

## The Correlation between Plastic Surgery and Self-esteem in Iranian Females

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Submitted: 24 Apr 2020; Accepted: 05 May 2020; Published: 31 July 2020

### Abstract

**Background/Objective:** The importance of the psychological aspects in plastic surgery has been well known since the second half of the 20th century. Therefore, the aim of the present study was to compare the differences between those 'seeking' and those 'non-seeking' people for plastic surgery and also to survey the impact of surgery on the patient's self-esteem.

**Methods:** The samples selected by purposeful method and an age range (considered between 20-40 years) in two separate groups (30 persons seeking to have plastic surgery, and 30 persons not seeking (but needing) plastic surgery). The required data were collected through both the demographic and Kupper Smith's self-esteem standard questionnaire, and the obtained data were analyzed by two independent t-test methods.

**Results:** The obtained results signify that the hypothesis is verified to a confidence level of 95%, i.e. There were significant differences in scores of patients ( $M=34.90$ ,  $SD= 5.90$ ) and normal ( $M=37.63$ ,  $SD= 3.54$ ) given peoples' self-esteem.

**Conclusion:** Based on findings, the people who were seeking plastic surgery are more vulnerable to have a lower self-esteem, and those who are seeking plastic surgery have less self-esteem, than those who are "non-seeking".

**Keywords:** Plastic Surgery, Self-Esteem, Females

### Introduction

The importance of self-esteem (self-respect) has been established through several studies also been emphasized by various psychologists and researchers [1-5].

We rarely could be in contact with such people without paying attention to one of the most important aspect of their emotions about themselves. Today, it seems that self-esteem has become an attractive topic with a growing popularity. Human beings are easily perplexed given their reflections about self-esteem. Therefore, "self-esteem" and "self-image" are used interchangeably most of the time and this makes the literature on this ground somewhat vague. Understanding the cause and effect of the mechanisms between self-respect and respect for others is difficult: does low self-esteem cause some problems in life, or do these problems lead to low self-esteem? We have to distinguish firstly between "self-esteem" and "self-image". Self-image is a series of concepts that an individual uses to describe his or her own self; and self-esteem is a tool to assess the information forming self-

image, and originates from the emotions of a person about all of his/her existential dimensions.

We can deal with a person's assessment of their Self (their perceived self) and of their "ideal" Self, as a part of the process of assessing the quality of the formation of their self-esteem. The imagination of a person about him or her Self is similar to their self-image, i.e. their objective viewpoint about their existence (or their lack of skills, characteristics, and qualities in their persona). The "Ideal Self" is therefore an image of a person that he/she wishes him/herself to be; this should not be inaccessible (for instance: "I wish I was a millionaire"; or "I wish I was a famous actor") but apparent as an accessible wish, and with various individual and personal characteristics. Once the imagination of the person about him/her Self is in accord with their "Ideal Self", then their self-esteem will become much more positive [6].

Self-esteem must be therefore be considered within four various 'grounds' common to most adolescents: social, familial, school, and "bodily image": and the aim of this investigation was dealing with the last case, namely the role of "bodily image" in formulating

the basis of a person's self-esteem; especially the value that each person specifies for his/her (social) "face". Considered psychopathology as a common aspect of people who were seeking plastic surgery, but revealed that seeking plastic surgery in normal people is "normal", therefore this contrast has also created a need for more research in this area [6-9]. In our specific area, there has also not yet been conducted any "same" studies, therefore the researchers aimed to examine closely the concept of the person's self-esteem as expressed by the plastic surgery-seeking population.

## Methodology

### Population

The present study included females between 20-40 years old, who have all opted for plastic surgery and were referred to the Shams Clinic, Tehran, in Iran, between 2010-2011.

### Sampling

During this cross-sectional study, the samples were selected by a purposeful method through people who proceeded to plastic surgery during 2010-2011. The signed consent form was obtained from patients in order to participate in the study. The Ethical Committee of the Shahid Beheshti University of Medical Science, in Iran, approved the proposal for the present study. The Cockran formula was used to estimate the sample size. Selected people were divided into two separate groups:

- Females who were not looking for plastic surgery (N=60), selected by a purposeful method among patients' families in the Shams surgery clinic in Tehran. The two groups were approximately matched in terms of age, income, and education, for greater homogeneity.

### Tools

The demographic questionnaire included age, education, marital status, occupation.

The tool that was employed in this investigation was the revised Kupper Smith's Questionnaire (1976), that includes 58 items: Kupper Smith (1967) edited and prepared his "self-esteem scale", according to Rogers Dimond's scale (1954). The questionnaire was originally designed to measure children's self-esteem; however, it was later modified by Ryden (1978) for use on adults. For each item, participants answered whether the statement provided was; "like me"; or "not like me". These 58-items also contained 8 "lie-detector" questions, thus resulting in 50-item

measures of attitudes toward one's Self. The 50 residual items are divided into 4 sub-scales, focused on scales of: (i) general self-esteem; (ii) social self-esteem (co-evals); (iii) familial self-esteem (parents); and (iv) schooling (educational) self-esteem. In the 8-item 'Lie' sub-scale, if a participant answered "like me" for 3 or more of these items, it suggests that he or she is trying too hard to present him or herself in a positive light. These participants should therefore not be included in the analyses. There are no cut-off points – it is continuous, and this should be assumed [10].

A version of Coopersmith's (1967) Self-Esteem Inventory, modified for use with adults, was found to have a "test-retest" reliability of approximately .80, for 32 adult women over periods of 6-58 wks. Correlation of the scores with the Marlowe-Crowne Social Desirability Scale for 51 college students was .47. In Iran, there were also some studies that reported a similar validity (between .7 & .87) [11,12].

### Statistical Method

For the purpose of analyzing information in this investigation, inferential statistics have been used; so – two independent t-tests have been used for comparing the means of the two groups.

### Results

Participants (women) ranged in age from 20 to 40 years ( $M = 26.18$ ;  $SD = 11.04$ ), and most were single, divorced, or widowed (59.2%), while the remainder were married. 73% of patients were working; and the rest of the patients were non-working. All the participants were literate; 30.6% had graduated from high school level; and the rest were graduates and under-graduates from universities; 48.3% were students. There were 15% that were smoking; and there was no drug-abusing reported in our sample. Since the subject and control groups included 60 persons in this investigation, a *t-test* was employed to analysis the data. To use this formula, we needed to know the variances of the two groups.

The obtained results signify that a confidence level of 95%, i.e. equivalent to considering this test with groups of 60 or more, is performable with error of 5%, and the study hypothesis was verified, i.e. there's significant difference between subject group (those who have attempted to have plastic surgery) and the control group (those who have not attempted to have plastic surgery) and there were some trivial differences that has been identified between the means of two groups (see Table 1).

**Table 1:** Two independent t-tests

Statistic				t-test for Equality of Means				
Plastic Surgery	N	Mean	Std. Deviation	T	Diff	Mean Difference	Std. Error Difference	Sig. (2-tailed)
Yes	60	34.90	5.909	-2.172	118	-2.733	1.258	.034
No	60	37.63	3.548	-2.172	111.5	-2.733	1.258	.035

As it can be seen from Table 1, the mean values of the two groups (in terms of self-esteem) are quite different between (a) the group who had opted for plastic surgery ( $M=34.90$ ,  $SD=5.90$ ) and (b) the control group ( $M= 37.63$ ,  $SD=3.54$ ), the mean difference is (-2.73). The P-value for the plastic surgery group is ( $P=.034$ ) and for the control group is ( $P=.035$ )

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## Discussion

Some people can put up with their physical deformities, while others can't bear them and are thus directed toward plastic surgery. The number of these latter cases has been growing in last few decades. It seems that one reason for such a kind of demand is the growth of general knowledge about plastic surgery techniques, as well as an increased availability of better and more advanced plastic surgery methods.

By reviewing the literature written about plastic surgery, from the sociological and psychological point of view, we can discover some of the odd realities that have mostly been put forward by plastic surgeons. In another words, all of the above mentioned issues show an increase of sensitivity and extra attention of plastic surgeons aimed against any psychological stresses resulting from plastic surgery, in comparison to the other vital and functional surgeries [13,14]. Dowling *et al.*, and Von Soest *et al.*, have concluded that plastic surgery (in males) did not affect their self-esteem, while it had some effects on females' self-esteem in various studies, which were in harmony with our results [14-20].

Sertoz *et al.*, (2009) also showed that people who have complained a lot about some malfunctioning of their organs have low self-esteem; and it can be concluded from this that such people are affected by various psychological issues, so surgeons should be aware of the results of any psychological consultation with the person before the surgery [19].

It seems that the changes in bodily image alone couldn't change the person's self-esteem, but looking at the problems of bodily image had the greatest effect on their self-esteem [21,22]. We could try to discover how the effect of body image on self-esteem cannot be ignored. And there are also many studies that have been written about this theme, such as the '(John Robert Anderson 1974) and which add to the ground [23]. These books emphasize the necessity for both psychological and sociological evaluations of any persons' character who wish to have plastic surgery.

In the "Green and Going" the necessity of training proficient psychologists in the specialized ground of plastic surgery has been highlighted; and it has also been emphasized that surgeons should not only diagnose psychological disorders, but also predict – and assess – the efficacy of the plastic surgery, with reference to the person's appearance (beauty and bodily form) [24]. So, surgeons of plastic surgery should acquire knowledge and proficiency in every single one of these areas. Firstly, they should be aware of the limitations of plastic surgery; and secondly, they should know about the feasibility of any particular surgery for a particular person. But we should acknowledge that there's a great deficit in this area, i.e. the lack of a strong investigation with an appropriate control group [17,19,21,22,25-27].

The most important step in plastic surgery is the choosing of patients, so, a question that can be raised here is ... (i) how can a person, who has had an unstable character before the surgery, and is unreliable in decision-making, accept all the surgical dangers, and (ii) also be able to recognize that there's a great advantage for her/him in plastic surgery? In the interviews that were conducted

with those who had had plastic surgery, and were supposed to have had many changes after surgery, the lessening of their enthusiasm for in their viewpoint was reported [28,29].

Another question that can be raised here is ... 'why does a person want to change the form of his/her body?' 'Why does the repetition of such surgeries lead towards a degree of cultural and social acceptance in society?' Investigations and studies have been obtained from various specialized texts. These investigations show that: being the focus of attention affects one's self-esteem and changes other psychological scales of goodness; and also that such a form of beauty (usually attained by the surgery) is not considered superficial or temporary [30]. Nonetheless, some studies show that are many differences, both before and after surgery [4]. Therefore, as our findings have also showed that self-esteem amongst the people who are looking for surgery is different from that of people who didn't wish to have surgery.

## Conclusion

In the light of our results, we can conclude that the people who had undergone plastic surgery, expressed a lower level of self-esteem than people who did not consider surgery. This conclusion is in harmony with some studies, and is in contrast to some other studies (as mentioned in the text), but mostly the literature supported these results. Thus, there is clearly a need for further research studies with these populations. In addition, our findings should not be interpreted as a reason to lower one's guard, with respect to the enormous variability in self-esteem amongst the population who underwent plastic surgery. Rather, they have drawn our attention to the value of the pre-operative interview(s) in screening plastic surgery patients, and the importance of basic clinical psychology in the selection of patients who are really motivated [31-33].

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