

Comparison of Body Image Attitudes, Self-Esteem, and Quality of Life in Married Women Before and After Cosmetic Surgery

Ghazal. Heydarpour¹, Mehdi. Zayer^{2*}

¹ M.A., Department of Psychology, Semnan Branch, Islamic Azad University, Semnan, Iran

² Assistant Professor, Department of Psychology, Semnan Branch, Islamic Azad University, Semnan, Iran

* Corresponding author email address: Phdzayer@gmail.com

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ABSTRACT

Objective: The aim of this study was to compare body image attitudes, self-esteem, and quality of life in married women before and after cosmetic surgery.

Methods and Materials: The statistical population included all married women in Tehran who were seeking cosmetic surgery. Using convenience sampling, 112 individuals were selected and assessed in three phases: one month before surgery, one month after surgery, and six months after surgery. Data were collected using the Body Image Concern Inventory (BICI), the Coopersmith Self-Esteem Inventory (1976), and the World Health Organization Quality of Life Questionnaire (2007). The data were analyzed using repeated measures analysis of variance via SPSS23 software.

Findings: The results showed that the means of all variables under study, including body image attitudes, self-esteem, and quality of life, differed significantly. Specifically, the scores for body image attitudes ($P < 0.001$), self-esteem ($P < 0.001$), and quality of life ($P < 0.001$) increased significantly one month after surgery compared to one month before surgery. However, six months after surgery, the scores for body image attitudes ($P < 0.001$), self-esteem ($P < 0.001$), and quality of life ($P < 0.001$) decreased significantly compared to one month after surgery.

Conclusion: It can be concluded that body image attitudes, self-esteem, and quality of life in married women temporarily increased one month after cosmetic surgery, but after six months, these variables showed a significant decline.

Keywords: *body image attitudes, self-esteem, quality of life, cosmetic surgery.*

1. Introduction

The change in cultural patterns and lifestyle and its impact on individuals' bodies in society, given Iran's global statistical position regarding cosmetic surgeries and the widespread interest in these surgeries, necessitates an analysis of the causes and motivations behind the inclination

toward cosmetic surgeries (Yoon & Kim, 2020). The motivation for undergoing cosmetic surgery can be classified into two general categories: personal motivations and supra-personal motivations. Personal motivations are categorized at the micro-analytical level, while supra-personal motivations are classified at the meso- and macro-analytical levels, depending on the situations and conditions

individuals encounter (Heidarzadeh et al., 2019). At the meso level, family and family circumstances serve as sources of motivation for undergoing cosmetic surgery, while at the macro level, social conditions play a role, which varies based on the context. Supra-personal motivations can arise from family pressure or social trends, including waves and currents stemming from peer groups, workplace pressure, university environments, and other similar contexts (Asimakopoulos et al., 2019; Chai, 2022).

The rate of cosmetic surgeries in Iran is seven times higher than in Europe, and 90% of cosmetic surgeries in the country are related to rhinoplasty. In recent years, the human body has become an important subject of study for contemporary sociologists. The significance of the body has become apparent not only in empirical research but also in sociological theorizing. Since women, compared to men, pay more attention to their appearance and the way they are perceived, this heightened attention drives them to adopt behaviors that align their body features with cultural standards of facial and body beauty (Imani et al., 2020; Kazemini et al., 2022).

Every year, more surgeries are performed to enhance individuals' satisfaction with their appearance, or in other words, to increase their self-confidence (McLean & Paxton, 2019). Many individuals seeking cosmetic surgery believe they have valid reasons, such as achieving success in marriage, gaining more confidence in social interactions, satisfying family and friends, or achieving a desirable body image. Body image refers to an individual's attitude toward their physical appearance (Mokhtari et al., 2021; Ronagh Sheshkelani et al., 2018).

When individuals come to understand and accept their body image as it is, they can more easily accept themselves, recognizing their uniqueness and inherent value, worthy of appreciation. This acceptance does not imply perfection, as this feeling is directly opposite to self-esteem (Hill et al., 2015). Modern life can reinforce the sense of uniqueness and exceptionality in individuals. A culture based on fame, along with media outlets that meticulously report on the lives of celebrities, can perpetuate and intensify the sense of being different. There is even a risk that this issue will gradually be regarded as a normal behavior (Shafiabady et al., 2023).

For many people, including those in early adolescence, the way they perceive their appearance can be closely related to self-esteem, as children become more concerned about how others perceive them during this developmental stage (Chai, 2022). Body image refers to an individual's feelings about their physical and sexual attractiveness. In clearer

terms, it describes how a person views their body, how they feel about it, and how they believe others perceive it (Arkan et al., 2024; Ashkinazi et al., 2024; Kiani Rad, 2024; McLean & Paxton, 2019).

Self-esteem and self-worth change in relation to shifts in circumstances and conditions, and many studies have identified a strong correlation between the level of self-esteem and undergoing cosmetic surgery. Improving one's physical appearance has positive psychological effects and enhances quality of life (Mokhtari et al., 2021). According to the World Health Organization, quality of life is defined as individuals' perception of their position in life in relation to the cultural, value systems in which they live, as well as their goals, expectations, standards, and concerns (Ronagh Sheshkelani et al., 2018; Teork & Waleer, 2020).

In other words, quality of life refers to an individual's perception and personal experiences regarding health and illness. Kalman (1984) describes life as the expansion of hope and aspiration that stems from experience. From Frankl's perspective, the measure of a meaningful life is its quality, not quantity, and he believes that being alive means suffering and finding meaning in one's suffering, which is the essence of continuing life (Mokhtari et al., 2021). Quality of life is a term that lacks a specific and uniform definition; although people intuitively understand its meaning, the concept is not the same for everyone. As with other variables, measuring quality of life requires a comprehensive and clear definition, and efforts have always been made to provide an appropriate definition (Mohammadshahi et al., 2016).

Given the increasing and concerning demand for such surgeries in recent years, and considering the significant financial and physical consequences associated with these surgeries, there is little information about the psychological state of individuals seeking cosmetic surgery and the potential psychological changes that occur after surgery. Therefore, this study seeks to address the question: Is there a difference in body image attitudes, self-esteem, and quality of life in married women before and after cosmetic surgery?

2. Methods and Materials

2.1. Study design and Participant

The present study was causal-comparative in nature. The purpose of a causal design is to identify the potential causes of a behavioral pattern. This method is often referred to as *ex post facto* because it deals with instances where the cause has already occurred and its study is conducted through its

effects on another variable. In behavioral sciences, this design is used because researchers cannot control or manipulate many of the relationships they are interested in studying (Heidarzadeh et al., 2019). In this study, the researcher compared body image attitudes, self-esteem, and quality of life in married women before and after cosmetic surgery. The statistical population consisted of all married women in District 2 of Tehran who were scheduled for cosmetic surgery one month later. Accordingly, the sample consisted of 110 married women from District 2 of Tehran who were selected using convenience sampling. They were studied in three phases: one month before surgery, one month after surgery, and six months after surgery. The sample was selected by visiting cosmetic clinics in different parts of the city, with most of the women being selected from those who visited cosmetic clinics in District 2 of Tehran. Inclusion criteria included: (1) female gender, (2) being married, (3) aged between 18 and 50, and (4) having visited one of the cosmetic clinics in Tehran for cosmetic surgery. Exclusion criteria included providing incomplete information and not responding to the research questionnaires. The ethical considerations for this study were as follows: (1) all participants were verbally informed about the study and were allowed to participate voluntarily, (2) participants were assured that all information would be kept confidential and used solely for research purposes, and (3) in order to protect privacy, participants' names were not recorded.

The procedure was as follows: after coordinating with the managers of the selected cosmetic surgery centers, the Quality of Life, Self-Esteem, and Body Image questionnaires were distributed to the patients visiting the centers. The participants were instructed to respond to the questionnaires honestly. Each participant completed the questionnaire individually, under the supervision of the researcher. The entire research process took nine months.

2.2. Measures

2.2.1. Quality of Life

This questionnaire consists of 26 items with four subscales: physical health, psychological health, social relationships, and environmental health. Scoring is based on a Likert scale ranging from 1 to 5, and the total score ranges from 26 to 130. This questionnaire was standardized in Iran by Nejat and colleagues, who reported its validity as satisfactory. The reliability of the scale, assessed through test-retest method, was 0.77 for physical health, 0.75 for

psychological health, and 0.84 for social relationships and environmental health. Cronbach's alpha for the different subscales in both healthy and ill individuals ranged from 0.52 to 0.84. The internal consistency coefficients for its eight subscales ranged from 0.70 to 0.85, and test-retest reliability with a one-week interval ranged from 0.43 to 0.79. This scale can also differentiate between healthy and ill individuals in all indices (Ali Sari Nasirlo et al., 2024). In this study, the reliability of the questionnaire was reported as 0.78 using Cronbach's alpha.

2.2.2. Self-Esteem

This questionnaire was developed by Coopersmith in 1976, based on a revision of the scale by Rogers and Dymond (1954). The questionnaire contains 58 items with yes or no responses. It has been widely used and has shown sufficient reliability and validity in various studies. Johnson, Redfield, Miller, Simpson, Sears, Taylor, and Ritz reported a split-half reliability of 0.90, while Coopersmith reported test-retest reliability coefficients of 0.88 after five weeks and 0.70 after three years. Sabet (1996) administered the questionnaire to 600 middle school boys and girls (equally divided) and found a reliability of 0.89. Cronbach's alpha for the entire questionnaire was 0.86. Moreover, the correlation between the Coopersmith scale and the Eysenck test was found to be 0.80. The results of the questionnaire administered to adults showed an internal consistency reliability of 0.90, with a satisfactory correlation between each question and the rest of the scale (Almurumudhe et al., 2024).

2.2.3. Body Image Concern

This questionnaire was designed by Littleton and colleagues in 2005. It is a pencil-paper questionnaire consisting of 19 items, with responses rated on a 5-point Likert scale ranging from 1 (never) to 5 (always). The reliability and validity of this questionnaire were evaluated in a study on a sample of university students. Cronbach's alpha for the scale was 0.93, with item-total correlations ranging from 0.32 to 0.73, indicating an acceptable level of reliability. The validity of this scale was reported as 0.83 based on the correlation between the 19-item body image scale and the self-reported body dysmorphic disorder scale (Littleton et al., 2008). In Iran, the reliability of the BICI using Cronbach's alpha was reported as 0.93 for female students, 0.95 for male students, and 0.95 for the total sample of students (Kiani Rad, 2024).

2.3. Data Analysis

For data analysis, both descriptive and inferential statistical methods were used. Descriptive statistics were used to calculate frequencies, determine central tendencies, measure dispersion, and create tables and charts. For inferential statistics, repeated measures analysis of variance was used to compare the dependent variables across the two independent groups. All statistical analyses were performed using SPSS.23 software.

3. Findings and Results

In this study, 112 participants were evaluated before and after cosmetic surgery using the research instruments. The mean and standard deviation of age in the group before surgery were 38.50 and 9.90, respectively, and in the group after cosmetic surgery, they were 37.76 and 5.19. There was no significant difference in the mean age between the two groups ($P > 0.05$, $t(110) = -0.37$). Regarding education, 39 participants (34.8%) had a high school diploma, 30 (25%) had a bachelor's degree, and 43 (38.3%) had a master's degree. Moreover, 26 participants (23.2%) had been married for 1 to 3 years, 28 participants (25%) for 3 to 6 years, 32 participants (28.5%) for 6 to 9 years, and 26 participants (23.2%) for 9 to 12 years.

Table 1

Mean (SD) of the research variables in the two groups before and after cosmetic surgery

Variable	One month before surgery	One month after surgery	Six months after surgery
Quality of life	67.53 (18.35)	78.50 (22.54)	65.15 (17.54)
Self-esteem	15.51 (3.12)	22.33 (6.59)	16.84 (3.01)
Body image concern	32.70 (3.94)	23.20 (3.54)	34.18 (3.78)

All research scales showed homogeneity of variance. Therefore, it can be said that both groups were homogeneous in terms of the research variables ($P > 0.05$). Another assumption of the analysis of variance test is the normal distribution of the data. The Kolmogorov-Smirnov test was used to examine this assumption. The results indicated that all research scales followed the normality assumption ($P > 0.05$).

The evaluation of the data characteristics showed that the assumption of the homogeneity of variance-covariance matrices for the components of body image attitudes, self-

esteem, and quality of life was not met (Box's $M = 94.52$, $P < 0.001$). Therefore, Pillai's Trace was used to assess the significance of the multivariate effect. Pillai's Trace indicated that the effect of the group on the linear combination of dependent variables was significant ($P < 0.0001$, $F(1303) = 19.97$, partial $\eta^2 = 0.97$). In other words, there was a significant difference between the two groups of married women before and after cosmetic surgery in at least one of the components of body image attitudes, self-esteem, and quality of life.

Table 2

Results of repeated measures ANOVA for body image attitudes, self-esteem, and quality of life in married women before and after cosmetic surgery

Variable		SS	df	MS	F	P	Partial η^2
Quality of life	Group	26450	1	26450	531.17	0.001	0.72
	Time	170.60	1.45	117.57	175.61	0.001	0.86
	Group*Time	116.86	1.45	80.54	120.30	0.001	0.81
Self-esteem	Group	15488	1	15488	480.54	0.001	0.70
	Time	87.62	2	43.81	164.78	0.001	0.85
	Group*Time	37.48	2	18.74	70.50	0.001	0.71
Body image concern	Group	78012.50	1	78012.50	1168.46	0.001	0.85
	Time	230.46	1.43	160.14	79.16	0.0001	0.73
	Group*Time	150.02	1.43	104.24	51.53	0.0001	0.64

Univariate ANOVA was performed for each dependent variable separately to determine the source of the significant

multivariate effect. Table 2 shows that the group significantly impacted quality of life (partial $\eta^2 = 0.72$,

$F(110,1) = 531.17, P < 0.0001$), self-esteem (partial $\eta^2 = 0.70, F(110,1) = 480.54, P < 0.0001$), and body image concern (partial $\eta^2 = 0.85, F(110,1) = 1168.46, P < 0.0001$).

The Bonferroni post-hoc test was used for pairwise comparisons between the groups.

Table 3

Bonferroni post-hoc test results for comparisons of body image attitudes, self-esteem, and quality of life

Variable	Phase 1	Phase 2	Difference	Significance
Body image attitudes	One month before surgery	One month after surgery	9.50	0.001
		Six months after surgery	-1.48	0.057
Self-esteem	One month after surgery	Six months after surgery	-10.96	0.001
	One month before surgery	One month after surgery	-6.82	0.001
Quality of life		Six months after surgery	-1.33	0.064
	One month after surgery	Six months after surgery	5.49	0.001
	One month before surgery	One month after surgery	-10.97	0.001
		Six months after surgery	2.38	0.056
	One month after surgery	Six months after surgery	13.35	0.001

The results in Table 3 show that the scores for self-esteem and quality of life were higher one month after surgery than one month before surgery. In other words, after one month post-surgery, women showed a significant increase in self-esteem and quality of life ($P < 0.001$). However, comparing the scores of these two variables between the one-month post-surgery and six-month post-surgery stages indicated a significant decrease ($P < 0.001$). This means that six months after cosmetic surgery, married women's self-esteem and quality of life decreased again. Furthermore, there was no significant difference between the one-month before surgery and six-month post-surgery stages, likely due to the significant decline in self-esteem and quality of life (and the approximation of six-month post-surgery scores to the one-month pre-surgery scores).

The scores for body image attitudes were lower one month after surgery than one month before surgery. In other words, after one month post-surgery, women showed a significant improvement in body image attitudes (lower scores indicate a better body image perception) ($P < 0.001$). However, comparing the scores of body image attitudes between the one-month post-surgery and six-month post-surgery stages indicated a significant increase ($P < 0.001$). This means that six months after cosmetic surgery, married women's body image attitudes worsened again. Moreover, there was no significant difference between the one-month before surgery and six-month post-surgery stages, likely due to the significant decline in body image attitudes (and the approximation of six-month post-surgery scores to the one-month pre-surgery scores).

Based on the findings, there is a noticeable difference in body image attitudes, self-esteem, and quality of life in married women before and after cosmetic surgery. The results show that the scores for self-esteem and quality of life one month after surgery were higher than one month before surgery. In other words, one month after cosmetic surgery, women showed a significant increase in self-esteem and quality of life. However, comparing the scores of these two variables between the one-month and six-month post-surgery stages revealed a significant decrease. This means that six months after the surgery, the levels of self-esteem and quality of life in married women had decreased again. Furthermore, no significant difference was found between the one-month before surgery and six-month after surgery stages, which can be attributed to the sharp decline in self-esteem and quality of life (as the six-month post-surgery scores approached the one-month pre-surgery scores).

The scores for body image attitudes one month after surgery were lower than one month before surgery. In other words, after one month post-surgery, women showed a significant improvement in their body image attitudes (lower scores indicate a better body image perception). However, comparing the scores for body image attitudes between the one-month and six-month post-surgery stages showed a significant increase. This indicates that six months after cosmetic surgery, the body image attitudes of married women had worsened again. Additionally, no significant difference was observed between the one-month before surgery and six-month post-surgery stages, which may be due to the significant decline in body image attitudes (as the six-month post-surgery scores approached the one-month pre-surgery scores).

4. Discussion and Conclusion

These findings align with the prior studies (Asimakopoulos et al., 2019; Chai, 2022; Erwini et al., 2019; Heidarzadeh et al., 2019; Hill et al., 2015; Imani et al., 2020; Kazemini et al., 2022; Khosravi & Khalkhali, 2016; McLean & Paxton, 2019; Mohammadshahi et al., 2016; Mokhtari et al., 2021; Ronagh Sheshkelani et al., 2018; Teoork & Waleer, 2020; Yamamiya & Omori, 2023; Yoon & Kim, 2020).

It seems that some individuals hold the belief that facial attractiveness is one of the important conditions for personal success. Preoccupation with physical appearance is one of the major issues faced by women in modern societies, which can lead to significant physical and psychological harm (Teoork & Waleer, 2020). Mental health professionals, recognizing the importance of physical appearance in social and interpersonal interactions, have conducted numerous studies in this area. Their findings suggest that individuals who have a persistent preoccupation with their physical appearance and, despite having a normal or almost normal appearance, report excessive fear and concern about being unattractive or ugly, suffer from body image concern (Erwini et al., 2019). Concern with body image is characterized by a preoccupation with an imagined or exaggerated physical defect, and any aspect of appearance can become the focus of concern. People with body image concerns spend hours each day thinking about their perceived flaws and often engage in time-consuming repetitive behaviors, such as comparing, mirror-checking, concealing, excessive grooming, or seeking reassurance.

Upon reflection, it can be acknowledged that happiness is not something humans directly receive from external sources, but rather something they create within themselves through specific beliefs and thoughts. In other words, happiness is largely related to individuals' beliefs, attitudes, and perceptions of external and environmental events. Therefore, it can be inferred that cosmetic surgery leads to a change in women's attitudes toward their appearance and beauty, and this change in attitude increases their happiness, self-esteem, and quality of life (McLean & Paxton, 2019). One important aspect of mental health is an individual's natural mental image of their body, and an inappropriate perception of body image and dissatisfaction with one's body can lead to physical and psychological problems, such as depression and a reduction in quality of life. These issues are often accompanied by varying degrees of despair, loneliness, failure, doubt, and guilt, which affect individuals' ability to function, think, and feel. Therefore, it can be concluded that body image and happiness have a reciprocal relationship.

This means that when individuals have a negative body image, their quality of life and self-esteem decrease. Conversely, the more positive individuals' perceptions of themselves and their appearance, the greater their quality of life and self-esteem. The findings confirm that self-esteem is a factor that enhances quality of life (Yamamiya & Omori, 2023). Self-esteem refers to the value an individual places on themselves, and the more valuable they perceive themselves to be, the greater their happiness and quality of life. Beauty is one of the factors that increases the sense of self-worth and self-esteem. Humans need validation, and when their beauty is affirmed by others, they experience greater satisfaction. Therefore, after cosmetic surgery, increased validation from others leads to improved body image attitudes, self-esteem, and quality of life in married women.

However, it seems that the primary reason for the decline in self-esteem, quality of life, and body image attitudes six months after cosmetic surgery is that individuals often avoid addressing personal and marital issues, opting instead to evade solving the underlying problems of their lives for various reasons. Cosmetic surgery, driven by extensive media and social network advertisements (e.g., Instagram), promotes an ideal of female beauty and, combined with individuals' low self-esteem, presents cosmetic surgery as an easily accessible solution. Yet, as the results of this study showed, even six months after cosmetic surgery, individuals realize that such procedures only serve as temporary fixes and cannot provide them with lasting confidence or a new sense of identity. As a result, the same old feelings return as the novelty of cosmetic surgery wears off, and the individual perceives little change in their life because their psychological processes have not undergone any fundamental transformation. Instead of seeking deep personal change, they have pursued superficial modifications, which after a short time, no longer bring satisfaction.

5. Limitations and Suggestions

This study, like all others, had limitations that could clarify the findings and suggestions, and help future researchers take effective measures to mitigate threats to the internal and external validity of their research designs. The main limitations of this study are as follows: the sample group differed in terms of educational level, and the influence of socioeconomic factors and personality traits of the participants. Participant bias in answering the

questionnaire items may have reduced the accuracy of the results. Uncontrolled variables that could have affected the results and the lack of use of other research methods, such as observation and interviews with patients, were also limitations. This study was conducted only on married women in Tehran, so caution should be exercised when generalizing the results to other areas and cities. The honesty of the participants in answering the questionnaires was an uncontrollable limitation.

It is suggested that this study be conducted on a larger sample. Researchers are advised to examine the relationship between body image attitudes and other variables, such as social anxiety, social skills, and social adjustment in individuals seeking cosmetic surgery. Researchers are also encouraged to study the impact of educational programs designed to enhance self-esteem and promote psychological and physical health in individuals seeking cosmetic surgery. Given the significant differences in body image attitudes, self-esteem, and quality of life in married women before and after cosmetic surgery, the following recommendations are made: providing education and counseling to married women, including addressing their appearance, will improve their mental health. Counseling couples to participate in relaxation and deep breathing exercises will improve body image attitudes, self-esteem, and quality of life. Attention should also be given to the dimension of interpersonal relationships (e.g., fair behavior, initial acceptance, communication, and honesty) as these factors improve body image attitudes, self-esteem, and quality of life in married women seeking cosmetic surgery. Cognitive and mental belief adjustments, including personal efficacy, optimism, a sense of integrity, responsibility, and openness, should be emphasized to foster positive beliefs in individuals seeking cosmetic surgery. Educational workshops should be held for couples to promote and improve body image attitudes, self-esteem, and quality of life in married women.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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