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# Acceptance of Cosmetic Surgery: Body Image, Self Esteem and Conformity

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## Abstract

Cosmetic surgery is the most prevalent of surgeries in Iran. This multidimensional concept depends on many factors. The aim of this study is an investigation of the relationship between body-image, self-esteem, conformity with cosmetic surgery. 290 individuals who were applying for Cosmetic Surgery completed an inventory of scales comprising ACSS, RSE, BIS, CS and demographics. The results showed women were more likely than men. Individuals in the age range (18 to 20) had the most cosmetic surgery. Positive body image and conformity predict acceptance of cosmetic surgery but self-esteem don't. Self-esteem indirectly effect on cosmetic surgery.

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## 1. Introduction

If we look at the history of the rise of cosmetic surgery and how coming into, we clearly understand that cosmetic surgery was reconstructive surgery for congenital lesions and later, due to the high impact that has on beauty has become cosmetic surgery (Zafary, 2010). Cosmetic surgery refers to a subspecialty that is concerned primarily with the maintenance, restoration, or enhancement of an individual's physical appearance (e.g. Davis, 2003; Rohrich, 2003).

Shakespeare and Kelly (1997), were defined the plastic surgery as a procedure for changing body apparent form, in the absence of disease, injury, and injury or congenital deformity and hereditary, which, can be a factor for improving quality of life (Mohammad Panah, 2011). A number of factors may increase the popularity of cosmetic surgery. Such as stress, low self-esteem, conformity and physical injuries. These include the growing importance of physical appearance in contemporary culture (Swami, 2007; Swami & Furnham, 2008), which has served to normalize the pursuit of appearance-enhancing behaviors (Sarwer et al., 2003).

In examining issues related to cosmetic surgery and body image and attitudes of men and women in life, people who were interested in cosmetic surgery, had a weaker body image than those who were not interested in cosmetic surgery (Frederick, Peplau, 2007). An undesirable body image decreases self-confidence. Thus a feeling of dissatisfaction in people is a reason for their changing body image until they close their true body image to ideal body image (Rubin Stein, 2005). That people who have a negative image body by themselves appear more interested in cosmetic surgery (Swami, 2009). Breuning and co (2010) showed, the surgeries are done to eliminate

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most of the appearance unhappiness and increase self-esteem. Stewart (2006) in his study showed, sometimes the stress and anxiety, self-critical perspectives or low self-esteem, in body image, causes many people tend to change in their organ's appearance and do plastic surgery. Aurensun (2007) believes the most important feature of social community is trying to influence. Basically, gaining prestige in the community has many practical results, through which people can better advance their goals. And such as individuals actively seeking documents for their confirmation of others and behavior in that manner which such evidence does arise (Swami, 2008). Conformity is the process that people are feeling pressure real or imaginary from the group, and thus, will change their behavior and will try for more social influence and obtain more admired and confirmed by the others (Lotfi, Hamid, 2007). People who have a natural attitude about themselves (i.e. who have a clearly defined sense of self) less than others interested in conformity (Vartanian, 2009). In addition, Vartanian (2009), showed that conformity was positive related to internalization. Thus there is evidence that conformity might be a risk factor for internalization. On the other hand, internalization affects on the concepts of the body image.

## **The present study**

People have high sensitivity on body image, they might look for conformity to obtain social security and feel a sense of connection to others. Therefore, this factor and less self-esteem can lead to unnecessary cosmetic surgery. We can provide various programs for reducing the adverse effects of this phenomena.

Our aim in the Present study to examine the relationship between the subscales of the ACSS and participants' body image, self-esteem, and conformity.

## **2. Method**

### **2.1. Participants**

The participants of this study were 290 (70.3% women,  $n = 204$ ; 29.3% men,  $n = 85$ , missing=1) cosmetic surgery requesting persons from a cosmetic surgery hospital in Tehran (Iran). (Age  $M = 30.36$ ,  $SD = 11.23$ , age minimum =15, age maximum =64). The greatest age range in acceptance of cosmetic surgery is 18 to 20. In terms of business, 28.3% of participants were office job ( $n = 82$ ), 17.2% were free job ( $n = 50$ ), 13.1% were housekeeper ( $n = 38$ ), and 11.4% were university students ( $n = 33$ ). 0.3%, ( $n = 1$ ), were doctor. 1%, ( $n = 3$ ) were engineer. 53.8%, ( $n = 156$ ), were single and 44.5% were marital status ( $n = 129$ ). Finally, participants reported 43.8% never having had cosmetic surgery ( $n = 127$ ) and 53.4% having had cosmetic surgery ( $n = 155$ ) and the most of participants having had higher education.

### **2.2. Measures**

#### **2.2.1. 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 6-point scale (1 = strongly disagree, 6 = 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 surgery; sample item: 'If I could have a surgical procedure done for free I would consider trying cosmetic surgery'). Previous work has shown that the ACSS has high internal consistency, good test-retest reliability after three weeks, and good convergent and discriminate validity (Henderson-King & Henderson-King, 2005). In the present study, Cronbach's  $\alpha$  for the three subscales were: Intrapersonal 0.8, Social 0.78, Consider 0.74. In this study, factor analysis was used to determine the validity of the method ( $KMO=0.88$  and  $p < 0.001$ ). For

principal component analysis, was used factor analysis method. The main components of the ACSS scale with rotation oblymein were obtained as two agents (Intrapersonal, Social and Consider with together).

**2.2.2. Body image scale (BIS; Ellen Berscheid , 1987)**

This scale includes 13 questions that assesses positive and negative body image on a 6-point scale (0= never until 5= always). In this study, Cronbach's alpha coefficient in positive body image sub- scale is 0.73 and Cronbach's alpha coefficient in negative body image sub- scale is 0.61 . In this study, factor analysis was used to determine the validity of the scale (KMO=0.76, p <0.001). For principal component analysis, factor analysis method was used. The main component of the body image scale with rotation oblymein was obtained as two agents (positive body image, negative body image).

**2.2.3. Conformity Scale (CS; making researcher, 2011)**

This 13-item scale measures conformity on a 4-point scale (4 = Very strong agreement, 0= disagreement; sample item: ‘I often rely on, and act upon, the advice of others’).Cronbach's alpha coefficient is 0.

**2.2.4. Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965).**

The RSE is a brief and widely used measure of self-worth, consisting of 10 items rated on a 4-point scale (0 = strongly

Disagree, 3 = strongly agree; sample item: ‘I certainly feel useless at times’). Five items were reverse-coded prior to analysis, and an overall score was computed by summing responses to all items. The scale showed good internal consistency in the present study ( $\alpha = 0.64$ ).

**2.3. Demographics**

All participants provided their demographics consisting of sex, age, education, job, and marital status. Participants also indicated on binary (1 = Yes, 0=No) whether they had had cosmetic surgery in the past or not.

**2.4. Procedure**

All of these questionnaires were arranged in separate tables with demographic profile including age, gender, marital status, education and number of previous surgeries were added to it. Several different techniques are used for data analysis. Demographic data analyzed with descriptive statistics and Second floor, analyzed with regression and liesrel.

**3. Results**

**3.1. Descriptive statistics**

Descriptive statistics (M and SD) for all variables are reported in Table 1, which also shows the correlations of the two ACSS factors with other variables. As can be seen, the two factors of the ACSS were highly inter-correlated. Significant correlates (from strongest to weakest) of the ACSS Intrapersonal factors were positive body image, self-esteem, conformity and negative body image. Conformity and negative body image were also significantly correlated with the ACSS Consider, social factors.

Table 1. Descriptive statistics and bivariate correlation coefficients (Pearson’s r).

Variable	N	M	S.D	ACSS Intrapersonal	ACSS Consider, Social
ACSS Intrapersonal	289	4.92	0.98	-	0.61**
ACSS Social, Consider	289	4.45	1.0	0.61**	-
Self-esteem	277	2.03	0.54	0.13**	-0.006

Conformity	285	1.65	0.60	0.11	0.27**
Positive body image	287	3.36	1.0	0.21**	0.02
Negative body image	287	1.81	0.84	0.04	0.15**

N = 290, sex coded: 1 = men, 2 = women, \*\* p < .001, \* p < .05.

**3.2. Multiple regressions**

**R<sup>2</sup>**  
 We chose inter regressions in order to evaluate the variables impact together for predicting acceptance of cosmetic surgery. Two regressions were conducted (one for each ACSS factor) and in each regression, self-esteem, conformity, positive body image and negative body image were entered as predictors in the same block. The regression predicting Intrapersonal accounted for 7% of the variance, with positive body image ( $\beta = .2, t = 2.83, p < .05$ ), Conformity ( $\beta = .14, t = 2.24, p < .05$ ) being retained as significant predictors.

The regression predicting Consider, Social accounted for 9% of the variance, with Conformity ( $\beta = .27, t = 4.38, p < .05$ ) being retained as significant predictor.

**3.3. Structural equation modelling**

The modified model consisted of a hierarchical path analysis where the two factors of ACSS were treated as inter-correlated, endogenous variables (to the very right of the model). As can be seen in Fig. 1, the Intrapersonal factor of the ACSS was affected by positive body image and conformity. The modified model fitted the data well:  $\chi^2 (df = 7, N = 290) = 6.15, p < .01, GFI = .99, CFI = 1.00, PGFI = .34, RMSEA = 0.0, AGFI = 0.98, NFI = 1.0, NNFI = 1.0$ . Although the  $\chi^2$  value was significant, this is to be expected even in well-fitting models (Byrne, 2001). Positive body image and conformity directly related to intrapersonal factor. Conformity directly related to consider, social factor

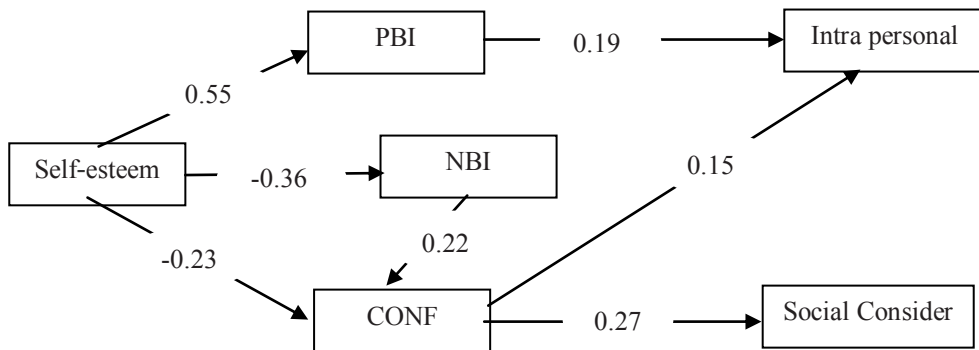


Fig.1. A possible model for understanding the determinants of acceptance of cosmetic surgery. Note: All coefficients are Standard Beta values significant at  $p < .05$ . NBI: Negative body image, PBI: Positive body image, CONF: Conformity; Intra: ACSS Intrapersonal; Social, Consider: ACSS Social, Consider; sex coded 1 = men, 2 = women. Regression paths  $< .20$ , error variances, and covariance not shown here for simplicity

**4. Discussion**

The results of the present study extend previous work with the ACSS by showing that acceptance of cosmetic surgery is reliably (albeit moderately) associated with participants’ self-esteem, conformity, positive body image and negative body image. Overall, these variables explained a substantial portion of the variance in the ACSS factors (particularly for Social), and significantly predicted each ACSS factor (though not always in the same manner). First, our results showed that women were more likely than men to consider having cosmetic surgery, which is consistent with previous work in which participants were asked to rate their likelihood of having various cosmetic procedures (Brown et al.,2007; Frederick, Lever, & Peplau, 2007; Swami, Artech, et al.,2008). As

discussed elsewhere, this sex difference may reflect the greater social cultural pressure that women experience to live up to idealized images of physical perfection (Swami, 2007; Swami& Furnham, 2008). Our results also suggest that individuals who rated themselves lower in physical attractiveness were more likely to consider cosmetic surgery, which is consistent with previous work (Brown et al., 2007; Swami, Artech, et al., 2008). Our results also showed that the Social, consider the factors of the ACSS, which measures social and consider motivations for wanting to have cosmetic surgery, was predicted by conformity. This is perhaps not surprising, given that the Conformity Scale measures the extent to which an individual is willing to emulate and give in to others so as to avoid any negative interactions. Thus, this association may be tapping into conforming individuals' greater likelihood of accepting cosmetic surgery in order to satisfy their partners or other close relationships. The Intrapersonal factor of the ACSS was predicted by positive body image, conformity (direct path) and self-esteem (indirect path). The consider, social factor of the ACSS was predicted by conformity (direct path). Conformity had the highest impact on ACSS.

Acceptance of cosmetic surgery is influenced by psychological and social underlying factors. Self-esteem, body image and conformity are effective in the acceptance cosmetic surgery. Individual sometimes think, that they can achieve their ideal image with cosmetic surgery, whereas, it is never necessary. Therefore they have had psychiatric counselling before cosmetic surgery.

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