

Factors That Influence the Decision to Undergo Cosmetic Surgery

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Abstract: *During the past decade there has been a dramatic increase in the number of cosmetic surgery procedures. This increase has in turn piqued the interest in the psychological aspects of this newly popular procedure.*

The aim of the current study was to ascertain psychosocial factors expected to predict an interest in cosmetic surgery. For this purpose, we compared the results obtained by two groups of research on the following psychological variables: body images, self-esteem, appearance anxiety, subjective happiness, life satisfaction. The first group (surgery group -SG) was composed of 72 participants recruited from a private plastic surgery clinic in Bucharest, Romania. The second group (non-surgery group -NSG) was selected from the general population who are not willing to perform cosmetic surgery now or at any time soon. Individuals/participants were split into two homogeneous groups according to age, marital status, gender and education level. The data was analysed using correlation and multiple regression in order to identify any possible relationships between the variables, as well as find the best predictor for the likelihood of undergoing cosmetic surgery.

Analyses revealed self-esteem, overweight preoccupation, body satisfaction, subjective happiness and marital status significantly predicted higher levels of self-reported of acceptance aesthetic interventions. Self-esteem and body image were the strongest predictors of cosmetic surgery motivation. This information can help elucidate the psychological characteristics of individuals who are interested into and looking for cosmetic surgeries and significantly focus upon the relevance of the preliminary interview for patient screening when it comes to cosmetic.

Keywords: *cosmetic surgery, body image, appearance anxiety, well-being, self-esteem.*

How to cite: Sterian, M., Nicoară, R. D., Nicoară, A.-M., & Mihăileanu, F. V. (2023). Factors that influence the decision to undergo cosmetic surgery. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience*, 14(4), 479-498. <https://doi.org/10.18662/brain/14.4/517>

Introduction

Cosmetic surgery is typically concerned with medical procedures as to maintaining and improving one's physical appearance. A main reason why patients engage in cosmetic surgery is their own desire to become self-pleased with their body image and to make a better use of their psychosocial interaction based on that. While initial studies identified psychopathology as a joint trace to those who looked for cosmetic surgery, the most recent ones have discovered that the majority of the patients are more psychologically normal than earlier stated. The psychological assessment is a significant aspect of the presurgical one as cosmetic surgery aims at the self-image improvement and at the psychological well-being of patients.

Literature review

A plethora of research has reported significant relationships between the interest in cosmetic surgery and individual differences, as well as psychological and demographic variables. For instance, studies have indicated that interest in cosmetic procedures was associated with lower self-rated physical attractiveness (Brown et al., 2007; Swami et al., 2009), body image dissatisfaction (Cash et al., 2005; Henderson King & Henderson-King, 2005; Markey & Markey, 2009; Sarwer, Whitaker, Pertschuk, & Wadden, 1998), and higher investment in appearance (Delinsky, 2005; Sarwer et al., 2003, 2005), lower self-esteem (Swami et al., 2009). Consequently, further research underlines links between cosmetic surgery interest and lower accounts of self-esteem (Swami et al., 2009), subjective happiness (Swami et al., 2009) and life satisfaction (Henderson-King & Brooks, 2009).

Thus, this feeling of dissatisfaction is a main reason for individuals' wish/will of changing their body image until their physical appearance matches the ideal body image created (Rubinstein, 2005). Consequently, body image (BI) constitutes a key factor in determining the decision of undergoing this major surgery (Sarwer & Crerand, 2004). BI is often being described by two components: *body image orientation*, referring to the importance placed on the persons' body image, and *body image evaluation*, indicating how satisfied an individual is with their own body; Individuals with high-body-image orientation and low-body-evaluation have an above-average tendency to undergo cosmetic surgery (Sarwer et al., 2005). Therefore, individuals are motivated to undergo an operation solely when both criteria are met, thus they are both dissatisfied with their body and they

highly regard physical appearance (Crerand et al. 2006; Slevac and Tiggemann, 2010; Swami et al., 2009).

Also, a study carried out by Delinsky and co (Delinsky, 2005) revealed a positive correlation between willingness to invest in physical appearance and acceptance of cosmetic surgery. Those people who are undergoing such surgical interventions experience the polarity between their self-esteem and their own body image. According to Breuning et al., (2010), the cosmetical surgeries have the purpose to get rid of unhappiness associated to self body image and it also aims to rise their own level of self-esteem. Stewart (2007) in his study showed the high appearance anxiety, low self-esteem triggers many people to want to make changes in the way they look. Moreover, the evaluation of one's own appearance is closely connected to his/her overall self-esteem, as documented by high correlations between body image and self-esteem (Feingold, 1992; Weiner & Thompson, 1997).

Sherry et al has suggested that there are significant associations between Appearance Anxiety (subscale Avoidance) and negative body image (e.g., Penkal & Kurdek, 2007; Rudiger et al., 2007; Sherry & Hall, 2009). It is suggested explicitly that individuals with body image problems tend to conceal their noticeable bodily imperfections from others. Therefore, Appearance Anxiety is expected to trigger dysfunctional cognitive patterns that focus one's attention on bodily flaws, thus contributing to a negatively perceived body image (Sherry & Hall, 2009).

Previous literature/Available literature indicates that greated body dissatisfaction, poorer self-assessed attractiveness (Swami et al., 2009), and appearance investment (Delinsky, 2005; Sarwer et al., 2005) are associated with more favorable views of cosmetic surgery (a greater inclination of undergoing cosmetic surgery?).

Approving of cosmetic surgery and accepting such interventions rely on a number of factors, among which the subject's marital status (Swami and Mammadova, 2012). This aspect calls for further study and investigation, all the more so since attractiveness underlies and builds up romance to a great extent.

Although this body of work has shown that there are a number of reliable predictors of consideration of cosmetic surgery, it should be noted that variables examined to date have only explained a small proportion of the variance in consideration of cosmetic surgery. In other words, it seems highly likely that there are other psychosocial or individual difference factors that remain neglected within the literature on consideration of cosmetic surgery. Following tendencies manifest at a worldwide scale, the Romanian market for cosmetic surgery is also expanding. Nevertheless, scant research

has so far been conducted on the psychological profile of local applicants for such interventions.

Based on these assertions, we carried out the current study which is meant to identify the predictive value of some psychological factors regarding the option to perform an aesthetic intervention. The psychic factors considered were: life satisfaction, subjective happiness, self-esteem, appearance anxiety, body image satisfaction.

Research Aims and hypothesis

The research aimed at: 1)identifying the differences between the persons performing aesthetic surgery in comparison with those who are not interested in this kind of intervention in terms of: life satisfaction, subjective happiness, self-esteem, body image, 2)identifying the relationships between the psychological factors; 3)identifying the influence of demographic and psychological factors on the decision to perform the operation.

We have assumed :1)statistically significant differences in the psychological functioning of the participants who decide to undergo the aesthetic intervention and those who do not take into account undergoing this type of intervention, at least in the near future; 2)linear relationships (positive or negative) between the scores of psychological factors for the participants who undergo the aesthetic operation and those who do not; 3)stronger influences on the decision to undergo the operation due to psychological factors than to demographic ones.

Methodology

Statistics samples

The current study was conducted with a sample of 164 randomly selected individuals who appealed to the services offered by a private plastic surgery clinic from Bucharest, Romania, between the 21st July -26th November, 2020. The beneficiaries/patients were selected by the personnel of a private plastic surgery clinic. Inclusion criteria included only individuals over 18, who have previously undergone cosmetic surgery or who are currently on the waitlist for another cosmetic procedure. For the purpose of the current study, this group will be titled Surgery Group (SG). SG was composed of 72 participants - 50 females (80%) and 22 males (20%). Mean age was 38 years (ranging from 18 to 55 years). The subjects involved in the research opted for cosmetic interventions on esthetic grounds.

The non-surgery group (NSG) was selected from the general population (individuals who are unwilling to undergo cosmetic surgery in the

present or future). The sample (N=92) was composed of 60 females (80%) and 32 males (20%) with an average age of 36.4 years, ranging from 18 to 55 years. One of the inclusion criteria was previous negative experiences in the field of surgery or indifference towards undergoing surgery in the foreseeable future.. All participants provided their demographic details consisting of age, original environment, educational level and marital status.

Instruments

Well-being was measured by two important dimensions, more precisely **Subjective Happiness** (SH) and Satisfaction with Life (LS). In order to measure Subjective Happiness (SH), the Subjective Happiness Scale (Lyubomirsky & Lepper, 1999; SHS) was used. SHS was composed of 4 questions, while the responses were on a 5 point Likert scale. On the items the participants were asked to describe themselves in terms of how happy they believe themselves to be, responses ranging from 1 to 5 (1=Not a very happy person, 5=A very happy person). The second item asked the participant to make a comparison between how happy they are relative to their peers (1=Less happy, 5=More happy).

The last two items proposed 2 opposing statements about life, one in which happiness was at the core and most people were happy, and one in which most people were described to be unhappy. Participants were asked to rate the statement according to how much it characterized them (1=Not at all, 5=A great deal). Higher scores on this scale reflect greater Subjective Happiness. Internal consistency coefficients for this scale were good (Cronbach's α =.89) according to Lyubomirsky and Lepper (1999). In the present study, Cronbach's α coefficient for SH was .60.

Life satisfaction (LS) was measured with Satisfaction with Life Scale (Diener et al., 1985). The scale consists of five items and used to assess people's satisfaction with life as a whole. The two-month test -retest correlation coefficient was .82, and coefficient alpha was .87. In the current study, Cronbach's α coefficient for the SH was .80.

Self-esteem (SE) was measured with Rosenberg Self-Esteem Scale (RSE) consisting of 10 items meant to assess global self-esteem .This 10-item scale is the most widely used measure of self-worth and is rated on a 4-point scale (1=Strongly disagree, 4 = Strongly agree). Previous studies have reported alpha reliabilities for the RSE ranging from .72 to .88 (Gray-Little et al., 1997). In the current study, Cronbach's α coefficient for the RSE was .82.

Appearance Anxiety (AA) was measured with The Appearance Anxiety Inventory (AAI). AAI (Veale et al., 2014) was used in order to determine the frequency of avoidance behaviour and threat-monitoring.

(Example: “I compare aspects of my appearance to others”) that are characteristic of a response to a distorted body image; each item is scored from 0 (‘not at all’) to 4 (‘all the time’). The maximum score is 40, and higher scores reflect greater frequency of a process. Cronbach's α was .93. In the present study, Cronbach's α coefficient for the AAI was .86 for Avoiding scale (A) and .70 for Threat-monitoring scale (M).

Body image (BI) was measured with MBSRQ-AS (Brown et al., 1990), a 34-item instrument that assesses body-image attitudes. Items are rated on a Likert-type scale ranging from 1 (definitely disagree) to 5 (definitely agree). The four scales associated with overall appearance were used in this study. The seven items of the **Appearance Evaluation (AE)** subscale assess feelings of physical attractiveness or unattractiveness. Higher scores are indicators of greater positive feelings and satisfaction with one's appearance. Internal consistency for this subscale was $\alpha = .84$. In the present study, Cronbach's α coefficient for the AE was .59. The **Appearance Orientation (AO)** subscale has 12 items that examine the extent of investment in one's appearance.

High scores indicate considerable emphasis on appearance and engagement in extensive grooming behaviors. An example item is “Before going out in public, I always notice how I look”. One-month test-retest reliability was $r = .85$. In the present study, Cronbach's α coefficient for the AO was .77. The 9-item **Body Areas Satisfaction Scale (BAS)** measures degree of dissatisfaction-satisfaction with specific body areas and attributes. Its internal consistency in this study ranged from .75 to .86. In the present study, Cronbach's α coefficient for the BAS was .84. The **Overweight Preoccupation (OP)** subscale consists of four questions that assess anxiety about one's weight, weight vigilance, dieting, and eating restraint. An example item is “I constantly worry about being or becoming fat.” This subscale had an $\alpha = .81$. In the present study, Cronbach's α coefficient for the OP was .79.

Procedure

Prior to the commencement of the study, participants were given a detailed account on the aims and methods of the current investigation. A consent form, consisting of the data protection measures, the voluntary nature of participation, and the right to withdrawal at any point, was given and signed by each participant. After the informed consent was obtained, all the questionnaires were completed individually in the presence of the authors. The questionnaire consisted of a number of parts: a background

information section, established measures of acceptance of cosmetic surgery, body image, appearance anxiety, life satisfaction, and subjective happiness. Participants were also asked about previous history of cosmetic surgery and any future plans of undergoing this procedure.

Data analysis

The SPSS software (version 13) was used for data analysis. Firstly, we examined the patterns of missing data for each of our study variables. Next, the internal consistency within subscales was measured using Cronbach's α coefficients. Descriptive analyses were conducted to ascertain the extent of non-normality in the distributions for the scales' items. The comparisons drawn between the results obtained from the surgery group (SG) and those from the control group (NSG) were analyzed in order to establish statistically significant differences using the t-test. Correlation and multiple regression analysis were also used to identify any relationship between variables as well as which variable best predicted the likelihood of a patient having surgery. The following factors were evaluated as potential predictors for the intervention: LS, SH, SE, A, M, AE, BAS, AO, OP.

Research results and interpretation

Table 1 shows central tendencies of our variables (means, standard deviations, and Cronbach's alphas coefficients). As can be seen in the table below, the participants who did not opt for the operation had the highest value at- Self-esteem (4) and the lowest value at Avoidance (1,61). All scores are below 4, indicating that the presence below the value "to a great extent". None of the scores is below the value 1 which indicates "to a very small extent".

Table 1 Statistic Data Presenting the Main Parameters in the Study

	Intervention	Mean	SD	Cronbach's Alpha
Life satisfaction	Yes	3.04	.78	.80
	No	3.48	.61	
Subjective happiness	Yes	3.18	.93	.60
	No	3.57	.54	
Avoidance	Yes	2.30	.90	.86
	No	1.61	.61	
Threat monitoring	Yes	2.45	.75	.69
	No	1.70	.59	
Self-esteem	Yes	3.63	.65	.82
	No	4.00	.49	
Appearance	Yes	3.02	.92	

Evaluation	No	3.60	.75	.59
	Yes	3.07	.67	
Body Satisfaction	No	3.41	.77	.84
	Yes	3.39	.54	
Appearance	No	3.32	.59	.77
Orientation	Yes	2.78	1.01	.79
Overweight	No	2.51	1.08	
preoccupation				

authors' own conception

Differences between the people who want to undergo surgery, and those that do not consider such action, as far as psychological characteristics is concerned

We conducted a t-test for independent samples in order to see whether the difference between means of psychological factors is statistically significant.

Table 2 Independent sample t-test results of Key Variables scores according to the option (yes/no) undergoing an aesthetic intervention.

		t-test for Equality of Means					
		t	df	Sig.(2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference
							Lower Upper
Satisfaction with life	Equal variances assumed	-2.83	80	.006	-.43	.15	-.74 -.13
Subjective happiness	Equal variances assumed	-2.36	80	.020	-.38	.16	-.71 -.06
Avoidance	Equal variances assumed	4.07	80	.000	.68	.16	.35 1.01
Threat monitoring	Equal variances assumed	5.10	80	.000	.75	.14	.46 1.05
Self-esteem	Equal variances assumed	-3.00	80	.004	-.37	.12	-.63 -.12
Appearance Evaluation	Equal variances assumed	-3.13	80	.002	-.58	.18	-.95 -.21

Body Satisfaction	Equal variances assumed	-2.09	80.039	-.34	.16	-.66	-.01
Appearance Orientation	Equal variances assumed	.50	80.615	.06	.12	-.18	.31
Overweight preoccupation	Equal variances assumed	1.15	80.250	.27	.23	-.19	.74

authors' own conception

As a result of the analysis of the current study - it is clear that cosmetic surgery patients differ from those in the non-surgery group in terms of the scores obtained at all measured variables.

There was a significant difference between applicants and non-applicants of cosmetic surgery concerning appearance anxiety for both subscales: A ($t=4.07$, $df=80$, $p<.001$), and M ($t=5.10$, $df=80$, $p<.001$). One possible explanation for this is that people who score higher on AA place greater importance on what they look and are more likely to compare themselves to attractive-looking ones, viewing themselves as less attractive, expressing thus greater fear of unattractiveness.

Results of statistical test showed the difference between the two groups in terms of AE ($t=3.13$, $df=80$, $p=.002$), self-esteem ($t=-3.00$, $df=80$, $p=.004$), life satisfaction ($t=2.83$, $df=80$, $p=.006$). It has been supposed that the low body image evaluation combined with low self-esteem and the LS. increases the likelihood to undergo cosmetic surgery. Also, there were significant differences between SG and NSG groups in terms of SH ($t=2.36$, $df=80$, $p=.020$), BAS ($t=2.09$, $df=80$, $p=.039$), but the difference for AO and OP were not statistically significant.

The above presented means-scores of indicators of participants' positive psychological functioning are significantly higher for NSG participants compared to SG participants.

Correlations between the psychological factors of the decision to undergo cosmetic surgery

Through the Bivariate Correlations procedure, we found statistically significant Pearson's correlation coefficients between the psychological factors of the decision to undergo the operation. As we can see in the table above, the SH correlates positively statistically significant with LS, with SE and negatively with OP in the surgery group; and in the non-surgery group,

it correlates positively statistically significant with SE, BAS and negatively with OP.

LS correlates statistically significant with SH and SE and correlates negatively statistically significant with AA (in both subscales) in SG while in NSG, LS correlates positively statistically strong with SE and negatively with subscale A.

The key element in the motivation to actually go through cosmetic surgery is considered to be the BI. The BAS measure was positively related to the AE groups, an aspect showing that both groups are satisfied with their own appearance. At the same time, OP correlates positively strong statistically significant with AO in SG and negatively statistically significant with AE in NSG, indicate greater levels of satisfaction associated with appearance for the participants from NSG compared to those from SG care which show greater investment attached to appearance, greater levels of weight related preoccupation and anxiety about being overweight.

Table 3 The correlation between the psychological factors on the decision to undergo the aesthetic intervention

		1	2	3	4	5	6	7	8	9
1.Life satisfactio n	Pearson Correlat ion	1								
2. Subjective happiness	Pearson Correlat ion	.65**/.29 ^{ns}	1							
3.Avoidan ce	Pearson - Correlat ion	.50**/.33*	-.67**/-15 ^{ns}	1						
4. Threat monitorin g	Pearson Correlat ion	-.33*/.07 ^{ns}	-.64**/-23 ^{ns}	.83**/.79**	1					
5.Self esteem	Pearson Correlat ion	.60**/.51 ^{ns}	.53**/.33*	.450**/.44**	.30/.25 ^{ns}	1				
6.Appeara nce Evaluation	Pearson Correlat ion	.29**/.14 ^{ns}	-.16/.16 ^{ns}	.26/.25 ^{ns}	.13/.33*	.14/.29*	.4 ^{ns}	1		
7.Body Satisfactio n	Pearson Correlat ion	.26/-.02 ^{ns}	.26/.32*	.22/.30*	.36*/.46**	-.08/-	.76**/.30*	.9**	1	

8.Appearance Orientation	Pearson Correlation	.16 /.12 ^{ns}	- .19 ^{ns}	.03/.07 ^{ns}	.21/.23/ 39 ^{**}	.08/1 1 ^{ns}	.22/00 0	.12/.1 7 ^{ns}	1	
9.Overweight preoccupation	Pearson - Correlation	.08/.13 ^{ns}	-.43 ^{**} / .37 [*]	-.03/.08 ^{ns}	.25/1 1 ^{ns}	.30/1 4 ^{ns}	-.14/ 36 [*]	-.29/ 44 ^{ns}	.42 ^{**} /.2 8 ^{ns}	1

authors' own conception

Notes: the figures above the line are the correlation coefficients for the no surgery group

**Correlation is significant at the 0.01 level (2-tailed)./

Correlation is significant at the 0.05 level (2-tailed)/

Ns =correlation is not significant /

Based on these finding, it might be concluded that persons who have more heavily invested in their physical appearance are more likely to consider cosmetic surgery. Although this result in itself was perhaps unsurprising, it was also notable that the appearance anxiety was significantly correlated with BI, so AE and BS correlate negatively statistically significant with A and M in both groups, and AO correlates positively strong statistically significant with M only in NSG. The importance that individuals place on their body image will be predicted based on the supposition that dysfunctional appearance increases one's tendency to avoid displaying an imperfect appearance to the outside world, as well as the aspect of self-monitoring.

The NSG participants attached more importance to their physical appearance and reported to get engaged in more behaviors aimed at improving their physical appearance, compared to the SG ones. AA correlates statistically significant with LS and SH (two important dimensions of well-being) in the following way: A and M correlates negatively statistically significant with SH and SL in SG, the well-being is influenced by the level of AA. We can also notice a complex relationship between body image and well-being: BAS had a direct and positive association statistically significant with the NSG patients, while AE correlates strongly positive statistically significant cu LS in SG- thus showing that the SL of SG participants seems to be altered by their body image and by traits of the self, other then their feelings of happiness.

It can be now inferred from table 3 that SG participants are generally more discontent with their body image in comparison with the NSG ones – an aspect which is in accordance with the research that indicated the fact

that the individuals who report higher levels of BI appreciation also report higher levels of happiness and subjective well-being.

In order to find a predictive model to assess as accurately as possible the option to undergo an operation, logistic regression (the enter method) was conducted, using as predictors: gender, place of residence, educational level, marital status, life satisfaction, subjective happiness, self-esteem, avoidance, monitoring, appearance evaluation, body satisfaction, appearance orientation¹, overweight preoccupation.

Table 4 Wald coefficients for each predictor of the option to perform an aesthetic intervention

	B	S.E.	Wald	df	Sig.	Exp(B)	95% EXP(B)	C.I.for
							Lower Upper	r
Gender	-.66	1.19	.312	1	.576	.51	.05	5.30
Place of residence	-1.5	1.14	1.88	1	.170	.20	.02	1.95
Educational level	-1.57	.78	4.08	1	.043	.20	.04	.95
Marital status (MS)	1.20	.42	8.23	1	.004	3.34	1.46	7.63
Life satisfaction	1.35	.80	2.87	1	.090	3.87	.80	18.58
Subjective happiness	-2.10	.99	4.47	1	.034	.12	.01	.85
Self esteem	3.39	1.53	4.90	1	.027	29.84	1.47	603.14
Ste Avoidance	.77	.94	.66	1	.414	2.16	.33	13.78
p 1 ^a Threat monitoring	-2.65	1.29	4.20	1	.040	.07	.006	.88
Appearance evaluation	1.77	.90	3.86	1	.049	5.91	1.005	34.76
Body Satisfaction	-2.47	1.14	4.69	1	.030	.08	.009	.79
Appearance Orientation	.73	1.05	.47	1	.489	2.08	.26	16.59
Overweight preoccupation	-1.57	.71	4.86	1	.028	.20	.05	.83
Constant	3.25	6.93	.22	1	.63	25.98		

a. Variable(s) entered on step 1: gender, place of residence, educational level, marital status, life satisfaction, subjective happiness, self-esteem, avoidance, monitoring, appearance evaluation, body satisfaction, appearance orientation¹, over weight preoccupation

authors' own conception

The binary logistic regression analysis shows that the influencing factors on making the decision to undergo an operation are: the socio-marital status and the educational level (among the demographic factors) as

well as by:life satisfaction, subjective happiness, self-esteem, monitoring, appearance evaluation, overweight preoccupation (among the psychological functioning).

MS has the greatest impact force among all the demographic factors, and among the psychological factors, in a comparable proportion: SE, OP, BS, SH (Wald: 4.2- 4.9, p between .027-.034). M, the educational level, AE have a lesser impact force than these, but also statistically significant (Wald: 3.8-4.2, $p=.040-.049$).

It has been shown that the MS and the educational level were strong predictors of cosmetic surgery motivation, persons with higher education level express stronger concerns about their appearance, as well as of their relationship with the partner. Actually, the marital status has the greatest impact force (Wald=8.3, $p=.004$) and the analysis proves that married people are more willing to perform an aesthetic intervention compared to single ones.

Consistent with the most recent studies, the education level was identified (found) as a significant demographic factor/predictor in the regression model, indicating that is more likely for people with a higher education level to undertake aesthetic interventions than those with a lower education level.

SE and OP have the greater impact force (Wald: 4.8-4.9, $p=.027-.028$) that contributed to the prediction of intervention; consequently, we can say that the option for the aesthetic intervention is greatly determined by the level of valorization and general evaluation of the self and the preoccupation with being or becoming overweight. They attach greater importance to their body image compared to those who do not seek esthetic surgery. Understanding if the body image and the desire to undergo surgery are or not related to M seems to be critically important since cosmetic surgery has the ability to change the self-image in others opinion, as Table 4 shows M to be an influential factor statistically speaking. It has been predicted that high self-monitoring individuals are more likely to consider cosmetic surgery as a strategy to control their physical appearance, when compared to low self-monitoring individuals.

Discussions

The research presented in this study has as objectives: 1) Recognising the differences between those people wanting to undergoing cosmetic surgery, and those who would not even consider this type of intervention in terms of satisfaction with life, subjective happiness, self-esteem and their perceived body image; 2) Identifying the relationships

between psychological factors.;3) Understanding the effects of demographic and psychological factors on people's decisions to undergo surgery.

The data presented above confirms partially (but in the assumed directions) the assumptions of the research:

1)There are differences in the psychological thoughts of people wishing to undergo aesthetic surgery, and those who would not even consider this route, at least in the near future;2)There are linear relationships (both positive and negative) in the psychological scores obtained from those people who undergo aesthetic surgery and those who dismiss the idea;3)The psychological influences to undergo surgery are stronger than the demographic influences

The differences in the psychological functioning of the patients and "non-patients" who do not wish to undergo surgery, are the following:

NSG have higher body image (AE, AO, BS) a higher level of well-being and of self-esteem. This could lead to people perceiving lower needs of enhancing their appearances, thus explaining the lower rates of AA and and weight anxiety than their SG counterparts, who opt for the aesthetic intervention as a means of appearance-enhancement.

Consequently, surgery patients invest more in their appearance (high AO) and by comparison to the NSG patients they are less pleased by their own appearance (low AE). The same type of results have been found by Sarwer (Sarwer et al., 2005), who discovered that the people who are most likely (over the average) to take on cosmetical surgery and the ones with a high appearance orientation and a low-appearance evaluation.

Therefore, the combo between the low AE with a high AO is presumably what increases the chances of taking on aesthetic surgery The greatest difference between the two groups was recorded for the AA variable, the SG participants having a significantly higher score for the A and M subscales. One possible explanation for this is that SG people who score higher on AA attach greater importance to their looks, are more likely to compare themselves to other attractive individuals and / express greater fear of being unattractive, attaching more attention both to their physical appearance and to the way in which they are perceived by the others. If we take into account the average of M and OP scores which are higher in SG, we can consider the decision to perform the aesthetic intervention indicating a focus on avoiding rather than enhancing attractiveness

The scores averages lower for SH and LS (the two important dimensions for well-being) combined with a high AA level for SG suggested that patients from this group desire surgery both to improve their looks and to feel more comfortable. Similarly, Furnham and Levitas (Furnham &

Levitas, 2012) has indicated that people with a lower life satisfaction are more likely to undergo a surgery.

The current study reveals a positive correlation statistically significant between BAS and SE in NSG, which suggests that people who are satisfied with their BI have a higher SE level and are less or not at all willing to perform an aesthetic intervention. The results are consistent with the studies of Paxton and his colleagues (Paxton & Phythian, 1999) which have shown the existence of a high correlation between physical appearance and self-esteem. The relationship between body image and self-esteem is not surprising in a culture which values beauty and physical attractiveness socially and appreciates them positively. Per Markus & Nurius (1987), research reveals the importance that bodies play in people's self-identity for a vast majority of people.

As far as the SG is concerned there is no correlation between BI and SE, but a particular aspect of BI, namely AE can be considered a specific self-esteem, which refers to the self-assessment of physical attractiveness. These two forms show in our case that they can bidirectionally influence each other (Harter, 1993) to such a degree that low self-esteem is caused by the low AE for those individuals who value physical attractiveness the most and as a consequence the aesthetic interventions as well.

The strong positive correlation between SE and A in both groups suggests the fact that, in order to maintain a satisfactory level of SE, the participants in our study tend to avoid comparing themselves with the others and their tolerance to criticism as to their physical appearance is diminished. From this perspective, the high global SE for NSG subjects can also be interpreted as a possible defense mechanism of an insufficient self-esteem. Our result concurs with previous results obtained by (von Soest et al., 2006) who reveals the fact that physical attractiveness influences a person's self-esteem and behavior toward the others, and it is directly linked to self-confidence.

It was also notable that M correlated with AE and BAS in both groups of subjects what suggests that self-monitoring is negatively associated with the assessment and importance of physical appearance. The strong positive correlation statistically significant between M and AO suggests that the more attention the subjects attach to their physical appearance, the more prone they will be to act to maintain or to improve it, including by means of aesthetic intervention.

We can also notice a complex relationship between BI with LS and SH: BAS had a positive association with SH for NS patients, and AE was positively associated with LS in SG. In SG the self-perceived level of

attractiveness influence LS while the NS ones, which report higher levels of BAS also report higher levels of SH. The positive correlation between SE and SH recorded in SG denotes that the option for the aesthetic intervention is determined by the desire to look better and to feel better.

It was also notable that appearance anxiety was significantly correlated with body image. Thus, we suggest that dysfunctional appearance may increase one's tendency to avoid appearing "imperfect" to the others which, in turn, leads to greater consideration of cosmetic surgery.

The third hypothesis is partially confirmed, meaning that the demographic factor-the marital status) has the greatest impact force (as it can be seen in Table 4), being most important predictor of the decision to perform an aesthetic intervention.

Conversely with the literature that emphasized BI as a primary reason for individuals to pursue aesthetic surgeries, we identified SE as the strongest predictors of cosmetic surgery motivation followed by OP, BAS, SH, M and finally AE.

It could nevertheless be shown that global self-esteem global, (valorization and general evaluation of Self) and the level of anxiety about being or becoming overweight were highest predictors related to cosmetic surgery motivation. BAS and AE have an important impact force, people being motivated to undergo an operation only when they are both dissatisfied with their body and value the physical appearance excessively.

As we can see in Table 4, BAS has a greater impact force than AE, thus showing that the desire to have certain body features may be deeply connected to the willingness to undertake cosmetic surgery than the overall desire to simply be attractive. Consequently, BAS is closely connected to overall self-esteem, this aspect being in accordance with the results as shown by the deep connections between self body image and self-esteem (Feingold, 1992; Weiner & Thompson, 1997)

Last but not least, the marital status (MS) was a significant factor for the decision to undergo surgery checked in all regression analyses, indicating that married patients are more driven to take cosmetic surgery than single or unmarried people. This finding is contrasting other studies where the MS was not found to be a major factor leading to aesthetic intervention and that, generally speaking single individuals tend to opt for aesthetic intervention.

The current study reveals that the greater impact force on the option for the intervention was recorded by the demographic variable of MS and within it the married participants or those who are in a steady relationship are more likely to require the aesthetic intervention, compared to the single

ones, what suggests a greater preoccupation from their part regarding the way in which they are perceived by their partner in terms of BI.

Despite these positive findings, the current study has several limitations. Firstly, due to the low number of subjects, the results should be interpreted with caution, then all participants belong to a single private clinic, the research does not include possible variables that are able to have an impact upon the decision to undergo cosmetic procedures, the lack of an analysis between specific surgical procedures and psychological variables. Firstly, the results should be interpreted with caution due to the low number of subjects who belong to the same private clinic. The research is not inclusive of all potential variables that may influence the subjects' decision to undertake cosmetic procedures, and the limited analysis of the specific surgical procedures and psychological variables.

There is still required to develop further studies to accurately point out which aspects can actually impact the motivation to undergo surgery and to further explore the relevance of personality, social environment, etc as well.

Conclusions

In the light of our results, this study shows that consumers' desire for cosmetic surgery is strongly connected with a myriad of psychological issues. Their good and accurate understanding can enhance service delivery, reduce dissatisfaction, and increase individuals' self-esteem and psychological well-being.

These findings, and especially the associations between cosmetic surgery acceptance, self-esteem, and body appreciation, may prove useful for practitioners and researchers striving to assist potential patients to make informed and suitable decisions about their bodies.

Practically speaking, these findings could aid plastic surgeons to get to know which factors are more likely to be associated with the psychological motivations of individuals interested in cosmetic surgery procedures. Also, cosmetic surgeons should be aware particularly of the role of psychological problems, which could inhibit the positive effects of aesthetic surgery. In conclusion, ours is the first study to specifically examine determinants of attitudes toward cosmetic surgery in a nonsurgical population, providing an important platform for further research.

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