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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.

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 viewership 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^2 ($M = 21.68$, $SD = 3.49$).

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 association 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^2.

2.3. Procedure

Ethical approval for this study was obtained from the relevant university ethics committee. Recruitment was opportunistic and involved three experimenters approaching potential participants at various campus locations (e.g., libraries, cafeterias). The nature of the experiment was explained to potential participants and, once participants provided informed consent, they were provided with a paper-and-pencil questionnaire, which they completed individually and anonymously. Once participants returned their completed questionnaires to the experimenter, they were verbally debriefed. All participants took part on a voluntary basis and were not remunerated for their time.

2.4. Statistical analyses

All analyses were conducted on SPSS version 15.0. First, we examined inter-item correlations between the ACSS subscales, the CAS subscales, and parametric participant demographics (age and BMI). We then conducted a series of multiple linear regressions using each of the ACSS subscales, respectively, as dependent variables and all other variables as predictors. For these analyses, α for significance was set at .05.

3. Results

3.1. Inter-item correlations

Descriptive statistics (*M*s and *SD*s) for all variables and inter-item correlations are reported in Table 1. As can be seen from Table 1, there were highly significant inter-item correlations between all of the variables included in the analysis (*r*s .13–.85), with the one exception of Borderline-pathological and BMI. It should be noted, however, that the significance of these correlations were likely inflated by the large sample size.

3.2. Multiple regressions

The first regression with the Intrapersonal subscale of the ACSS as the dependent variable returned a significant result, $F(5, 400) = 68.19$, $p < .001$, Adj. $R^2 = .46$. Of the variables entered into the model, the only significant predictors were Intense-personal (st. $\beta = .35$, $t = 5.96$, $p < .001$), Entertainment-social (st. $\beta = .30$, $t = 4.34$, $p < .001$), age (st. $\beta = -.12$, $t = -3.15$, $p = .002$), and BMI (st. $\beta = -.08$, $t = -2.14$, $p = .033$). The second regression with the Social subscale of the ACSS was likewise significant, $F(5, 400) = 79.74$, $p < .001$, Adj. $R^2 = .50$, with Intense-personal (st. $\beta = .53$, $t = 7.97$, $p < .001$), and Entertainment-social (st. $\beta = .32$, $t = 5.73$, $p < .001$) emerging as significant predictors. Finally, the regression with the Consider subscale of the ACSS was significant, $F(5, 400) = 104.41$, $p < .001$, Adj. $R^2 = .56$. Of the variables entered into the regression, Intense-personal (st. $\beta = .66$, $t = 12.69$, $p < .001$), age (st. $\beta = -.08$, $t = -2.27$, $p = .024$), BMI (st. $\beta = -.08$, $t = -2.24$, $p = .026$), and Entertainment-social (st. $\beta = .12$, $t = 1.99$, $p = .047$) emerged as significant predictors of the Consider subscale.

4. Discussion

The results of the present study showed that there were significant positive associations between acceptance of cosmetic surgery and celebrity worship. In general, the regressions including the CAS variables, age, and BMI accounted for about half of the variance in the ACSS subscales. Of particular note, and in line with our prediction, the Intense-personal subscale of the CAS emerged as the strongest predictor of all three ACSS subscales. Overall, these results suggest that celebrity worship is a strong positive predictor of acceptance of cosmetic surgery among female undergraduates; that is, individuals who score higher on celebrity worship are more likely to hold positive attitudes about cosmetic surgery and are more likely to consider having cosmetic surgery.

Our results showed that Intense-personal celebrity worship was the strongest predictor of all three ACSS subscales, over-and-above other celebrity worship dimensions, and participant age and BMI. These results suggest that female undergraduates who maintain Intense-personal relationships with a celebrity (that is, who prefers to maintain an exclusive parasocial interaction with their favourite celebrity, rather than discussing the celebrity with others) are more likely to hold positive attitudes about cosmetic surgery. It might be argued that, for individuals high on Intense-personal celebrity worship, celebrities provide information about beauty standards that are internalised and aspired to. Indeed, previous work has shown that Intense-personal celebrity worship, but not other celebrity worship dimensions, is associated with poorer body image among female adolescents (Maltby et al., 2005).

Our results also showed that Entertainment-social celebrity worship predicted more positive attitudes toward cosmetic surgery. That is, even low levels of celebrity worship, driven by social aspects of celebrity attachment, are associated with a greater likelihood of holding positive attitudes towards cosmetic surgery and, importantly, a greater likelihood of considering cosmetic surgery to improve one's appearance. In contrast, Borderline-pathological celebrity worship did not emerge as a significant predictor of any of the ACSS subscales. It should be noted, however, that Borderline-pathological scores demonstrated very low variability in the present study, which may explain why no significant relationships were observed for this subscale.

Finally, our results also showed that participant age and BMI were negatively associated with the ACSS subscales. These results are curious because they are inconsistent with previous work

Table 1
Descriptive statistics and inter-item correlations between acceptance of cosmetic surgery, celebrity worship, and participant age and BMI.

	(1) ACSS Intrapersonal	(2) ACSS Social	(3) ACSS Consider	(4) CAS Entertainment-social	(5) CAS Intense-personal	(6) CAS Borderline-pathological	(7) Age	(8) BMI
(1)		.81*	.85*	.62*	.63*	.46*	−.24*	−.26*
(2)			.80*	.64*	.66*	.40*	−.18*	−.19*
(3)				.60*	.74*	.39*	−.18*	−.29*
(4)					.77*	.72*	−.17*	−.19*
(5)						.55*	−.13*	−.27*
(6)							−.17*	−.08
(7)								.16*
M	4.63	3.56	4.36	1.87	2.79	1.33	24.72	21.68
SD	1.46	1.53	1.77	0.65	1.08	0.37	5.87	3.48

Note: ACSS = Acceptance of Cosmetic Surgery Scale; CAS = Celebrity Attitude Scale; BMI = Body Mass Index.
* $p < .001$ in all cases.

showing that older and heavier participants are more likely to consider having cosmetic surgery (e.g., Swami et al., 2009). It may be the case attitudes toward cosmetic surgery in the current study were more positive among younger and leaner individuals because of the relatively constrained nature of the sample (i.e., undergraduate women). Moreover, it is also important to note that both age and BMI were not as strongly predictive of the ACSS subscales as the CAS variables. Overall, these results are consistent with previous work showing that demographic variables may not be as strongly associated with acceptance of cosmetic surgery as psychological variables such as the Big Five personality factors (Swami et al., 2009).

There were two main limitations to the present study. First, our focus on celebrity worship and acceptance of cosmetic surgery possibly obscured other psychological variables that may mediate the relationships between these constructs. It is conceivable, for example, that the predictive power of celebrity worship would be reduced were other variables included in the present study. Future work could, therefore, extend the current research by including other relevant variables, such as self-esteem, the Big Five personality factors, social conformity, paternal attitudes, and materialism (see Henderson-King & Brooks, 2009; Swami et al., 2009).

In similar vein, it may be important to assess the relationships between celebrity worship, body image disturbance, and consideration of cosmetic surgery, given significant associations between the former two (Maltby et al., 2005; Shorter et al., 2008) and latter two (Cash et al., 2005) variables reported in previous work. Finally, our study focused on female undergraduates, which limits our ability to generalise these findings to other age groups or male populations. Indeed, as note above, the youthfulness of our sample may have caused some of the discrepant results compared with previous work (although it is important to note that the association between celebrity worship and ACSS may be highest among young adults and adolescents Maltby et al., 2005).

In conclusion, our results suggest that, among female undergraduates, there is a strong association between celebrity worship and acceptance of cosmetic surgery. These findings extend previous work on the psychological antecedents of willingness to undergo cosmetic surgery (e.g., Brown et al., 2007; Cash et al., 2005; Delinsky, 2005; Henderson-King & Brooks, 2009; Sperry et al., 2009; Swami et al., 2008, 2009). More generally, our results are consistent with the argument that corporeal experiences are shaped, in part at least, by media influences and, in particular, the formation of parasocial relationships with celebrities.

Our results have may important practical implications for researchers and clinicians who are seeking to help potential cosmetic surgery patients make educated decisions about their bodies. For instance, it may prove useful for clinicians to screen potential patients for signs of Intense-personal celebrity worship, and to discuss the implications of aspiring to, or endorsing, societal ideals of beauty as manifested by celebrities. Doing so may help potential patients to better understand their motives for wanting to have cosmetic surgery and may also help them to form realistic expectations from surgery. In the long term, however, further research will be needed to better understand the role that celebrity worship plays in engendering both negative body image and acceptance of cosmetic surgery.

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