



## Acceptance of cosmetic surgery and celebrity worship: Evidence of associations among female undergraduates

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### ABSTRACT

The present study examined the association between acceptance of cosmetic surgery and celebrity worship in a sample of British female undergraduates. A total of 401 women completed the Acceptance of Cosmetic Surgery Scale (ACSS; Henderson-King & Henderson-King, 2005), the Celebrity Attitude Scale (McCutcheon, Lange, & Houran, 2002), and provided their demographic details. Results showed that there were highly significant correlations between all subscales of the ACSS and CAS, as well as with participant age, and body mass index (BMI). A series of multiple regressions showed that celebrity worship and participant demographics explained about half of the variance in acceptance of cosmetic surgery, with Intense-personal celebrity worship emerging as the strongest predictor. Limitations of the current study are discussed in conclusion.

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### 1. Introduction

In the West, there has been a dramatic year-on-year increase in the number of cosmetic procedures being performed (Sarwer & Crerand, 2008). For instance, the American Society of Plastic Surgeons (2009) estimated that 12.1 million cosmetic procedures were performed in 2008, of which more than 10 million were minimally-invasive. These procedures are generally concerned with the maintenance or enhancement of physical appearance, and their increased popularity has been attributed to a number of factors including the greater importance of physical appearance in contemporary Western societies, higher disposable incomes among patients, the lower cost of procedures, and increased media coverage and public awareness of cosmetic surgery (Edmonds, 2007; Sarwer et al., 2005; Sarwer, Crerand, & Gibbons, 2007; Sarwer & Magee, 2006; Sarwer, Magee, & Crerand, 2003).

In line with the developments, a growing body of research has explored the psychological factors that are associated with the likelihood of having cosmetic surgery. For instance, a number of recent studies have shown that greater willingness to undergo various cosmetic procedures is associated with respondent sex (with women reporting greater willingness; Brown, Furnham, Glanville, & Swami, 2007; Swami et al., 2008), older age (Henderson-King & Henderson-King, 2005), lower self-ratings of physical attractiveness (Brown et al., 2007; Swami, Chamorro-Premuzic, Bridges, &

Furnham, 2009), higher vicarious experience of friends and family having had cosmetic surgery (Delinsky, 2005), greater media exposure (Henderson-King & Brooks, 2009; Sperry, Thompson, Sarwer, & Cash, 2009; Swami et al., 2008), greater body image disturbance (Cash, Goldenberg-Bivens, & Grasso, 2005), and higher appearance-based rejection sensitivity (Park, Calogero, Harwin, & DiRaddo, 2009).

A limitation of these studies, however, concerns the multitude of ways in which willingness to undergo cosmetic surgery has been operationalised, which limits cross-study comparisons. Moreover, as Henderson-King and Henderson-King (2005) have noted, willingness to undergo cosmetic surgery may be conceptually distinct from actual beliefs and attitudes toward cosmetic surgery. These authors, therefore, developed the Acceptance of Cosmetic Surgery Scale (ACSS) to measure three separate, but related, aspects of attitudinal dispositions toward cosmetic surgery. The three aspects are: (1) Interpersonal (attitudes related to the self-oriented benefits of having cosmetic surgery), (2) Social (social motivations that influence the decision to have cosmetic surgery), and (3) Consider (the likelihood of respondents having cosmetic surgery).

The ACSS has been shown to have high internal and test-retest reliability, as well as good divergent and convergent validity (Henderson-King & Henderson-King, 2005). A number of recent studies have begun to examine the associations between the ACSS subscales and various psychological antecedents. Cash et al. (2005), for example, reported that the ACSS subscales are positively correlated with appearance-dissatisfaction and body image disturbance, whereas Sperry et al. (2009) showed that viewer-ship of reality cosmetic surgery television programmes was

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significantly associated with acceptance of cosmetic surgery (where the latter was measured using total scores from the ACSS). Other work has shown that the ACSS subscales are significantly correlated with the Big Five personality factors, self-esteem, conformity, self-rated attractiveness (Swami et al., 2009), materialism, and parental attitudes (Henderson-King & Brooks, 2009).

In the present study, we sought to extend the extant research using the ACSS by examining the association of its subscales with celebrity worship. While a number of studies have shown that media exposure is associated with acceptance of cosmetic surgery (Sperry et al., 2009; Swami et al., 2008) and body image experiences in general (for reviews, see Calogero, Boroughs, & Thompson, 2007; Groesz, Levine, & Murnen, 2002), attachments to media figures has been highlighted as one particular aspect of media influence that can shape cognitions during adolescence and early adulthood (for a review, see Giles, 2002). Specifically, 'celebrity worship', or the adoration of celebrities as idols or role models, has been conceptualised as a normal part of identity-development, facilitating identity-development and providing a sense of fulfilment for some individuals (Boon & Lomore, 2001; Giles & Maltby, 2004; McCutcheon et al., 2002).

The most developed theoretical and empirical account of celebrity worship is provided by McCutcheon et al. (2002), who have proposed an 'absorption-addiction' model to explain three increasingly extreme sets of cognitions associated with parasocial relationships. In the first instance, 'Entertainment-social' celebrity worship reflects the social aspects of parasocial attachment, and is driven by an attraction to a favourite celebrity because of their perceived ability to entertain. For some individuals, a compromised identity structure may lead to psychological absorption (intensive and compulsive feelings) with a celebrity, or what has been termed 'Intense-personal' attitudes. In extreme cases, this absorption may become addictive, leading to 'Borderline-pathological' attitudes and behaviours that serve to maintain an individual's satisfaction with the parasocial attachment (Giles & Maltby, 2004; Maltby, Houran, Lange, Ashe, & McCutcheon, 2002; McCutcheon et al., 2002).

Importantly, this conceptualisation of celebrity worship suggests that individual celebrities may be used as exemplars of social or physical ideals (Giles & Maltby, 2004). For instance, celebrities may represent prominent and unique social comparison targets, whose physical attractiveness and condition provide information about socially-idealised standards of beauty. Indeed, some recent work has shown an association between celebrity worship and symptoms of body image or eating disorders (e.g., Harrison, 2000). For example, self-celebrity body shape discrepancies were reported to be associated with symptoms of disordered eating (Shorter, Brown, Quinton, & Hinton, 2008), while Maltby, Giles, Barber, and McCutcheon (2005) showed a significant relationship between Intense-personal celebrity worship and preoccupation with body shape. More generally, aspects of celebrity worship have been associated with higher neuroticism, worry, and anxiety (e.g., Maltby, Houran, & McCutcheon, 2003; see also Maltby, Day, McCutcheon, Houran, & Ashe, 2006), which may partly affect self-perceptions and distortion in body image (Maltby et al., 2005).

Given these associations, it seems intuitively plausible that there should likewise be significant associations between celebrity worship and acceptance of cosmetic surgery. That is, to the extent that celebrities are used in social comparison processes and provide information about societal standards of beauty, celebrity worship may be associated with a greater willingness to alter one's physical self to conform to those standards. Moreover, in the present study, we expected that the association between the ACSS subscales would be strongest with Intense-personal interest in celebrity worship, rather than Entertainment-social or Borderline-pathological celebrity worship (after Maltby et al., 2005).

## 2. Method

### 2.1. Participants

The participants of this study were 401 female undergraduates enrolled in various courses at a large university in Greater London (age range 18–50 years,  $M = 24.72$ ,  $SD = 5.87$ ). The majority of participants were of European Caucasian descent (63.6%), while the remainder were of Asian descent (13.7%), African Caribbean descent (13.7%), or other ancestry (9.0%). Most participants self-reported as being atheists (39.9%), while others were Christians (23.9%), unsure of their religious beliefs (12.5%), Muslims (8.7%), or of some other religious background (15.0%). In terms of marital status, 35.4% reported that they were single, 46.9% that they were in a dating relationship, 11.5% that they were married, and 6.2% that they were separated. Participants' body mass index (BMI) ranged from 14.53 to 31.64 kg/m<sup>2</sup> ( $M = 21.68$ ,  $SD = 3.49$ ).

### 2.2. Materials

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

The ACSS is a 15-item scale measuring three different attitudinal components related to cosmetic surgery: (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 surgery; sample item: 'If I could have a surgical procedure done for free, I would consider trying cosmetic surgery'). All items were rated on a 7-point Likert-type scale (1 = *Strongly disagree*, 7 = *Strongly agree*) and subscale scores are computed by taking the mean of items associated with each component. Previous work has shown that the ACSS has high internal consistency, good test-retest reliability, and good convergent and discriminant validity (Henderson-King & Henderson-King, 2005). In the present study, Cronbach's alpha coefficients for the three subscales were: Intrapersonal, .93; Social, .90, and Consider, .92.

#### 2.2.2. Celebrity Attitude Scale (CAS; McCutcheon et al., 2002)

Originally termed the Celebrity Worship Scale, the CAS is a 34-item measure in which respondents are asked to indicate their attitude towards their favourite celebrity that they themselves have named. The CAS has a three-factor structure comprising Entertainment-social (sample item: 'Keeping up with news about my favourite celebrity is an entertaining pastime'), Intense-personal (sample item: 'To know my favourite celebrity is to love him/her'), and Borderline-pathological (sample item: 'I have frequent thoughts about my favourite celebrity, even when I do not want to'). Items were rated on a 5-point scale (1 = *Strongly disagree*, 5 = *Strongly agree*) and subscale scores were computed by taking the mean of items associated with each component. Previous work has shown that CAS has good internal consistency and convergent validity (e.g., McCutcheon et al., 2002). In our study, internal consistency (Cronbach's alpha) was high for all three subscales: Entertainment-social, .89; Intense-personal, .91, and Borderline-pathological, .87.

#### 2.2.3. Demographics

All participants provided their demographic details consisting of age, ethnicity, religion, marital status, height, and weight. The latter two items were used to calculate participants BMI, as kg/m<sup>2</sup>.

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