



The factor structure and psychometric properties of the Italian version of the Acceptance of Cosmetic Surgery Scale



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ABSTRACT

The current study examined the validity of the Italian version of the Acceptance of Cosmetic Surgery Scale (ACSS; Henderson-King & Henderson-King, 2005) in a sample of 378 Italian adult women. A series of confirmatory factor analyses were conducted. A three-factor solution provided the best fit to the data and confirmed the Intrapersonal, Social, and Consider dimensions. The three factors were strongly inter-correlated. Cronbach's alphas were high (all alphas > .86). The scale showed good convergent and discriminant validity (estimated by Composite Reliability and the Average Variance Extracted). The nomological validity of the Italian version of the ACSS was confirmed by its significant correlations with participants' body dissatisfaction and sociocultural influences (internalization of thin ideals and perceived media pressure). The ACSS seems to be a useful measure of acceptance of cosmetic surgery in the Italian context. This instrument can be used with Italian speakers for research, health promotion, and preventive interventions.

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Introduction

Cosmetic plastic surgery is an elective surgical procedure that aims to improve appearance by enhancing physical features. The rising importance of physical appearance in contemporary Western culture has probably contributed to the normalization of behaviours aimed at enhancing one's appearance (Tiggemann, 2011). In the past decade, rates of cosmetic surgery have noticeably increased not only in America but also in Europe (International Society of Aesthetic Plastic Surgeons [ISAPS], 2011). According to a survey conducted by the ISAPS (2011), Italy ranks sixth in the world by number of both plastic surgeons and plastic surgery procedures. Although the U.S. leads in absolute numbers of incidence of invasive and non-invasive cosmetic procedures, the number of procedures per person is considerably higher in Italy than in the United States. In the Italian context, cosmetic surgery was already considered a feasible way to alter one's physical appearance in the 1990s. A study conducted by Mondini, Favaro, and Santonastaso (1996) showed that, in the Italian mass media, different forms of control and manipulation of women's bodies were present,

cosmetic surgery included; specifically, women's magazines tended to promote cosmetic treatment and products with a clear commercial aim. The ideal body appeared so difficult to achieve that an effective manipulation, also through cosmetic surgery, seemed to be required in order to reach common aesthetic standards.

Individual differences have been deeply analyzed with regard to consideration of cosmetic surgery. Not everyone pursues cosmetic surgery, so that scholars have tried to highlight factors that lead some individuals to consider cosmetic surgery as a feasible strategy to change one's body image. Some variables related to favourable attitudes towards cosmetic procedures have been identified. Specifically, factors that have been shown to be associated to consideration of cosmetic surgery include intrapersonal factors, such as body dissatisfaction (Carrion, Rabin, Weinberger-Litman, & Fogel, 2011; Menzel, Sperry, Small, Thompson, Sarwer, & Cash, 2011; Swami, 2010; Swami et al., 2008; Swami, Campana, Ferreira, Barrett, Harris, & Tavares, 2011; Swami, Hwang, & Jung, 2012), and social factors, such as internalization of sociocultural messages and media pressures to modify one's physical appearance (Menzel et al., 2011; Nerini, Matera, & Stefanile, 2014; Stefanile, Matera, Nerini, & Pasciucco, in press; Swami, 2009; Swami, Hwang, et al., 2012).

The Acceptance of Cosmetic Surgery Scale

The most widely used scale for the measurement of attitudes towards cosmetic surgery is the 15-item Acceptance of

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Cosmetic Surgery Scale (ACSS), developed by [Henderson-King and Henderson-King \(2005\)](#). This scale measures attitudes towards cosmetic surgery procedures and is composed of three subscales, namely Intrapersonal, Social, and Consider. The Intrapersonal subscale measures attitudes related to the self-oriented benefits of cosmetic surgery. This subscale addresses the idea that cosmetic surgery can offer intrapsychic benefits, as it can help to enhance self-esteem and satisfaction with one's appearance. The Social subscale assesses social motivations for having cosmetic surgery. This component was developed to assess acceptance of cosmetic surgery as a means of appearing more attractive to others and gaining social rewards. The Consider subscale measures the probability that a participant would consider having cosmetic surgery. This subscale represents a more direct assessment of the likelihood that the respondent is interested in cosmetic procedures. The scale showed good reliability in terms of internal consistency and test-retest (after three weeks) correlation. [Henderson-King and Henderson-King \(2005\)](#) also suggested that a global Acceptance score may be obtained across all items of the ACSS, which provides a simple and highly reliable assessment of people's acceptance of cosmetic surgery.

With regard to the variables related to the interest towards cosmetic surgery, studies have found significant correlations between the three subscales of the ACSS and body dissatisfaction (e.g., [Calogero, Park, Rahemtulla, & Williams, 2010](#); [Maltby & Day, 2011](#); [Menzel et al., 2011](#)). Moreover, body dissatisfaction has been associated with overall acceptance of cosmetic surgery in several studies (e.g., [Swami, 2010](#); [Swami et al., 2011](#)). With respect to sociocultural factors, the three subscales of the ACSS were found to be related both to the internalization of thin ideals ([Henderson-King & Brooks, 2009](#); [Lunde, 2013](#); [Menzel et al., 2011](#)) and to perceived pressures ([Menzel et al., 2011](#)), which were also significantly correlated to the overall acceptance of cosmetic surgery ([Swami, 2010](#); [Swami et al., 2011](#); [Swami, Hwang, et al., 2012](#)).

To date, the ACSS has been administered in South ([Campana, Ferreira, & Tavares, 2012](#); [Carrion, Weinberger-Litman, Rabin, & Fogel, 2011](#); [Swami et al., 2011](#)) and North America ([Menzel et al., 2011](#); [Park, Calogero, Young, & Diraddo, 2010](#)), Australia ([Slevec & Tiggemann, 2010](#)), Asia ([Farshidfar, Dastjerdi, & Shahabizadeh 2013](#); [Swami, 2010](#); [Swami, Hwang, et al., 2012](#); [Tam, Ng, Kim, Yeung, & Cheung, 2012](#)), and Europe ([Lunde, 2013](#); [Swami, Campana, & Coles, 2012](#); [Swami, Taylor, & Carvalho, 2009](#)). Nevertheless, only a few studies have formally adapted the scale to specific populations and contexts. To the best of our knowledge, the factor structure of the ACSS has been explored only in the following countries: Brazil ([Swami et al., 2011](#)), Iran ([Farshidfar et al., 2013](#)), Malaysia ([Swami, 2010](#)), and South Korea ([Swami, Hwang, et al., 2012](#)). All of these studies employed exploratory factor analysis to examine the latent structure of the scale, but confirmatory factor analyses have been never performed to corroborate the original structure of the ACSS.

With regard to the latent structure of the ACSS, exploratory factor analysis performed on the Malay version of the ACSS yielded a two-factor solution rather than a three-factor one ([Swami, 2010](#)). While the first factor reflected the original Consider subscale, the second one corresponded to a combination of the original Intrapersonal and Social factors. The two subscales showed good internal consistency ($\alpha = .84$ for Consider; $\alpha = .82$ for Intrapersonal-Social), while the internal consistency of the total Acceptance score was even higher ($\alpha = .93$). Because of the high correlation between the two factors, the author suggested that the total Acceptance score should be used with Malay-speaking populations.

Analogously, the South Korean version of the ACSS ([Swami, Hwang, et al., 2012](#)) was best reduced to a two-factor solution. The two extracted factors were significantly correlated. Unlike

previous work, the Consider subscale was different from the original one, as it included a number of items from the Social and the Intrapersonal subscales. The overall ACSS showed good internal consistency ($\alpha = .95$). Based on these findings, the authors suggested that computing a total ACSS score is the best option for researchers employing the ACSS in the South Korean context.

The Iranian version of the ACSS ([Farshidfar et al., 2013](#)) presented a two-factor structure, which was different from the ones that emerged in previous work: the first factor included the five items that mirror the original Intrapersonal subscale, while the second factor corresponded to a combination of the original Consider and Social subscales. Even in this case, the two factors were highly intercorrelated. The authors reported Cronbach's alphas for the three subscales (Intrapersonal = .80, Social = .78, Consider = .74). The three-factor model proposed by [Henderson-King and Henderson-King \(2005\)](#) was confirmed for the Brazilian Portuguese version of the ACSS ([Swami et al., 2011](#)). Cronbach's alpha was .82 for the Intrapersonal subscale, .81 for the Social subscale, .87 for the Consider one, and .91 for the overall Acceptance score. This is the only study that has provided evidence for the original hypothesized three-factor structure of the ACSS.

In short, it is possible to highlight some differences between Western and Eastern versions of the ACSS. According to [Swami](#) and colleagues ([Swami, 2010](#); [Swami, Hwang, et al., 2012](#)), Eastern women do not distinguish between internal and external reasons for having cosmetic surgery, supposing that, in more collectivistic cultures, social influence may be as powerful as individual decision-making processes with respect to the acceptance of cosmetic surgery. According to this interpretation, in Eastern cultures, motivations for having cosmetic surgery can be considered as a whole construct that includes both individual dispositions and social factors. On the other hand, in Western countries such as the United States of America and Brazil, individual and social motivations are clearly distinct. Specifically, cosmetic surgery seems to be sought more for internal than external reasons. Individuals who are interested in cosmetic surgery appear to be motivated more by their personal feelings about their bodies rather than by influence from external sources.

Likewise, among Italian women, intrapersonal and interpersonal motives for having cosmetic surgery are supposed to be well differentiated and distinct from the intention to undergo cosmetic surgery procedures. In Italy, several recent studies have investigated social representations of cosmetic surgery ([Caputo, 2013](#); [De Rosa & Holman, 2011](#)). [Caputo \(2013\)](#) tried to capture the cultural meaning attributed to cosmetic surgery by examining articles from the Italian press and suggested that social representations of cosmetic surgery in Italy may be categorized into four areas, namely the hedonistic area of health fanaticism, the world of mass media, the commercial market, and the individual sphere. [De Rosa and Holman \(2011\)](#) examined social representations of beauty and cosmetic surgery in Italy, Spain, and Romania. Their analysis led to the identification of two main factors, the first concerning cosmetic surgery in terms of social influence, and the second more related to the psychological consequences of these procedures; individual motivations for undergoing cosmetic surgery were particularly evident among Italian participants.

The representations expressed by Italians suggested a vision of cosmetic surgery gravitating around several positions; among these, at least two were related respectively to an intrapersonal and interpersonal dimension. With respect to the intrapersonal dimension, Italian participants defined cosmetic surgery as a strategy aimed to preserve their bodies and to maintain their beauty over time. With regard to the social dimension, cosmetic surgery was seen both as a way to respond to stereotypical expectations about beauty ideals and as a means to show off in order to go beyond these common aesthetic standards ([Caputo, 2013](#)).

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