



The Acceptance of Cosmetic Surgery Scale: Initial examination of its factor structure and correlates among Brazilian adults

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ABSTRACT

The present study conducted a preliminary examination of the psychometric properties of a recently developed Portuguese translation of the Acceptance of Cosmetic Surgery Scale (ACSS; Henderson-King & Henderson-King, 2005). A total of 311 Brazilian adults completed the ACSS along with Portuguese translations of measures of actual–ideal body weight discrepancy, body appreciation, sociocultural attitudes toward appearance, and demographics. Results showed that the Portuguese ACSS reduced to a three-factor solution consisting of the Intrapersonal, Social, and Consider factors uncovered in the original work using the ACSS. Moreover, there were only small sex differences on these subscales. In addition, the Portuguese ACSS showed a good pattern of convergent validity. The availability of the Portuguese ACSS is expected to stimulate more in-depth, quantitative research on attitudes toward cosmetic surgery within the Brazilian context.

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Introduction

In the past decade, body image scholars have noted a dramatic increase in the number of cosmetic surgery procedures performed in North America and Europe (e.g., Dutta, 2008; Sarwer, Crerand, & Gibbons, 2007; Sarwer & Magee, 2006). For instance, the American Society of Plastic Surgeons (2010) reported that 12.5 million elective cosmetic procedures were performed in the United States in 2009, representing a 69% increase since 2000. With women accounting for the vast majority of cosmetic surgery patients (91% in the United States in 2009; American Society of Plastic Surgeons, 2010), feminist scholars have sought to understand cosmetic surgery as an expression and reproduction of patriarchal gender relations, such that women in the West are subject to beauty ideals to a much greater degree than men (e.g., Jeffreys, 2005).

Bordo (2003) has likewise drawn similarities between cosmetic surgery and fashion accessorising, highlighting the extent to which consumers can ‘choose’ to enhance their physical appearance through elective procedures. Indeed, within the body image

literature, the decision to have cosmetic surgery is typically viewed as an expression of agency regarding a person’s own body and, largely based on this perspective, researchers have attempted to identify factors that predict consideration or acceptance of cosmetic surgery. At a broad level, for example, Sarwer et al. (2007) and Sarwer and Crerand (2004) have discussed the normalisation of appearance-enhancing behaviours, positive media coverage, higher disposable income among consumers, and the lower cost of surgery as factors that have increased the popularity of cosmetic surgery among Western populations.

At a more proximate level, scholarly attention has focused on the demographic, psychosocial, and individual difference factors that are associated with consideration of cosmetic surgery. In terms of demographic variables, for example, it has been consistently reported that women are more likely to consider having cosmetic surgery than men (e.g., Brown, Furnham, Glanville, & Swami, 2007; Swami, Artech, et al., 2008; Swami, Chamorro-Premuzic, Bridges, & Furnham, 2009), mirroring actual rates. Other work has reported that Caucasian women are more accepting of cosmetic surgery than African Caribbeans and South Asians, even after controlling for body image, self-esteem, and weight status (Swami, Campana, & Coles, in press). Finally, a higher body mass index (BMI) has been reliably associated with greater acceptance of cosmetic surgery among women (e.g., Markey & Markey, 2009; Swami, 2009a; Swami, Campana, et al., in press).

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In terms of psychosocial variables, the available research has shown that consideration of cosmetic surgery is positively associated with greater exposure to media messages about cosmetic surgery (Crockett, Pruzinsky, & Persing, 2007; Delinsky, 2005; Sperry, Thompson, Sarwer, & Cash, 2009; Swami, Arteché, et al., 2008) and knowing others who have had cosmetic surgery (Brown et al., 2007; Delinsky, 2005; Swami, Arteché, et al., 2008). Similarly, greater appearance-related teasing (Markey & Markey, 2009), romantic relationship satisfaction (Swami & Mammadova, 2011), and paternal attitudes toward appearance (Henderson-King & Brooks, 2009) have all also been associated with consideration of cosmetic surgery. To date, however, the majority of research on consideration or acceptance of cosmetic surgery has focused on individual psychological variables.

The most developed of this research has shown significant and reliable associations between consideration of cosmetic surgery and more negative body image (Crerand, Franklin, & Sarwer, 2006; Henderson-King & Henderson-King, 2005; Markey & Markey, 2009; Sarwer, Wadden, Pertschuk, & Whitaker, 1998; Slevic & Tiggemann, 2010; Swami, 2009a, 2010; Swami, Campana, et al., in press). Other work has reported that greater consideration of cosmetic surgery is correlated with higher investment in appearance (Delinsky, 2005; Sarwer, LaRossa, Bartlett, Low, Bucky, & Whitaker, 2003; Sarwer et al., 2005), greater social conformity (Swami, Chamorro-Premuzic, et al., 2009), higher appearance-based rejection sensitivity (Park, Calogero, Harwin, & DiRaddo, 2009), greater internalisation of media messages about appearance (Henderson-King & Brooks, 2009; Markey & Markey, 2009; Swami, 2009a), greater celebrity worship (Swami, Taylor, & Carvalho, 2009), greater materialist values (Henderson-King & Brooks, 2009), and lower self-esteem (Swami, Campana, et al., in press).

Although this research appears to be thriving, an important limitation is the fact that, almost without exception, samples in the above studies have been drawn from relatively affluent, Western populations. Indeed, some scholars have noted the lack of studies on attitudes toward cosmetic surgery in non-Western and developing nations (e.g., Swami, 2010). This is important because there may be cross-cultural differences in attitudes toward cosmetic surgery or reasons for considering cosmetic surgery. For example, cross-cultural differences in socioeconomic status, the role of women in society, and opportunities to shape mate choice may all affect the legitimacy of appearance-enhancing procedures, as has been discussed in relation to body size ideals (e.g., Swami & Tovée, 2005). More broadly, differences in cultural values between developed societies and rapidly modernising nations may impact upon both the importance of the body aesthetic and the way in which societal standards of appearance are regulated and monitored. Indeed, in the context of Malaysia, Swami (2010) has discussed the way in which cultural values associated with collectivism (as opposed to the individualism of Western societies) may result in social influence and interconnectedness becoming as important as individual decision-making when it comes to attitudes toward cosmetic surgery.

As a contribution to the above literature, therefore, the present study sought to examine acceptance of cosmetic surgery and its correlates among adults in Brazil, the largest national economy in Latin America. Brazil offers a useful site in which to examine attitudes toward cosmetic surgery for several reasons. First, Brazil has the highest number of cosmetic surgery procedures *per capita* in the world, with only the United States and China exceeding Brazil in the total number of surgeries performed annually (International Society of Aesthetic Plastic Surgery, 2010). Second, elective cosmetic surgery is widely available in Brazil, with field scholars such as Edmonds (2007) and Dorneles de Andrade (2010) underscoring the ubiquity of cosmetic studios, clinics, and hospitals, particularly

in Rio de Janeiro. Moreover, some public hospitals in Brazil offer cosmetic surgery procedures at no cost to the patient, whereas a saturated private sector has resulted in extremely low prices (Edmonds, 2007). Third, as noted by Edmonds (2007), the mass media in Brazil have been very positive about cosmetic surgery, viewing the growth of the industry and cosmetic surgery tourism as an indicator of economic health or national pride.

Finally, accounts by anthropologists have identified unique aspects of Brazilian culture and society that possibly result in more positive attitudes toward cosmetic surgery. For instance, both Edmonds (2007) and Goldenberg (2002) have highlighted the high value assigned to the corporeal self by Brazilians and have identified the body itself as a status symbol. Indeed, Edmonds goes further in seeing physical appearance as an essential element in the construction of a national Brazilian identity (*uma identidade nacional brasileira*). Moreover, Edmonds (2007, pp. 364–365) suggests that Western accounts of cosmetic surgery may be insufficient in Brazil, where a democratic “right to beauty” implies that that the “poor have the right to be beautiful”. More specifically, cosmetic surgery:

... taps into the aspirations of people on the margins of the market economy. Beauty practices offer a means to compete in... a neoliberal libidinal economy where anxieties surrounding new markets of work and sex mingle with fantasies of social mobility, glamour, and modernity (Edmonds, 2007, p. 366).

In this view, the cult of the body in Brazil has been paralleled by the attachment of extreme importance to a “well-shaped body” (Goldenberg, 2002, p. 29), a weakening of moral restrictions on body-altering practices, and a normalisation of body modification strategies aimed at social ascent (Dorneles de Andrade, 2010; Edmonds, 2007). Cosmetic surgery, then, serves to express class distinctions, allowing the poor to challenge upper class hegemony on ‘beauty’ while simultaneously bringing the body into capitalist production and reproduction. While it is important to note discursive challenges to this cult of the body (e.g., see Dorneles de Andrade, 2010), it nevertheless appears to be the case that cosmetic surgery in Brazil has become a mass phenomenon with important implications for society and individuals.

The extant work on attitudes toward cosmetic surgery in Brazil has typically utilised a qualitative framework at the expense of more focused quantitative research. A first aim of the present study, therefore, was to examine attitudes toward cosmetic surgery from a quantitative perspective. Specifically, we examined the factor structure of the most widely used scale for the measurement of attitudes toward cosmetic surgery, namely the Acceptance of Cosmetic Surgery Scale (ACSS; Henderson-King & Henderson-King, 2005). This is an important first step, as the factor structure of the ACSS may not be cross-culturally invariant, having been shown to consist of three subscales among Western samples (e.g., Henderson-King & Henderson-King, 2005) and two subscales among one non-Western sample (Swami, 2010).

An additional aim of the present study was to examine correlates of acceptance of cosmetic surgery in the Brazilian context. Specifically, we examined the associations between acceptance of cosmetic surgery and known predictors among Western samples, namely actual–ideal weight discrepancy (women only), body appreciation, internalisation of media messages about appearance, and weight status (operationalised as self-reported BMI). Given that scales for the first three of these factors have not, to our knowledge, been translated into Portuguese, a secondary aim of the present study was to prepare translations of the Photographic Figure Rating Scale (Swami, Salem, Furnham, & Tovée, 2008b), the Body Appreciation Scale (Avalos, Tylka, & Wood-Barcalow, 2005), and the Sociocultural Attitude Toward Appearance Questionnaire-3 (Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004) for use in the present study.

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