractiveness). These results allow for the presentation of a preliminary model integrating personality and individual differences in predicting acceptance of cosmetic surgery.

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Introduction

Cosmetic surgery refers to a subspecialty that is concerned primarily with the maintenance, restoration, or enhancement of an individual's physical appearance through surgical and medical techniques. In the Western hemisphere, the number of cosmetic surgery procedures has risen dramatically in the past decade (e.g., Davis, 2003; Rohrich, 2003). In the United States, for instance, 11.7 million cosmetic procedures were performed in 2007, with the vast majority being minimally invasive procedures (American Society for Aesthetic Plastic Surgery, 2008). Moreover, Sarwer and Crerand (2008) suggest that these statistics underestimate the actual number of procedures being performed, as they do not cover appearance-enhancing treatments performed by non-plastic surgeons.

As discussed by Sarwer and colleagues (Sarwer, Crerand, & Gibbons, 2007; Sarwer & Magee, 2006; Sarwer, Magee, & Crerand, 2003), a number of factors may underscore this increase in the popularity of cosmetic surgery. These include the growing importance of physical appearance in contemporary Western culture (Swami, 2007; Swami & Furnham, 2008), which has served to normalise the pursuit of appearance-enhancing behaviours (Sarwer et al., 2003). Higher disposable incomes among patients, advances in surgical procedures (particularly in terms of safety),

and the lower cost of treatments have also served to reduce patient anxiety about cosmetic procedures (Edmonds, 2007). Finally, the past decade has witnessed a dramatic increase in media coverage of cosmetic surgery (see Crockett, Pruzinsky, & Persing, 2007; Sarwer et al., 2003), which has mainstreamed public awareness of such procedures (Tait, 2007).

In line with these developments, there has emerged a relatively large body of work examining psychological aspects of cosmetic surgery. In terms of factors affecting the likelihood of having cosmetic surgery, for instance, the available evidence suggests that women report a greater likelihood of willingness to undergo various cosmetic procedures compared with men (Brown, Furnham, Glanville, & Swami, 2007; Swami, Artech, Chamorro-Premuzic, Furnham, Stieger, Haubner, et al., 2008), which has been explained as a function of the greater sociocultural pressure on women to attain ideals of physical and sexual attractiveness (Swami, 2007; Swami & Furnham, 2008). This research has also shown that lower self-ratings of physical attractiveness predict higher likelihood of having cosmetic surgery (Brown et al., 2007), and that media exposure may mediate the relationship between participant sex and likelihood of having cosmetic surgery (Swami, Artech, et al., 2008).

In terms of attitudinal dispositions towards cosmetic surgery, Sarwer et al. (2005) reported that their sample of college women generally held favourable attitudes toward cosmetic surgery as a means of appearance-enhancement. Henderson-King and Henderson-King (2005), however, have argued that participants may

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hold beliefs and attitudes that are accepting of cosmetic surgery and yet show little or no interest in actually having cosmetic procedures. In order to assess attitudes beyond likelihood of having cosmetic surgery, therefore, these authors developed the Acceptance of Cosmetic Surgery Scale (ACSS), a 15-item measure that was found to factor into three components: (1) Intrapersonal, which measures attitudes related to the self-oriented benefits of having cosmetic surgery (e.g., increased satisfaction with appearance); (2) Social, which represents social motivations that influence the decision to have cosmetic surgery (e.g., appearing more attractive to one's partner), and; (3) Consider, which measures the likelihood of having cosmetic surgery, taking into account factors that may influence the decision-making process (e.g., pain).

In a series of four studies within university settings, Henderson-King and Henderson-King (2005) showed that the ACSS has high internal reliability and test-retest reliability, as well as good divergent and convergent validity. In addition, they reported that women and older participants expressed more positive attitudes on the Intrapersonal subscale and that older participants had more favourable attitudes on the Social subscale. For women, age was found to be a positive predictor of considering cosmetic surgery, but no such relationship was found for men. Other recent work using the ACSS has shown that greater acceptance of cosmetic surgery among college women is associated with their body image experiences, with those who are dissatisfied with their appearance or having greater body image disturbance viewing cosmetic surgery more positively (Cash, Goldenberg-Bivens, & Grasso, 2005). Furthermore, Sperry, Thompson, Sarwer, and Cash (in press) reported that viewership of reality cosmetic surgery television shows was significantly related to acceptance of cosmetic surgery, where the latter was measured using total scores from the ACSS. While these studies have begun the task of delineating attitudes towards cosmetic surgery, it is also possible to extend this research by examining individual difference predictors of such attitudes.

The present study

Our first aim in the present study was to examine the relationship between the ACSS subscales and an individual's personality, where the latter was operationalised using the Big Five personality framework (McCrae & Costa, 1997). The Big Five is a hierarchical model of personality with five bipolar traits or factors (Agreeableness, Conscientiousness, Emotional Stability, Openness, and Extraversion), which represent personality at a broad level of abstraction (McCrae & Costa, 1997). The Big Five framework has been shown to have strong predictive validity in relation to various real-world outcomes (Chamorro-Premuzic, 2007), including attitudes towards body size (Swami, Buchanan, Furnham, & Tovée, 2008), but it has not been specifically examined in relation to attitudes towards cosmetic surgery.

Even so, there were reasons why we expected the Big Five personality framework to be associated with acceptance of cosmetic surgery. For one thing, previous work has shown that the factors of Emotional Stability are associated with negative appearance evaluation (e.g., Kvale, von Soest, Roald, and Skolleborg, 2006), appearance orientation (e.g., Davis, Dionne, & Shuster, 2001), dissatisfaction with facial appearance (e.g., Thomas & Goldberg, 1995), and self-objectification (e.g., Miner-Rubino, Twenge, & Frederickson, 2002). Self-objectification in the latter study was also associated with Agreeableness and Openness, whereas Kvale et al. (2006) reported a significant association between appearance orientation and Extraversion. More generally, the Big Five factors are significantly associated with differences in

affective experience (e.g., Mischel & Shoda, 1999), and are, therefore, likely to influence dimensions of body image generally and acceptance of cosmetic surgery specifically.

In addition to the Big Five, we also examined the relationship between the ACSS and participants' self-rated physical attractiveness, which previous work has shown to be negatively associated with the likelihood of having cosmetic surgery (Brown et al., 2007; Swami, Artech, et al., 2008). Concurrently, we measured participants' global self-esteem, which is thought to be negatively associated with the likelihood of having cosmetic surgery (that is, individuals with low self-esteem may be more open to cosmetic surgery as a means of improving global self-perceptions; cf. Figueroa, 2003; Sarwer, 2007; Sarwer, Nordmann, & Herbert, 2000) and may also be linked with low self-ratings of physical attractiveness (cf. Koff, 1998). In the present study, we also examined the association between the ACSS and conformity, which Mehrabian (2005, p. 2) defined as "a characteristic willingness to identify with other and emulate them, to give in to others so as to avoid negative interactions, and generally, to be a follower rather than a leader" and which may be expected to be associated with the Social subscale of the ACSS.

In short then, the present study examined the association between the subscales of the ACSS and participants' sex, age, Big Five personality factors, self-rated physical attractiveness, self-esteem, and conformity. The data was analysed using correlation and structural equation modelling. Whilst the former method is useful for identifying relationships between two variables, the latter allows for simultaneous testing of several relationships among different variables (including multiple criteria or 'dependent variables') and is, therefore, ideal for testing or generating models (Byrne, 2001).

Method

Participants

The participants of this study were 332 (60.5% women, $n = 201$; 39.5% men, $n = 131$) university students from a metropolitan university in Greater London (age $M = 24.72$, $SD = 7.51$). The majority of participants were of European Caucasian descent (72.6%, $n = 241$), with smaller groups of Asian (10.5%, $n = 35$), African Caribbean (10.5%, $n = 35$), and other descent (6.3%, $n = 21$). In terms of religion, 59.6% of participants were Christians ($n = 198$), 12.0% were Muslims ($n = 40$), 7.5% were atheists ($n = 25$), and 20.8% were of some other religious affiliation ($n = 69$). Most participants were in a dating relationship (57.5%, $n = 191$), while others were single (23.5%, $n = 78$), married (16.9%, $n = 56$), or of some other marital status (2.1%, $n = 7$). Finally, most participants reported never having had cosmetic surgery (84.0%, $n = 279$).

Measures

Acceptance of Cosmetic Surgery Scale (ACSS; Henderson-King & Henderson-King, 2005)

This is a 15-item scale measuring various aspects of an individual's attitudes about cosmetic surgery and rated on a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*). Three dimensions of such attitudes are measured: (1) Intrapersonal (five items representing attitudes related to the self-oriented benefits of cosmetic surgery; sample item: 'In the future, I could end up having some kind of cosmetic surgery'); (2) Social (five items measuring social motivations for having cosmetic surgery; sample item: 'If it would benefit my career, I would think about having plastic surgery'), and; (3) Consider (five items assessing the likelihood that a participant would consider having cosmetic

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