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Cosmetic Surgery as a Strategy for Preventing Marital Infidelity: A Paradigm Model

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A B S T R A C T

Objective: The present study aimed to understand cosmetic surgery as a strategy for preventing marital infidelity and to develop a paradigm model explaining this phenomenon.

Materials and Methods: This study employed a qualitative methodology using a grounded theory strategy. Participants were married women residing in Isfahan who had undergone at least one cosmetic surgery motivated by concerns related to their marital relationships. Participants were initially selected through purposive sampling and subsequently, as the analysis progressed, through theoretical sampling assisted by snowball recruitment. Data collection was ultimately completed with 16 women after theoretical saturation had been achieved across all six dimensions of the paradigm model. Data were collected through in-depth semi-structured interviews. Following audio recording and verbatim transcription, the interviews were analyzed concurrently with data collection using the constant comparative method in MAXQDA. Analysis involved three stages of open, axial, and selective coding, accompanied by analytic memo writing.

Findings: Data analysis resulted in the identification of six principal dimensions of the paradigm model. Causal conditions comprised three interconnected layers: marital and relational motivations, individual and psychological motivations, and social and cultural motivations. Contextual conditions included media and social-media pressures, the metropolitan social atmosphere, and the exhausting nature of women's occupations. Intervening conditions were classified into facilitators—financial independence, spousal support, and access to informational networks—and inhibitors, including the husband's refusal to provide financial support, fear of judgment, and involvement in maternal responsibilities. Strategies included concealment tactics, retaliatory and economic strategies, unsuccessful alternative strategies, and the conscious endurance of suffering. Consequences were identified at three levels: individual consequences, including regret over previous sacrifices, temporary restoration of self-confidence, entrapment in a continuous cycle of bodily repair, and the commodification of the self; marital consequences, including the predominance of appearance-based criteria over

personality-related values, reversal of the power equation, and the conditionalization of love; and social consequences, including membership in an informal "club" of women who had undergone cosmetic procedures and the reproduction of appearance-related pressure. The study's core category was formulated as "aggressive body management as a survival strategy within the insecure field of marital and social life."

Conclusion: By proposing a context-sensitive model, this study contextualizes mate-retention theory within Iranian culture and demonstrates that mate-retention strategies in this context are deliberate, calculated, and deeply shaped by media discourses and family-based norms.

Keywords: *Cosmetic surgery, marital infidelity, body management, mate-retention strategy, grounded theory, married women.*

1. Introduction

Cosmetic surgery has increasingly moved beyond the boundaries of reconstructive medicine and has become embedded in broader psychological, relational, cultural, and social processes through which individuals negotiate attractiveness, identity, self-worth, and interpersonal acceptance. For many women, decisions regarding cosmetic procedures are not based solely on dissatisfaction with a particular physical feature; rather, they may emerge from complex interactions among body image, fear of social evaluation, cultural ideals of femininity, perceived relationship insecurity, and expectations concerning desirability within intimate partnerships. Contemporary research therefore conceptualizes cosmetic surgery as a multidimensional phenomenon in which personal motives are intertwined with sociocultural standards and relational dynamics. Structural evidence suggests that greater dissatisfaction with body image and stronger fear of negative evaluation may increase acceptance of cosmetic surgery, particularly when cultural and informational attitudes normalize such interventions and present them as legitimate means of self-improvement (Vaseghi et al., 2025). Similarly, sociological research on body management indicates that women's efforts to alter and regulate their appearance are embedded in social expectations, classed and gendered norms, and culturally constructed definitions of an acceptable female body (Vahab et al., 2023). Accordingly, cosmetic surgery may be understood not merely as an individual aesthetic preference but as a situated social action shaped by the meanings attached to the body within relationships and society.

The increasing visibility and normalization of cosmetic procedures have strengthened the social significance of appearance and intensified the pressures experienced by women in relation to their bodies. In Iran, cosmetic procedures have acquired considerable cultural salience, with invasive and noninvasive interventions becoming increasingly visible within everyday social environments. Earlier health-system evidence documented the substantial frequency of invasive procedures in Iran and demonstrated the broader importance of surgical interventions within the healthcare system (Akbari Sari et al., 2012). Rhinoplasty, in particular, has been described as a socially prominent cosmetic procedure in Iran, with researchers drawing attention to the health and social issues associated with its widespread use (Kalantar Motamedi et al., 2016). More recent evidence suggests that the tendency toward cosmetic surgery among Iranian women cannot be adequately explained by a single psychological variable. A meta-analysis of psychological and social determinants of cosmetic surgery in Iran showed that both intrapersonal characteristics and social pressures contribute meaningfully to women's willingness to undergo aesthetic procedures (Talebi Dalir, 2023). These findings suggest that cosmetic surgery must be examined within a broader framework that incorporates individual vulnerabilities, social comparison, interpersonal expectations, and culturally embedded pressures surrounding femininity and appearance.

Body image is one of the most consistently identified psychological constructs associated with cosmetic surgery. Body image refers not only to perceptions of physical appearance but also to the thoughts, emotions, evaluations, and behavioral responses individuals develop toward their bodies. Women who perceive a discrepancy between their actual appearance and an internalized ideal may experience dissatisfaction, shame, reduced self-esteem, and heightened motivation to modify their appearance. Comparative research among women seeking and not seeking cosmetic surgery has shown meaningful differences in body image, self-esteem, and personality-related characteristics, highlighting the psychological distinctions that may accompany the pursuit of aesthetic intervention (Amin Kazemi et al., 2024). Research among adolescent girls has

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likewise shown that attitudes toward cosmetic procedures are related to body image and other psychological variables, suggesting that cosmetic surgery attitudes may develop long before the actual decision to undergo a procedure (Masoudi & Karamalian Sichani, 2024). These patterns support the view that aesthetic intervention is frequently preceded by a psychologically meaningful process in which the body becomes an object of persistent monitoring, evaluation, and correction.

The relationship between appearance and self-evaluation may become particularly important within intimate relationships. For married women, body image is not experienced solely in relation to the self; it may also be interpreted through the perceived gaze, approval, desire, and criticism of the spouse. Research has demonstrated an association between body image and marital satisfaction, with sexual frequency and sexual satisfaction helping to explain how body-related evaluations become connected to relationship quality (Meltzer & McNulty, 2010). Similarly, body image has been associated with marital satisfaction among married adults, suggesting that perceptions of physical attractiveness may have interpersonal consequences extending beyond individual self-esteem (Shaheen et al., 2016). Among married women specifically, satisfaction with body shape has also been associated with personal intimacy and sexual satisfaction, underscoring the close relationship between embodied self-perception and intimate relational experiences (Farhan & Ismail, 2022). These findings indicate that, within marriage, dissatisfaction with appearance can become relationally consequential when women perceive their bodies as central to maintaining sexual intimacy, emotional closeness, or spousal attention.

Cosmetic surgery may consequently be interpreted by some married women as a strategy for altering not only their appearance but also the dynamics of their marital relationship. Studies examining women before and after cosmetic surgery have reported differences in body-image attitudes, self-esteem, and quality of life, suggesting that aesthetic procedures can influence how women evaluate themselves and their broader psychosocial functioning (Heydarpour & Zayer, 2024). Research has also investigated the effects of cosmetic surgery on marital satisfaction and self-concept, indicating that surgical modification may be associated with changes in both intrapersonal and relational outcomes (Davai et al., 2018). However, such outcomes are not necessarily uniform or stable. Improved self-confidence after surgery may coexist with heightened dependence on external validation, continued appearance monitoring, or new relational expectations. Moreover, when surgery is motivated by anxiety over a spouse's attention or by perceived competition with other women, apparent improvements in marital interaction may obscure deeper experiences of insecurity, objectification, or conditional acceptance. Thus, understanding cosmetic surgery in marital contexts requires attention not only to whether the procedure changes satisfaction or self-concept, but also to the meanings women assign to surgery within the perceived logic of relationship maintenance.

The possibility that appearance modification may function as a mate-retention strategy provides an important theoretical perspective for examining this phenomenon. Mate-retention behaviors refer to actions used to preserve an established romantic relationship and reduce the likelihood of a partner's defection or involvement with a rival. Such behaviors can range from vigilance and relationship-enhancing behaviors to appearance enhancement and benefit provisioning. Importantly, cosmetic surgery has been explicitly examined as part of women's benefit-provisioning mate-retention strategies. Atari and colleagues found that consideration of cosmetic surgery may be linked to mate-retention motives, supporting the proposition that women can use appearance enhancement strategically within romantic competition (Atari et al., 2017). This interpretation reframes cosmetic surgery from a purely self-oriented act into a potentially relational behavior intended to preserve partner interest, enhance perceived mate value, or reduce vulnerability to romantic rivals.

Jealousy and upward appearance comparison may be particularly important mechanisms in this process. Women frequently evaluate their own attractiveness relative to other women, especially those perceived as younger, more physically attractive, or more closely aligned with dominant beauty standards. Such upward comparisons can threaten self-perceived mate value and produce jealousy, particularly when the romantic partner is perceived as attentive to potential rivals. Research has shown that jealousy mediates the association between women's upward physical-appearance comparison and mate-retention behavior, providing empirical support for the idea that comparison-based insecurity can activate strategic behaviors aimed at maintaining a partner's commitment (Arnocky & Locke, 2020). In a marital context, therefore, a woman who perceives herself as physically disadvantaged relative to younger or surgically enhanced women may interpret bodily modification as an instrumental response to a perceived threat. Cosmetic surgery may then become embedded in a

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cognitive sequence involving comparison, jealousy, insecurity, perceived partner preference, and attempts to preserve relational stability.

This mechanism is especially relevant when fear of marital infidelity becomes incorporated into women's body-management practices. Iranian research has directly demonstrated a relationship between fear of spousal infidelity and body management among married women, suggesting that concerns about a husband's faithfulness may influence the extent to which women regulate and modify their bodies (Adhami & Emami, 2021). Such findings are theoretically significant because they shift the interpretation of body management from self-presentation alone toward relational risk management. When a woman believes that marital fidelity depends partly on remaining physically desirable, appearance modification may be experienced as a preventive strategy against abandonment, betrayal, or replacement. This perception may be intensified where trust in spousal fidelity is uncertain. Research conducted among married individuals in Isfahan has shown that trust in a spouse's fidelity is shaped by multiple interpersonal and social factors, emphasizing that fidelity is not experienced as an abstract moral principle but as an important relational perception embedded within everyday marital life (Enayat & Hajian, 2015). Accordingly, cosmetic surgery may acquire a defensive meaning when women perceive the marital bond as vulnerable to competition or betrayal.

The broader social visibility of marital instability may also contribute to such perceptions. Marriage and divorce remain major areas of public concern internationally, and contemporary demographic reporting demonstrates ongoing transformations in patterns of marriage, divorce, and intimate partnership (Pew Research, 2023). Although aggregate marriage and divorce statistics cannot directly explain individual motivations for cosmetic surgery, they form part of a broader social context in which relationship permanence may no longer be assumed and in which individuals may experience greater pressure to maintain relational desirability. Within cultural environments where women are expected to preserve both family cohesion and physical attractiveness, the perceived responsibility for preventing a husband's emotional or sexual disengagement may become disproportionately individualized. In such circumstances, women may interpret bodily transformation as something they must undertake to protect the marriage, even when the actual sources of marital strain are relational, structural, or interpersonal rather than physical.

Social media substantially amplifies these dynamics by providing continuous access to highly curated and cosmetically enhanced representations of female beauty. Platforms centered on visual content expose women to idealized bodies, cosmetic procedures, influencers, clinics, and before-and-after transformations, thereby normalizing intervention and intensifying appearance comparison. Research among young Pakistani women has demonstrated that social media plays an important role in the adoption of cosmetic procedures by influencing awareness, attitudes, and perceived desirability of aesthetic modification (Arif et al., 2022). Such effects are unlikely to be confined to unmarried or younger women. Married women are similarly embedded in digital environments, while their spouses may also be exposed to the same idealized images. Consequently, social media can alter not only women's self-perceptions but also their beliefs about what husbands expect from female appearance. The resulting pressure is relationally recursive: women compare themselves with digital ideals, perceive their husbands as comparing them with the same ideals, and may then interpret surgical enhancement as necessary for remaining competitive within the relationship.

This pressure is reinforced by cultural messages that increasingly portray the female body as a modifiable project requiring continuous optimization. Body management may involve dieting, exercise, cosmetics, fashion, injections, and surgery, all of which may operate along a continuum of appearance regulation. In this framework, cosmetic surgery represents one of the most intensive forms of bodily intervention because it converts social and psychological dissatisfaction into a material transformation of the body. Sociological findings suggest that women's body-management practices are influenced by cultural norms, social expectations, and environmental differences, indicating that body modification is embedded in broader processes of social positioning and identity construction (Vahab et al., 2023). At the same time, cultural informational attitudes may mediate the relationship between body dissatisfaction, fear of negative evaluation, and acceptance of cosmetic surgery, illustrating how social narratives can translate personal insecurity into willingness to undergo intervention (Vaseghi et al., 2025). Thus, the decision to undergo surgery is not simply produced by dissatisfaction; it is also shaped by interpretive frameworks that define surgery as effective, legitimate, and socially meaningful.

Nevertheless, appearance-related concerns do not necessarily reflect psychopathology, and distinguishing normative dissatisfaction from clinically significant body-

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image disturbance is essential. Body dysmorphic disorder represents an important concern in aesthetic settings because individuals seeking cosmetic procedures may exhibit excessive preoccupation with perceived defects that are minor or not observable to others. Research in aesthetic rhinoplasty has therefore emphasized the importance of screening for body dysmorphic disorder before surgery (Lekakis et al., 2016). At the same time, cosmetic-surgery motivation should not be reduced to psychiatric explanations, particularly when women explicitly situate their decisions within marital, social, or occupational contexts. A purely pathological framework may obscure the possibility that women's dissatisfaction is socially produced and relationally reinforced. The relevant question is therefore not only whether a woman has distorted perceptions of her body, but also how interpersonal criticism, social comparison, cultural beauty norms, and perceived threats to marital stability become incorporated into her understanding of bodily inadequacy.

Qualitative research is particularly valuable for uncovering such meaning-making processes because it can move beyond variable-centered associations and reconstruct how individuals interpret events, relationships, pressures, and decisions over time. Grounded theory is especially appropriate when the objective is to generate a process-oriented explanatory model directly from participants' experiences. The systematic grounded theory approach provides procedures for iterative data collection and analysis, constant comparison, coding, category development, and integration around a central phenomenon (Corbin & Strauss, 2015). Grounded theory has also been applied effectively to body-related experiences in other populations. For example, a grounded theory study of body image among women diagnosed with breast cancer demonstrated the usefulness of qualitative theory development for understanding how bodily change is interpreted within emotional, relational, and social contexts (Brunet et al., 2022). More recently, constructivist grounded theory has been used to examine embodied experiences among transgender women who had undergone gender-affirming surgery, illustrating the method's capacity to illuminate complex relationships among bodily transformation, identity, social recognition, and lived experience (Dharsheni & Sivakami, 2025). Although these contexts differ substantially from elective cosmetic surgery among married women, they illustrate why grounded theory is well suited to studying bodily interventions whose meanings emerge through interactions among self, relationships, and society.

The need for such an approach is especially pronounced in the Iranian cultural context, where cosmetic surgery occurs at the intersection of strong family expectations, changing gender roles, expanding social-media influence, consumer culture, and persistent concern with marital stability. Existing Iranian studies have identified psychological and social correlates of cosmetic-surgery tendency (Talebi Dalir, 2023), differences in body image and self-esteem among women seeking procedures (Amin Kazemi et al., 2024), relationships between body management and fear of infidelity (Adhami & Emami, 2021), and associations of appearance-related variables with marital functioning (Nikpour et al., 2023). Nikpour and colleagues, for example, examined marital satisfaction in relation to perfectionism, body image, and sexual satisfaction among married women, further supporting the importance of appearance-related self-perceptions within marital functioning (Nikpour et al., 2023). Yet these studies primarily identify associations among predefined variables and do not fully explain how women themselves connect perceived spousal infidelity, social comparison, body dissatisfaction, marital insecurity, and cosmetic intervention within a coherent process.

Furthermore, cosmetic surgery may produce consequences that are simultaneously empowering and constraining. A woman may experience enhanced self-confidence, improved perceived attractiveness, or increased partner attention following surgery, while also becoming increasingly dependent on appearance-based validation. Research documenting changes in self-esteem and quality of life after cosmetic procedures suggests that women can experience meaningful psychosocial benefits (Heydarpour & Zayer, 2024), while studies of marital satisfaction and self-concept indicate that surgery can also influence intimate relationship dynamics (Davai et al., 2018). However, the interpretation of these outcomes may differ depending on the original motivation for surgery. If surgery is undertaken primarily to prevent infidelity, its success may become contingent on the husband's subsequent behavior rather than on the woman's satisfaction with her own body. In such cases, increased attention from the spouse may reinforce the belief that appearance was indeed responsible for prior relational problems, while any later reduction in attention may trigger renewed anxiety and further intervention. This dynamic raises the possibility of a self-reinforcing cycle in which bodily modification temporarily reduces insecurity

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while simultaneously strengthening the assumption that marital security depends on continued aesthetic maintenance.

A further consideration concerns the cultural meanings attached to femininity, aging, motherhood, and sacrifice. Women's bodies change through pregnancy, childbirth, breastfeeding, occupational strain, and aging; nevertheless, prevailing beauty norms often privilege youthful, unmarked, and highly controlled bodies. When naturally occurring bodily changes are interpreted as failures rather than as expected aspects of the life course, married women may experience tension between maternal identity and expectations of continued sexual attractiveness. The psychological consequences of this tension may be heightened when husbands, relatives, coworkers, or online environments reinforce idealized appearance standards. Evidence linking body shape satisfaction with intimacy and sexual satisfaction (Farhan & Ismail, 2022), body image with marital satisfaction (Shaheen et al., 2016), and body image with sexual frequency and sexual satisfaction within marriage (Meltzer & McNulty, 2010) indicates that the body occupies an important symbolic and relational position within married life. Yet quantitative associations alone cannot show how women negotiate the contradiction between valuing long-term sacrifice and perceiving that physical attractiveness may carry greater relational currency.

Taken together, the literature suggests that cosmetic surgery among married women may represent a convergence point for body dissatisfaction, self-esteem, social comparison, cultural beauty norms, media influence, sexual and marital concerns, jealousy, and mate-retention motives. Previous evidence demonstrates that social media may promote cosmetic intervention (Arif et al., 2022), upward appearance comparison may activate jealousy and mate-retention behavior (Arnocky & Locke, 2020), cosmetic surgery may itself function as a benefit-provisioning mate-retention strategy (Atari et al., 2017), and fear of spousal infidelity is associated with body-management behavior among married Iranian women (Adhami & Emami, 2021). At the same time, research on Iranian cosmetic-surgery culture, body image, and social determinants indicates that these behaviors unfold within a distinctive sociocultural environment in which appearance is increasingly connected to social status, self-evaluation, and interpersonal acceptance (Kalantar Motamedi et al., 2016; Talebi Dalir, 2023; Vaseghi et al., 2025). What remains insufficiently understood is the process through which married women interpret cosmetic surgery specifically as a preventive response to the perceived risk of marital infidelity, as well as the causal conditions, contextual conditions, intervening factors, strategies, and consequences that organize this process.

Therefore, the present study aimed to understand cosmetic surgery as a strategy for preventing marital infidelity among married women and to develop a grounded-theory paradigm model explaining its causal conditions, contextual and intervening conditions, strategies, and consequences.

2. Methods and Materials

The present study was conducted within an interpretive-constructivist paradigm and was philosophically grounded in symbolic interactionism and pragmatism. A qualitative approach and grounded theory strategy based on the systematic approach of Strauss and Corbin (1998, 2015) were employed to explain the process through which cosmetic surgery is understood and experienced as a strategy for preventing marital infidelity within a paradigm model. The temporal and spatial context of the study was the city of Isfahan, conceptualized as an environment characterized by a tension-filled coexistence between traditional family values and modern norms of consumerism and body management. The study population consisted of married women residing in Isfahan who had undergone at least one cosmetic surgery motivated by marital-relationship concerns. Participants were initially selected through purposive sampling and subsequently, as analysis progressed, through theoretical sampling assisted by the snowball technique. Data collection was ultimately concluded with 16 participants after theoretical saturation had been achieved across all six dimensions of the paradigm model. New codes ceased to emerge after the fourteenth interview, and saturation was confirmed through two additional interviews. Data were collected using in-depth semi-structured interviews. Following audio recording and verbatim transcription, data were analyzed concurrently with collection through the constant comparative method in MAXQDA, using open, axial, and selective coding in conjunction with analytic memo writing. To ensure rigor and data quality based on Lincoln and Guba's four criteria—credibility, transferability, dependability, and confirmability—several procedures were implemented, including member checking of the findings, assessment of intercoder agreement between two coders with 87% reliability, weekly reviews and critical peer-debriefing

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sessions with research colleagues and academic supervisors, and maintenance of a comprehensive audit trail consisting of 60 analytic memos and successive versions of the coding framework.

3. Findings and Results

The participant group consisted of 16 women aged 28–48 years, with a mean age of 37.8 years. Participants were classified into three age groups: 28–35 years (n = 6), 36–44 years (n = 8), and 46–48 years (n = 2). Regarding educational attainment, 11 participants held a bachelor's degree or higher, including two with master's degrees, whereas the remaining participants had educational qualifications below the bachelor's level. In terms of employment status, 14 women were employed and earned independent incomes, whereas two were homemakers. Length of marriage ranged from 5 to 26 years, and more than half of the participants (n = 10) had two children. Husbands' occupations ranged from self-employment and commercial occupations (n = 6) to salaried and academic occupations (n = 3 explicitly reported). In terms of cosmetic procedures, interventions ranged from minimally invasive procedures such as botulinum toxin injections and dermal fillers (n = 3), to localized surgical procedures such as rhinoplasty and implant surgery (n = 3), and major invasive surgeries such as abdominoplasty and body contouring (n = 5). The paradigm model is presented below.

Analysis of the interview data indicated that the causal conditions operated at three distinct but interwoven levels: (1) the marital and relational level, which was directly associated with relationship dynamics between the woman and her husband; (2) the individual and psychological level, which concerned the actor's perception of her own body and identity; and (3) the social and cultural level, which encompassed pressures originating from the surrounding environment. The principal themes related to the causal conditions—namely the marital, individual-psychological, and social-cultural levels—are presented in Table 1.

Table 1

Causal Conditions Underlying the Tendency Toward Cosmetic Surgery Across Marital, Individual, and Social Levels

Causal Condition	Subcategory	Descriptive, Elaborative, and Content-Based Definition
1. Marital and relational level	1. Encountering the husband's visual craving, wandering gaze, and humiliating comparisons	This concept refers to married women's continuous everyday perception and experience of a structural transformation in their husbands' visual preferences under the influence of media saturation and standardized images promoted through social media. In this situation, the husband may overtly, indirectly, or covertly criticize and verbally attack the woman's natural appearance, bodily changes resulting from childbirth, or even her appearance at home. Observing the husband's prolonged or desirous gaze toward other women in real-life social settings and discovering evidence of his imagined or virtual infidelity through likes and admiring comments on models' and bloggers' posts expose the woman to an ongoing marathon of unfair comparisons and chronic psychological distress, gradually eroding her body-related self-esteem.
	2. Fear of replacement, insecurity, and perceived serious threat of infidelity involving younger women	This category reflects a critical psychological condition characterized by existential anxiety and persistent apprehension regarding the weakening of marital fidelity and relationship stability. The conspicuous presence of young, unmarried women who have undergone cosmetic procedures within the metropolitan environment, the husband's workplace, or Instagram feeds reinforces the perception that relationship stability depends exclusively on maintaining commercialized beauty standards. Consequently, the woman may perceive her natural or physically worn appearance as a precursor to emotional rejection, loss of family resources, and an imminent risk of infidelity, leading her to adopt surgery as a defensive mechanism for relational survival.
	3. Experiencing emotional distance, physical rejection, and the husband's emotional absence in married life	This category explains the gradual, erosive, and structural obstruction of emotional and sexual intimacy between spouses over time. The marital relationship becomes emptied of its central functions of reciprocal affection, attentive male regard, and physical affirmation and is reduced to a merely functional, logistical cohabitation organized around everyday responsibilities and material survival. Within this context, physical rejection manifests through explicit refusal of intimacy, cold looks, avoidance of eye contact, and critical scrutiny by the husband, transforming the marital environment into a source of body-related anxiety. The woman consequently feels that her identity as a desirable and feminine partner has been entirely excluded from her husband's field of attention.
	4. Humiliation and reduction of feminine status solely to service and maternal roles in the husband's perception	This concept reflects a profound behavioral and ideological paradox within the family institution. The husband benefits from and utilizes the care, domestic labor, responsibility, motherhood, and reproductive work provided by the woman while simultaneously criticizing the inevitable physical and biological consequences of these roles, such as skin changes, bodily sagging, and a tired appearance, as unforgivable deficiencies. Through this process, the woman's position is transformed from that of an attractive emotional partner into that of an aging service provider and

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		childcare instrument, while her attractive feminine identity is perceived by the husband as having expired.
	5. Perceived devaluation of years of sacrifice and frugality in comparison with appearance-based values	This category represents the collapse of the traditional ideology of female sacrifice and a psychological awakening among participants. Through gendered socialization, women had come to believe that financial frugality, suppression of personal needs, and equal participation in the husband's economic advancement would strengthen fidelity and marital stability. However, encountering changes in the husband's attitudes as he aged and accumulated wealth imposed the painful realization that, within the marital power equation, years of sacrifice and companionship carried little or no value when compared with the catalog-like, surgically enhanced appearance of potential rivals. Their previous sacrifices were consequently perceived as insignificant in the face of the husband's newly constructed visual preferences.
2. Individual and psychological level	1. Perceived physical deterioration and exhaustion resulting from double workloads and repeated childbirth	This category represents participants' profound awareness of physical depletion, sagging, and gradual bodily deterioration after years of simultaneously performing occupational and maternal roles. Participants clearly observed how repeated pregnancies, breastfeeding, sleep deprivation, outside employment, and domestic responsibilities depleted their physical resources and altered their bodies from the idealized form associated with youth. Under these conditions, the body was perceived not as an aesthetic asset but as a work instrument or worn-out machine carrying visible signs of exhaustion.
	2. Feelings of bodily defectiveness, shame regarding natural appearance, and severe decline in body-related self-esteem	This concept refers to the internalization of external humiliation and critical scrutiny, particularly from the husband, which develops into chronic self-devaluation. In this condition, participants no longer regarded their natural appearance as a physiological reality but as a deficiency or defect. In comparison with surgically modified bodies and Instagram-based standards, they perceived themselves as inferior or invisible. Body-related self-esteem could decline to the point at which women felt fundamentally undesirable and considered surgery the only means of compensating for this perceived deficiency.
	3. Fear of premature aging and loss of feminine attractiveness in middle adulthood	This category explains existential anxiety regarding the irreversible loss of physical attractiveness during and after the transition into middle adulthood. When observing wrinkles, eyelid sagging, changes in body shape, and loss of youthful vitality, participants experienced not merely biological change but the perceived death of feminine identity. In this context, cosmetic surgery was understood not as a luxury but as a survival strategy intended to postpone aging and preserve one's position in the competition for attractiveness.
	4. Emergence of self-prioritization, departure from passivity, and the need to restore personal agency	This category represents a psychological turning point and a rupture with the ideology of traditional female sacrifice. After years of prioritizing husbands' and children's needs, participants reached the realization that they had fulfilled their obligations to family life and that it was now their turn to invest in themselves. Supported by financial independence or a sense of ownership over their bodies, this awakening evolved into a form of positive self-prioritization, through which women considered it an unquestionable right to spend resources on personal pleasure, vitality, and reconstruction of their appearance.
3. Social and cultural level	1. Feelings of falling behind and frustration within the beauty competition of the workplace and society	This category explains participants' lived experiences in occupational and social spaces where appearance functions not merely as a personal characteristic but as a professional competency and an entry credential into competitive social environments. Colleagues, customers, and even strangers may function as mirrors reflecting the participant's perceived failure to meet contemporary beauty standards, thereby intensifying the perceived need to "update" herself.
	2. Destructive social comparison and feelings of inferiority when confronted with social-media standards	This concept refers to a powerful psychological process through which participants repeatedly compared themselves with polished and filtered representations on social media and with apparently flawless bodies that were often products of cosmetic surgery and digital image manipulation. Such upward social comparisons consistently immersed participants in feelings of inferiority, hopelessness, and self-devaluation.
	3. Experiencing pressure, sarcasm, and continuous bodily evaluation by the husband's family	This category represents a silent battleground within the family institution, in which the participant's body becomes an arena of competition and status display among female relatives, including mothers-in-law, sisters-in-law, and co-sisters-in-law. Through critical remarks, humiliating insinuations, and direct or indirect comparisons, family networks continuously evaluate the participant's appearance and associate her value as a desirable spouse with the extent to which she conforms to family-based standards of attractiveness.

This dimension of the contextual conditions examines the broader media and technological environment that functions as a pervasive toxic atmosphere in which participants, their husbands, and their social networks are immersed. These contextual conditions are presented in Table 2.

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Table 2

Contextual Conditions

Contextual Condition	Subcategory	Descriptive, Elaborative, and Content-Based Definition
Media and social-media pressures	1. Contradiction between flawless Instagram representations and the harsh realities of motherhood and domestic labor	This category concerns the disparity between the constructed and filtered lives of Instagram bloggers and models and the real, exhausting lifeworld of mothers and wives. On Instagram, women are frequently portrayed without signs of fatigue, pregnancy, childbirth, sleep deprivation, or demanding domestic labor and instead appear with flawless bodies, flat abdomens, smooth skin, and lifestyles in which self-care occupies a central place. Comparing these images with their own bodily reality—including abdominal laxity, stretch marks, breast sagging, and fatigue-related wrinkles—may produce cognitive and existential shock among participants. Within this visual world, motherhood and the natural body can be represented as deficiencies. This gap not only undermines body-related self-esteem but may also reinforce, both for women and for people around them, particularly husbands, the belief that rapid post-pregnancy bodily recovery is self-evident and that returning to a youthful, pre-pregnancy body is a woman's responsibility.
	2. Exposure to intensive cosmetic-clinic advertising and continuous anti-aging messages	This concept refers to beauty-industry strategies that psychologically target women through Instagram, television, satellite channels, and outdoor advertising. Through before-and-after photographs, installment-payment plans, and promises of restoring a husband's love or lost self-confidence, cosmetic clinics frame surgery not merely as a medical intervention but as a luxury purchase, an emotional investment, and a means of rescue. Within this discourse, aging is framed as illness, wrinkles as personal failure, and an unoperated body as evidence of self-neglect. The implicit message may be that women who fail to satisfy prescribed standards are deprived of marital happiness or may even be held responsible for a husband's potential infidelity. Such advertising saturation generates continual consumption anxiety and transforms surgery into a perceived consumer necessity.
	3. Strong influence of bloggers' lifestyles and satellite-television actresses on husbands' aesthetic preferences	This category concerns the reshaping of men's visual preferences through exposure to contemporary media. Participants' husbands may gradually alter their standards of beauty through browsing Instagram Explore pages, following models and fitness bloggers, or watching Turkish television series and satellite channels. Their beauty ideal becomes increasingly based on cosmetically altered, heavily styled, and media-produced bodies rather than the actual bodies of wives and mothers. Consequently, signs associated with maternal sacrifice, such as abdominal stretch marks and breast sagging, may be interpreted not in relation to women's lived experiences but as defects or neglect. This transformation in aesthetic preference may lead husbands to exert explicit or implicit pressure by comparing their wives with unrealistic media standards and encouraging them toward surgery.
	4. Promotion of standardized, surgically modified bodies as the only acceptable form of femininity	This concept represents the cumulative outcome of the preceding forces and refers to the construction of a single, rigid standard of feminine beauty that excludes the natural body from socially acceptable femininity. Within this discourse, the ideal body is medically shaped: a highly refined nose, enlarged lips, augmented cheeks, breast implants, a highly defined abdomen, a narrow waist, and prominent buttocks. Such bodies may become luxury commodities and markers of male status within social-media discourse. Women may consequently learn that human worth, marriageability, and even the right to visibility depend on the degree to which their bodies resemble standardized templates. Cosmetic surgery thus exceeds the boundaries of personal choice and becomes represented as a structural obligation and an admission ticket to both beauty competition and marital life.
Living within a metropolitan atmosphere and social circles	1. Perceiving the urban environment as a relentless display of modified bodies	This category refers to participants' lived experiences of residing in a metropolitan environment such as Isfahan, where public spaces ranging from streets and shopping centers to cafés and restaurants may be experienced as continuous exhibitions of surgically altered bodies. Within this urban display, participants perceived themselves as surrounded by women whose appearances had been modified or reconstructed. Continuous exposure to these bodies created implicit comparison pressure and could generate the belief that an untouched natural body was not merely unattractive but abnormal or indicative of being outdated. For middle-aged women who observed signs of aging and bodily wear, the urban environment could communicate that ordinary, natural middle-aged women were socially invisible. From this perspective, metropolitan space became a field of visual competition that pushed women toward cosmetic intervention.
	2. Linking women's appearance with men's status, reputation, and occupational position in male-dominated and family settings	This concept refers to a patriarchal structure in which a woman's body and appearance are reduced to symbolic commodities displaying her husband's wealth, power, and prestige. Within this meaning system, a beautiful and surgically enhanced wife may function like a luxury car, expensive house, or prestigious watch—as one of the man's visible status assets. Husbands' colleagues, business partners, and competitors may compare their wives,

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		interpreting simplicity or visible aging in a wife as evidence of financial weakness, economic failure, or diminished male status. Pressure generated through competition among men is therefore imposed on women's bodies. Consequently, participants may undergo surgery not only to preserve personal attractiveness but also to protect their husbands' reputation, occupational standing, and social prestige relative to male competitors. Surgery is thereby transformed from a personal act into a strategic requirement within masculine status competition.
	3. Normalization of artificial and exaggerated appearances in public spaces and family gatherings	This category refers to the process through which surgically modified and artificial appearances shift from being exceptions to becoming dominant norms within participants' family and social networks. Mothers-in-law, sisters-in-law, co-sisters-in-law, and younger female relatives may attend gatherings with injected facial features or surgically altered bodies, and these appearances may not merely escape criticism but be praised as signs of sophistication, modernity, and self-care. In this context, women who retain their natural appearance may be perceived as outdated, lacking taste, or neglecting themselves. The normalization of such standards produces psychological pressure because participants confront a perceived social consensus suggesting that conformity is necessary for continued acceptance. Refusing surgery may consequently be interpreted as social withdrawal, loss of respect, or inability to perform the role of a modern and socially competent woman.
The exhausting nature of women's occupations	1. Normalization and network-based normative pressure in female-dominated workplaces such as banks, pharmacies, beauty salons, and hospitals	This category concerns the process through which female-dominated workplaces become centers for the dissemination and normalization of cosmetic surgery. Colleagues, customers, patients, and even managers may repeatedly recommend, promote, and normalize cosmetic procedures. In beauty salons, clients discuss their surgical experiences and outcomes; in banks, surgery may become sufficiently common that an employee with an unaltered face appears exceptional; and in hospitals and pharmacies, staff members and patients may exchange surgeons' contact information and before-and-after photographs. Within this ecosystem, conformity pressure develops, and participants may come to believe that not undergoing cosmetic procedures places them at an aesthetic, occupational, and social disadvantage that could potentially jeopardize customer relationships, employment opportunities, or professional respect.
	2. Enduring dual deterioration caused by occupational strain alongside extensive domestic responsibilities	This concept refers to an exhausting contradiction in the daily lives of employed women and women engaged in domestic or informal work. On the one hand, participants spend long hours in formal employment, confront workplace pressures, and invest physical and psychological energy in earning income; on the other hand, after completing formal work, they enter a second shift consisting of cooking, cleaning, childcare, supervising schoolwork, and household management. This seemingly endless working day consumes time and energy to such an extent that personal appearance becomes the lowest priority. A body exposed to this dual burden may display fatigue, sagging, and signs of aging earlier, particularly compared with men who are frequently exempt from much of the domestic workload. The paradox is that the same exhausted body may subsequently be criticized by husbands and society—both of which have benefited from women's double labor—and subjected to pressure for surgical restoration.
	3. Perceived intolerance of aging and fatigue in the workplace and the association between appearance and occupational success	This category refers to an absence of empathy within workplaces toward natural aging and exhaustion. In such environments, a youthful, energetic, and vibrant appearance may be defined not as a personal attribute but as a professional competency and prerequisite for career success. Wrinkles around the eyes, drooping eyelids, smile lines, and signs of chronic fatigue may be interpreted as professional shortcomings or indicators of reduced competence and vitality. Participants came to perceive that professional experience, expertise, and tenure were not valued as highly as a smooth and cheerful appearance. For example, formal dress codes in banking environments, including head coverings that frame the face closely, may make wrinkles and facial sagging more visible. This organizational intolerance of aging generates persistent anxiety and may lead women to conclude that maintaining employment requires not only performing well but also appearing young, with cosmetic surgery becoming a substantial price paid for occupational survival.

Contextual conditions represent the broad structural, media-related, and social environment within which participants live and are directed toward cosmetic surgery. This pressuring and potentially toxic atmosphere operates through three mutually reinforcing layers. First, media and social-media pressures construct unrealistic standards of beauty and bombard women with promotional messages, framing the natural female body as a deficiency or failure. Second, metropolitan life and social circles transform public and family spaces into relentless arenas in which women's value and men's prestige are judged through female appearance. Third, the exhausting nature of women's work produces a double burden of professional and domestic labor while workplaces simultaneously show little tolerance for

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natural signs of aging. Together, these contextual dimensions restrict women's individual choices and transform cosmetic surgery from a personal decision into a perceived structural requirement.

Intervening conditions refer to factors that either facilitate or hinder participants' movement from causal conditions toward the central phenomenon and the subsequent adoption of strategies.

Table 3

Intervening Conditions

Intervening Condition	Subcategory	Descriptive, Elaborative, and Content-Based Definition
Facilitators	1. Financial independence and personal income as a source of power and protection from indebtedness or reproach	This category concerns one of the most powerful facilitators of women's agency: control over economic resources. A participant who has her own income occupies a fundamentally different position from a homemaker who is financially dependent on her husband. Financial independence provides agency, allowing her to make decisions concerning her body and finance costly cosmetic surgery through savings or current income without bargaining, pleading, or providing justification. This transforms surgery from a potentially humiliating financial request directed at the husband into a personal and socially respectable choice. Personal income also allows participants to conceal their actual motivations—beauty and competition—behind economic independence. Most importantly, financial independence shifts the familial balance of power and enables the participant to frame surgery not as a concession extracted from her husband but as a personal right and an investment in herself.
	2. Receiving conditional or unconditional financial support from the husband to satisfy male visual preferences	This concept refers to the husband's role as a financial facilitator who removes an important obstacle by covering the substantial cost of surgery. However, such support is not homogeneous and includes a broad continuum of motivations. At one end is conditional and instrumental support, in which the husband pays primarily to satisfy his own visual preferences, compete with other men, or have a highly conspicuous and conventionally attractive wife. In this situation, the husband's money functions less as an expression of affection than as an investment in enhancing his own social image. At the other end is unconditional and affectionate support, in which the husband willingly finances surgery out of appreciation for his wife's years of sacrifice, empathy with her suffering, or a desire to revive affection and vitality within the marriage. These opposite forms of support produce substantially different psychological consequences for women and for marital relationship quality.
	3. Access to informational networks, colleagues' recommendations, advanced medical services, and installment-payment arrangements	This category refers to social and institutional infrastructures that have transformed cosmetic surgery from an exclusive luxury into an accessible and normalized service. Three principal resources are interconnected. First, social and family networks—including colleagues, friends, sisters-in-law, co-sisters-in-law, and parents—function as guides by recommending surgeons, sharing successful experiences, and providing practical advice. Second, commercial and media advertising reduces financial barriers through long-term installment plans, interest-free arrangements, and no-down-payment offers, effectively converting surgery into an installment purchase. Third, occupation-based networks, such as access to physicians through banking clients or professional colleagues, provide privileged access and administrative advantages. By reducing informational, financial, and psychological costs, these interconnected networks transform cosmetic surgery into an apparently easy, rational, and nearly unavoidable option.
Inhibitors	1. Encountering the husband's refusal to participate financially and initial economic resistance	This category reflects one of the most painful contradictions in participants' lived experiences: a husband who repeatedly contributes to feelings of inadequacy through criticism, comparison, and visual demands may withdraw precisely when financial responsibility for the requested bodily change arises. This inconsistency between verbal demands and financial responsibility produces a secondary psychological shock. The woman realizes that her husband desires an idealized body but expects it at no personal cost. This resistance occurs along a continuum ranging from complete refusal to contribute financially, to minimal and humiliating contributions accompanied by reproach, and to cold and detached neutrality characterized by neither opposition nor support. Such barriers force participants to mobilize personal resources, including selling jewelry or dowry possessions, borrowing from relatives, working additional shifts, or independently using jointly held resources. Although these efforts may ultimately enable surgery, they impose substantial psychological burdens of debt, anxiety, and anger.
	2. Fear of judgment, stigmatization, and conspicuousness in the workplace or family	This concept refers to a powerful psychosocial barrier rooted in contradictory moral norms. Women are subjected to intense pressure to become more attractive and remain youthful, while simultaneously recognizing that cosmetic surgery is still stigmatized in many settings, especially formal workplaces. Potential labels include vanity, competitiveness, artificiality, self-objectification, and lack of personal authenticity. Fear of moral judgment places participants in a strategic dilemma: they must change, yet the change must not appear obvious. This fear is particularly pronounced among women employed in formal settings such as banks, governmental

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		offices, and educational organizations and among women whose husbands openly ridicule cosmetic procedures or characterize them as signs of paranoia or irrationality. This inhibitor encourages concealment and the construction of medical justifications, transforming surgery from an overt decision into a covert operation.
	3. Intensive involvement in maternal responsibilities, lack of recovery time, and difficulties during convalescence	This category refers to practical and logistical barriers arising primarily from gender roles and unequal divisions of family labor. Even when planning surgery, participants cannot easily suspend maternal and domestic responsibilities. They remain concerned with questions such as who will care for the children, prepare food for the husband, or supervise children's schoolwork. The absence of adequate support networks and the inability to take leave from motherhood transform surgery, particularly for women with young children, into a logistical ordeal. Medical restrictions during pregnancy and breastfeeding, such as limitations on certain anti-aging products and intensive cosmetic treatments, may also function as physiological constraints, preventing women from attending to their appearance during years they perceive as especially important. Retrospectively, these restrictions can become associated with regret and a sense of irretrievable aesthetic disadvantage.

Within the paradigm model, intervening conditions consist of two simultaneous dialectical forces: accelerating forces or facilitators and resisting forces or inhibitors. Together, these forces determine the speed, form, and psychosocial cost of moving from the causal conditions toward cosmetic surgery as a strategy. On the one hand, women's financial independence, husbands' financial support—whether motivated by status investment or affection—and easy access to medical and advisory networks minimize barriers to entry and make individual agency possible. On the other hand, husbands' refusal to finance surgery, fear of stigmatization within formal settings, and entrapment within traditional motherhood and domestic roles function as powerful constraints that substantially increase the cost of the decision. Participants' experiences demonstrated that these barriers did not constitute absolute obstacles. Rather, they increased the psychological and practical costs of surgery and compelled women to overcome them through concealment, personal financial sacrifice—including selling jewelry and dowry possessions—and highly compressed planning, eventually leading them to undergo surgical intervention despite those constraints.

Strategies refer to the set of actions, tactics, and techniques that participants use to manage the central phenomenon and navigate intervening conditions. These strategies range from concealed and indirect actions to explicit, aggressive, and retaliatory behaviors and demonstrate participants' agency, creativity, and room for maneuver within an unequal structural context.

Table 4

Strategies

Strategy	Subcategory	Concise, Elaborative, and Content-Based Description
Concealment tactics	Strategic maneuvering, medical self-victimization, and therapeutic justification	Participants use medical discourse to conceal their actual motivations—beauty and competition—under claims of therapeutic necessity such as headaches or drooping eyelids. This information management simultaneously circumvents husbands' resistance, morally legitimizes cosmetic surgery, and protects participants' reputations within workplaces and family networks.
Retaliatory and economic strategies	Threatening to leave the marriage as leverage for obtaining financial support	Through a calculated assessment of the husband's fears—loss of reputation, loneliness, and family judgment—the participant uses the threat of leaving the marriage as leverage for financing surgery, placing the husband before the choice of "paying the cost or facing family dissolution." A key element is the strategic use of the same masculine logic of competition and reputation against the husband himself.
	Financially penalizing the husband as a means of reclaiming perceived rights	Following years of unilateral frugality and sacrifice, particularly after observing infidelity or excessive spending by the husband, accumulated anger is transformed into "financial self-prioritization." Spending on cosmetic surgery becomes a political and retaliatory action through which financial resources are redirected away from potential rivals, the husband is economically punished, and the participant shifts from the position of a self-sacrificing victim to that of an assertive consumer.
	Appropriating shared financial resources and using surgery as psychological retaliation	This represents the most radical form of the strategy: unilateral use of shared resources, without permission, to finance expensive surgery, effectively constituting a declaration of conflict within the household economy. Discharging anger, financially punishing the husband, asserting agency, and transforming the body into a psychological weapon reverse the power equation. The husband who once criticized his wife may subsequently experience anxiety and suspicion regarding the "new woman" she has become.

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Alternative and unsuccessful strategies	Temporary reliance on luxury consumption	This represents the first noninvasive and reversible line of defense: spending substantial amounts on luxury cosmetics and branded clothing in an attempt to bridge the gap between the actual body and the idealized Instagram body. The rapid failure of these strategies—for example, creams failing to eliminate frown lines or sagging—produces a painful realization that the perceived problem is not superficial but structural.
	Superficial imitation of Instagram-based models	Participants reproduce the visible markers of idealized women, such as coordinated gym outfits, model-inspired clothing, and influencer-style makeup, without fundamentally modifying the body. The contrast between fashionable clothing and an ordinary body may make perceived inadequacy even more salient and reinforce the conclusion that the husband's visual desire cannot be satisfied by changing only the external "cover." Repeated failures subsequently provide psychological justification for surgery and become a necessary link in the causal chain.
Conscious endurance of suffering	Voluntary acceptance of pain and difficult recovery as the price of marital security	Through an implicit cost-benefit calculation, the pain of incisions, bruising, and months of recovery is compared with the pain of rejection and humiliation, and surgical suffering is judged to be more tolerable. The body is mobilized as the final line of defense. The participant simultaneously occupies the position of a victim and that of an agent who deliberately undergoes suffering in an effort to protect the family, illustrating the paradoxical coexistence of pain and agency.
	Lack of support and undergoing recovery alone	This represents the darker dimension of the strategy. Precisely when the woman is most in need of care, the husband may distance himself from her swollen or bruised appearance, become absent, or respond with cold and technical indifference. The resulting lack of emotional support creates a psychological wound deeper than the surgical incision and transforms surgery from a shared marital project into a risky solitary undertaking.

Consequences refer to the outcomes associated with implementing strategies of aggressive body management for the participant, her marital relationship, and her social networks. Data analysis demonstrated that these consequences could be identified at individual, marital, and social levels and were frequently paradoxical and dual in nature. These consequences are presented in Table 5.

Table 5

Consequences

Consequence Dimension	Subcategory	Descriptive, Elaborative, and Content-Based Definition
1. Individual consequences	Profound regret over previous sacrifices and identity transition toward becoming a consumer-oriented woman	A critical reassessment and psychological awakening regarding years of sacrifice, frugality, and adherence to traditional expectations; the reinterpretation of self-denial as ineffective and potentially associated with vulnerability to infidelity; and a subsequent fundamental identity shift from the "self-sacrificing woman" to the "consumer-oriented woman," within which allocating financial resources to physical appearance is understood as a survival strategy and an unquestionable personal right.
	Restoration of self-confidence, feeling of rebirth, and enhanced social status as a temporary positive consequence	The immediate experience of social rewards, including increased respect from colleagues, greater customer attention, and enhanced recognition from others; the sense of vitality arising from redefining one's reflected self-image as a form of rebirth. Despite its intensity and immediacy, this effect remains fragile and temporary because it depends heavily on continued approval from others and the persistence of bodily modification.
	Entrapment in an endless cycle of aesthetic maintenance and chronic anxiety regarding the return of aging	Recognition of the temporary nature and expiration of cosmetic interventions, including filler resorption, diminishing effects of botulinum toxin injections, and recurrent skin laxity; transformation of bodily modification into an exhausting, endless competition accompanied by chronic anxiety about returning to one's previous bodily state; and the stabilization of life within a state of continual dependence on aesthetic repair.
	Painful perception of commodification of the self and reduction to an object or custom-designed doll for the husband	Profound existential disappointment arising from the realization that received affection and attention are directed not toward personal authenticity, character, or sacrifice but toward the surgically modified body. This experience generates self-alienation, objectification, and a sense that personal identity has been reduced to a luxury commodity or an actor performing the role of the "artificial ideal wife."
2. Marital consequences	Complete predominance of appearance-based indicators over personal, maternal, and occupational resources	A radical and humiliating perception that educational, occupational, moral, and maternal resources have become devalued relative to bodily capital. This reinforces the painful belief that marital attachment and emotional survival are no longer grounded in human connection but instead depend predominantly on reproduced visual and bodily standards.
	Reversal of the power equation, psychological insecurity, and male paranoia regarding the modified body	A structural shift in power from the participant's previous passivity and pleading toward a position of greater control. The previously indifferent husband may become anxious, controlling, and suspicious, fearing the possibility of losing his wife. Although this reversal

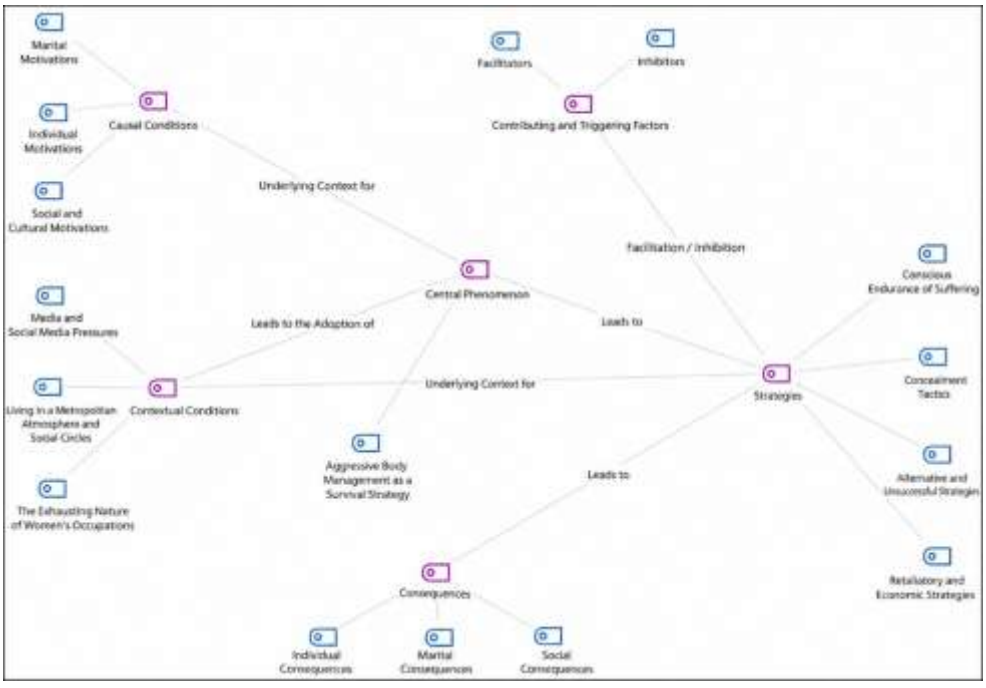
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		provides the woman with a sense of power, it simultaneously relocates the marriage within a newly emerging context of mistrust.
	Perception that affection has become fully conditional and that love depends on maintenance of the modified body	Erosion of belief in the authenticity of marital affection and transformation of expressions of love into a conditional, mechanistic exchange—affection in return for maintaining a renewed appearance. This generates profound psychological insecurity based on the belief that emotional attachment has an expiration date and may deteriorate again as bodily changes re-emerge.
	Temporary revival of marital passion, return of the husband's attention, and cessation of humiliating remarks	Observable achievement of the short-term purpose of intervention, including reduction of criticism, cessation of rejecting behaviors, restoration of verbal and physical marital interest, and the husband's proud presentation of his wife in social settings. However, this consequence is based on fragile relief and requires continuous maintenance.
3. Social consequences	Legitimation within the informal "club" of women who have undergone cosmetic procedures and cessation of environmental criticism	Relief from appearance-related marginalization, acquisition of prestige, and admission into informal circles of similarly modified women in family and occupational environments. Formerly critical responses are replaced by admiration and social legitimation, which in turn function as social confirmation that the financial and physical costs incurred were justifiable.
	Unintentional reproduction of the dominant beauty discourse and intensification of normative pressure against women	Transformation of the participant from a victimized subject into an active agent in disseminating appearance-centered strategies. Participants may present their own experiences to other women as the principal route to survival and empowerment. An unintended consequence is the elevation of normative beauty thresholds and reproduction of the oppressive cycle of consumer-oriented body discourse across society.

The findings indicate that the consequences of "aggressive body management" are profoundly paradoxical. Participants may achieve rapid and visible gains in terms of attracting the husband's attention, improving social status, and gaining greater power within the marital relationship, yet these apparent victories are accompanied by substantial individual and existential costs. Temporary relief from previous suffering is achieved at the price of entrapment in an endless cycle of aesthetic maintenance, recognition of the conditional nature of emotional relationships, the painful perception of commodification of the self, and, at the broader social level, unintentional reproduction of the same oppressive beauty-centered discourse that originally pushed participants toward surgical intervention. Figure 1 presents the paradigm model derived from the study findings.

Figure 1

Paradigm model derived from the study findings.



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4. Discussion

The present study sought to explain cosmetic surgery as a strategy for preventing marital infidelity among married women and to develop a paradigm model describing the conditions, processes, strategies, and consequences through which this phenomenon is constructed and experienced. The findings showed that cosmetic surgery was not interpreted merely as an aesthetic preference or an individual attempt to improve physical appearance. Rather, it emerged as a relationally and socially embedded response to perceived threats to marital security. The model identified three major layers of causal conditions—marital and relational, individual and psychological, and social and cultural—along with contextual conditions related to media and social-media pressures, metropolitan social life, and the exhausting nature of women's occupational and domestic responsibilities. Intervening conditions included facilitators such as financial independence, spousal support, and access to informational and medical networks, as well as inhibitors including husbands' unwillingness to finance procedures, fear of social judgment, and maternal responsibilities. The strategies adopted by participants included concealment, economic and retaliatory actions, unsuccessful alternative approaches, and the conscious endurance of pain. These processes culminated in individual, marital, and social consequences that were simultaneously rewarding and costly. The core category, "aggressive body management as a survival strategy within the insecure field of marital and social life," therefore captures the central interpretive meaning of cosmetic surgery in the participants' experiences.

One of the most important findings concerned the marital and relational origins of participants' motivations. Women described husbands' visual comparison, attention to other women, humiliating comments, emotional distancing, physical rejection, and perceived threats of infidelity as major forces directing them toward cosmetic surgery. In this context, the body became closely associated with marital security, and physical attractiveness was interpreted as a resource that could protect the relationship against emotional or sexual displacement. This finding is strongly consistent with research showing an association between fear of spousal infidelity and body-management behaviors among married women (Adhami & Emami, 2021). It is also theoretically compatible with evidence that cosmetic surgery can function as a benefit-provisioning mate-retention strategy, particularly when women perceive enhanced attractiveness as a means of increasing their relational value and preserving partner interest (Atari et al., 2017). From this perspective, cosmetic surgery is not simply self-enhancement; it may become a strategic relational behavior developed in response to perceived vulnerability within the marital bond.

The findings also revealed that upward comparison with younger, more attractive, or surgically enhanced women intensified participants' jealousy and perceived risk of replacement. Women often interpreted younger women in social settings, workplaces, or online spaces as potential competitors, particularly when they believed their husbands were attracted to such appearance standards. This result aligns with the finding that jealousy mediates the relationship between upward physical-appearance comparison and mate-retention behavior among women (Arnocky & Locke, 2020). The present study adds depth to this relationship by showing how such comparison may become concretized in the body through surgery. Rather than remaining a cognitive or emotional response, comparison and jealousy could result in a behavioral strategy in which women attempted to raise their perceived mate value through physical modification. This mechanism appears particularly salient when women assume that a husband's fidelity is contingent on continued physical desirability.

The participants' accounts further demonstrated that body dissatisfaction was not experienced as an isolated internal state but as a socially and relationally constructed condition. Many women described progressive shame regarding natural bodily changes associated with pregnancy, childbirth, breastfeeding, occupational exhaustion, and aging. These experiences correspond with research indicating that women seeking cosmetic surgery differ from non-seeking women in body image and self-esteem (Amin Kazemi et al., 2024). They are also consistent with evidence that attitudes toward cosmetic procedures are related to body image and other psychological characteristics (Masoudi & Karamalian Sichani, 2024). In the present findings, however, bodily dissatisfaction was repeatedly reinforced through the responses of husbands, family members, colleagues, and media representations. This suggests that dissatisfaction cannot be fully explained by intrapsychic processes alone. Rather, the body became problematic through repeated social interpretation, criticism, comparison, and exposure to idealized standards.

The centrality of body image within marriage also corresponds with previous research demonstrating relationships among body image, marital satisfaction, sexual frequency, and sexual satisfaction (Meltzer & McNulty,

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2010). Similarly, body image has been associated with marital satisfaction among married adults (Shaheen et al., 2016), while body-shape satisfaction has been related to intimacy and sexual satisfaction among married women (Farhan & Ismail, 2022). The current study extends these findings by showing how women may interpret bodily appearance not only as related to the quality of intimacy but also as a condition for maintaining the spouse's attention and fidelity. Participants described the loss of emotional and sexual attention as evidence that their bodies had become relationally inadequate. Cosmetic surgery was therefore viewed as a means of restoring not only appearance but also access to affection, validation, and sexual recognition within marriage.

The findings regarding contextual conditions showed that media and social media played an especially powerful role in normalizing surgically altered bodies and intensifying dissatisfaction with natural appearance. Participants described Instagram, clinic advertisements, satellite television, bloggers, and public beauty culture as environments in which surgically modified bodies were increasingly presented as ordinary or desirable. This finding is consistent with research showing that social media can facilitate the adoption of cosmetic procedures by increasing exposure to beauty ideals, cosmetic information, and favorable attitudes toward aesthetic intervention (Arif et al., 2022). It also corresponds with evidence that cultural and informational attitudes mediate relationships between body-image dissatisfaction, fear of negative evaluation, and acceptance of cosmetic surgery (Vaseghi et al., 2025). The present findings suggest that media exposure may operate indirectly as well as directly: women not only compare themselves with idealized online images but also believe that their husbands' aesthetic expectations are reshaped by the same media environment.

The broader social normalization of body modification identified in the study is also consistent with sociological explanations of women's body-management practices. Participants described workplaces, family gatherings, public spaces, and urban environments as arenas of constant visual comparison in which surgically altered appearance had become increasingly normative. This pattern aligns with findings that women's body management is shaped by social and cultural conditions rather than by personal preferences alone (Vahab et al., 2023). It also corresponds with the meta-analytic evidence that the tendency toward cosmetic surgery in Iran is associated with a combination of psychological and social determinants (Talebi Dalir, 2023). The significance of this result lies in its demonstration that cosmetic surgery can become structurally normalized to the point that refusing intervention may itself be interpreted as deviant, outdated, or neglectful. In such settings, women's choices are formally voluntary but socially constrained.

The metropolitan and occupational context constituted another important dimension of the findings. Participants reported that in highly appearance-conscious environments, physical attractiveness could become intertwined with social legitimacy, professional competence, or family prestige. The widespread cultural visibility of cosmetic surgery in Iran, particularly rhinoplasty and other aesthetic interventions, has been previously documented as a notable health and social phenomenon (Kalantar Motamedi et al., 2016). The broader prevalence of invasive medical procedures within the Iranian healthcare context also reflects the established institutional capacity for surgical intervention (Akbari Sari et al., 2012). Within the present study, however, availability was accompanied by social expectation. Women perceived access to surgeons, recommendations from colleagues, installment-payment options, and shared experiences as mechanisms that reduced the psychological and practical barriers to surgery. Thus, institutional availability and social normalization reinforced one another.

The findings concerning intervening conditions showed that financial independence played a complex role in facilitating cosmetic surgery. Women with personal income described greater autonomy in deciding whether and when to undergo procedures, particularly when husbands were unwilling to provide financial support. This finding illustrates the dual meaning of economic independence: although it can increase personal agency, it may also enable women to assume the financial burden of adapting their bodies to relational and social pressures. In some cases, spousal financial support was described as affectionate and supportive, whereas in others it was interpreted as instrumental, reflecting the husband's investment in the wife's appearance. These divergent experiences are important because previous research has shown that cosmetic surgery may influence marital satisfaction and self-concept (Davai et al., 2018), but the current study indicates that such effects may depend substantially on the relational meaning attached to the intervention.

The study also identified concealment as a prominent strategy. Women frequently reframed cosmetic procedures as medically necessary to avoid criticism from husbands, relatives, or coworkers. This behavior can be interpreted as a response to contradictory cultural expectations: women are

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pressured to remain attractive, but overt investment in appearance may also be stigmatized as vanity, superficiality, or excessive competitiveness. This tension helps explain why cosmetic surgery may be socially normalized while simultaneously requiring secrecy. It also highlights the importance of distinguishing between normative appearance concerns and clinically significant body-image pathology. Aesthetic settings have been identified as important contexts for screening body dysmorphic disorder, particularly in procedures such as rhinoplasty (Lekakis et al., 2016). However, the present findings demonstrate that many women's motivations were explicitly embedded in relationship insecurity and social pressure, suggesting that clinical assessment should not reduce all cosmetic-surgery motivation to psychopathology.

Another major finding was the use of retaliatory and economic strategies. Some participants responded to years of perceived sacrifice, lack of appreciation, or suspected infidelity by reframing spending on cosmetic surgery as a means of reclaiming personal entitlement or reversing the marital power imbalance. This represents an important extension of existing literature because it demonstrates that surgery may function simultaneously as self-enhancement, mate retention, and symbolic retaliation. The women's narratives suggest that the body can become an arena in which marital power is negotiated. Once the modified appearance increased the woman's confidence or attracted greater social attention, husbands could themselves become more vigilant, jealous, or controlling. In this sense, cosmetic surgery did not necessarily resolve insecurity; it could redistribute it between spouses.

The individual consequences were similarly paradoxical. Many participants reported increased confidence, feelings of renewal, and improved social recognition after surgery. These findings are compatible with evidence that women may experience changes in body-image attitudes, self-esteem, and quality of life following cosmetic procedures (Heydarpour & Zayer, 2024). They are also broadly consistent with findings linking cosmetic surgery with changes in women's self-concept (Davai et al., 2018). However, the current study revealed that these positive outcomes were often experienced as temporary and externally dependent. Participants frequently described becoming trapped in a continuing cycle of maintenance, including repeated injections, additional surgery, or anxiety about the return of aging. This suggests that improvements in confidence may remain unstable when self-worth becomes increasingly dependent on appearance and external approval.

The findings related to commodification and objectification are particularly important. Some women interpreted the increased affection or attention they received after surgery as evidence that their personalities, loyalty, maternal contributions, and years of sacrifice were less valued than their altered bodies. Although cosmetic surgery may initially restore relational attention, this may paradoxically weaken confidence in the authenticity of that attention. If the husband's renewed interest is perceived as contingent on bodily modification, the woman may conclude that love itself has become conditional. This interpretation is compatible with the broader literature indicating that body image and marital outcomes are interconnected (Meltzer & McNulty, 2010; Shaheen et al., 2016). The present study, however, suggests a more specific mechanism: when appearance becomes a perceived condition for marital affection, cosmetic surgery may produce short-term relational improvement while simultaneously undermining long-term emotional security.

The marital consequences also included temporary revival of intimacy and reduced criticism, indicating that surgery sometimes achieved the immediate objectives for which it had been pursued. This may help explain why cosmetic procedures remain psychologically compelling despite their costs. A procedure that is followed by increased spousal attention can reinforce the belief that appearance was the primary cause of previous rejection. Yet this attribution may obscure other relational issues such as communication difficulties, emotional neglect, unequal expectations, or unresolved conflict. Research on trust in spousal fidelity among married men and women in Isfahan has demonstrated that fidelity-related trust is influenced by broader relational and social factors (Enayat & Hajian, 2015). Thus, while appearance modification may alter visible interaction patterns, it cannot necessarily address the underlying relational processes that generate mistrust.

The social consequences demonstrated that women who underwent cosmetic procedures could subsequently become agents in reproducing the same beauty norms that had originally pressured them. Participants described gaining entry into social circles of women who had undergone similar procedures, receiving approval, and recommending surgeons or interventions to others. This circular pattern is consistent with sociological understandings of body management as a socially reproduced practice (Vahab et al., 2023). It is also compatible with evidence that social media

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and interpersonal networks facilitate cosmetic-procedure adoption (Arif et al., 2022). The implication is that cosmetic-surgery culture may be maintained not only through media or industry promotion but also through peer-to-peer transmission of experiences, norms, and expectations.

Methodologically, the use of grounded theory allowed these apparently contradictory processes to be integrated within a single explanatory framework. Grounded theory is designed to identify processes, interactions, and relationships among conditions, actions, and consequences rather than simply measuring associations among predefined variables (Corbin & Strauss, 2015). Similar qualitative applications have demonstrated the usefulness of grounded theory for understanding complex embodied experiences and the reconstruction of body image in response to significant bodily change (Brunet et al., 2022). Constructivist grounded theory has also been used to examine how bodily transformation intersects with identity, recognition, and social experience in other populations undergoing major body-related interventions (Dharsheni & Sivakami, 2025). In the present study, this methodological framework made it possible to conceptualize cosmetic surgery as an evolving process in which marital insecurity, bodily dissatisfaction, social comparison, cultural norms, resource availability, and strategic action interact over time.

5. Conclusion

Overall, the findings support a contextualized interpretation of mate-retention theory. Cosmetic surgery functioned for some participants as an intentional strategy for preserving partner interest, reducing perceived vulnerability to infidelity, and maintaining marital status. This interpretation is directly aligned with evidence conceptualizing cosmetic surgery as a form of benefit-provisioning mate retention (Atari et al., 2017) and with findings demonstrating the role of jealousy in connecting upward appearance comparison with mate-retention behavior (Arnocky & Locke, 2020). However, the present study also shows that in the Iranian sociocultural context, this strategy is embedded in additional pressures involving motherhood, family expectations, occupational appearance norms, social media, financial dependence, and gendered responsibility for maintaining family stability. Consequently, cosmetic surgery as mate retention should not be understood as an isolated evolutionary or individual behavior; it is better conceptualized as a socially mediated strategy whose meaning is shaped by cultural expectations and relational power structures.

6. Limitations and Suggestions

The present study has several limitations. First, the findings were derived from 16 married women residing in Isfahan and therefore reflect the experiences of a specific sociocultural and urban context; transferability to women in other cities, rural areas, socioeconomic groups, or cultural settings should be approached cautiously. Second, the participants were selected because they had undergone at least one cosmetic procedure in relation to marital concerns, which means that the perspectives of women who experienced similar pressures but rejected surgery were not represented. Third, the study relied on retrospective self-reports, and participants' interpretations of husbands' motives, infidelity risk, or social evaluation could not be independently verified. Fourth, the sensitive nature of marital conflict, sexuality, infidelity, financial disputes, and cosmetic intervention may have encouraged selective disclosure or socially desirable reporting. Fifth, husbands, family members, cosmetic surgeons, and other relevant actors were not interviewed, limiting the ability to compare competing interpretations of the same relational processes.

Future research should examine the proposed paradigm model in broader and more diverse samples and across different cultural and socioeconomic contexts. Comparative qualitative studies could investigate women who undergo cosmetic surgery, women who seriously consider but reject surgery, and women who report little interest in appearance modification despite marital insecurity. Dyadic research involving both wives and husbands could clarify how beauty expectations, jealousy, fidelity concerns, and perceived attractiveness are negotiated within couples. Longitudinal studies are also needed to explore whether increased confidence and marital attention after surgery persist over time or gradually give way to renewed insecurity and additional procedures. Quantitative research could develop measures based on the categories identified in this model and test pathways among fear of infidelity, upward appearance comparison, body dissatisfaction, social-media exposure, financial autonomy, cosmetic-surgery motivation, and marital outcomes. Future studies should also examine the role of occupational context, family pressure, motherhood, and socioeconomic status as moderators of these relationships.

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In practice, psychologists, couples therapists, cosmetic surgeons, and other professionals working with women seeking aesthetic procedures should assess the relational and psychosocial meanings underlying the request rather than focusing exclusively on physical dissatisfaction. Preoperative consultations should explore whether the procedure is being pursued in response to fear of abandonment, perceived infidelity risk, humiliation, emotional rejection, coercive partner expectations, or intense social comparison. Where relational insecurity is prominent, referral for individual or couples counseling may help clients distinguish between personal aesthetic preferences and attempts to solve marital problems through bodily modification. Cosmetic clinics may also benefit from structured psychosocial screening that addresses unrealistic expectations, external pressure, dependence on partner approval, and repeated-procedure risk. At the broader social level, educational interventions should challenge the assumption that women are responsible for preserving marital fidelity through continuous bodily optimization and should promote more realistic representations of aging, motherhood, and natural bodily diversity.

Authors' Contributions

Authors equally contributed 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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