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Fakultät für Bildungswissenschaften

Dissertation

# The Hidden Psycho-Social Dimensions of Cosmetic Surgery

Cross-Cultural Studies of Cosmetic Surgery

Motivation among Iranian and German Women

(Die versteckten Psycho-Sozialen Dimensionen der Kosmetischen Chirurgie)

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## **Abstract (Overview)**

Considering the concept of cosmetic surgery and all the debates about undergoing or not undergoing this procedure, this PhD dissertation is a cross-cultural research that compares Iranian and German women regarding cosmetic surgery. It is a 3 part study combining the quantitative and qualitative methods. The first part of the study investigates body image, identity patterns and mental health of women in relation with having or not having cosmetic surgery in Germany and Iran. The sample in both countries is selected from women between 18-40 years old. Religiousness, monthly income, educational level, and age are the co-variables that were asked as personal information in part 1 of the study and overall  $N=99$  in this study. The questions of the first part were designed to find any significant difference regarding the so-called variables and co-variables among the 4 categories which consisted of women with and without surgery in Iran and Germany.

Part 2 is an interview with 3 women from each of the categories in part 1 and overall  $N=12$ . These women were randomly selected from participants in part 1 of the study and were interviewed regarding the same variables. In part 2 some answers regarding the motivations to undergo cosmetic surgery were given by women which brought up the idea of digging deeper and conducting another interview. Part 3 is also an interview with women from both cultures. However, this study is only done with women with cosmetic surgery and goes further to investigate the deeper motivation(s) of women to undergo cosmetic surgery,  $N=14$ .

The results of part 1 and 2 showed significant differences regarding the identity patterns and mental health of women with and without surgery in both cultures. Interestingly, the co-variable of religiousness also showed a very significant difference between women with and without surgery in Iran. The results of part 3 also showed differences regarding the motivations of German and Iranian women to undergo cosmetic surgery.

*Keywords:* cosmetic surgery, identity patterns, body image, mental health, motivations, culture

## **1. Introduction**

### ***1.1 General notes about beauty and cosmetic surgery***

The current research studies the relation of 3 main variables of identity patterns, body image and mental health of women in Iranian and German culture. This study goes further and investigates the motivations of women in both countries to undergo any kind of cosmetic surgery for beauty enhancement. It should be mentioned that the research is only studying cosmetic surgery and not the plastic surgery that is done for health reasons. The difference is that cosmetic surgery is only done for beauty enhancement whereas plastic surgery that can also be done for medical reasons is not addressed in this research. The reason to investigate this concept is that cosmetic surgery has become a worldwide phenomenon through which a lot of disasters and catastrophes such as malformation, infection, and other physical dangers can threaten its volunteers. In a country like Iran where a lot of cosmetic surgeons are practicing this procedure without holding a specific certificate of plastic surgery, the issue of cosmetic surgery has become a matter of consideration among researchers. Since cosmetic surgery is done for beauty reasons, the question is that why is beauty so important for some individuals that regardless of the risks, they volunteer for it and sometimes this temptation to undergo this procedure can go so far to the point of having plenty of surgeries and of course facing social and psychological problems to the extent of committing suicide after the procedure. Germany seems to have dealt with this issue in a more realistic way. German women on the whole are more natural and simple in looks and cosmetic surgery gets a lot of critics. If beauty is really important, why Iranians go to extreme levels of undergoing cosmetic surgery while Germans seem to be more satisfied with their looks? This research has 3 integrated parts to realize the differences of women within and between cultures regarding having or not having cosmetic surgeries. The following part of the introduction is about the urge to look pretty among women and how quickly the looks can be changed. The range and extent of cosmetic surgeries are also explained. The effects that media can have on the beauty standards and planting the idea of having cosmetic surgery are explained. It goes further to feminism and the choice that we possess to alter our appearance. The reasons why I chose Iran and Germany as the target cultures of the study are also mentioned.

### ***World, technology, and the urge to be attractive***

Looking good is one of the most important things that can help people make good first impressions, being liked and desired by others. Together with the need of becoming attractive, the world is going through the realm of consumption; more advertisements, more

consumers that are all moving in the direction of enhancing their appearance. One thing that is now a days in the market much more than the recent last decades is the technology and means that can make people look more attractive, beautiful and hence, more marketable, desired, loved, etc. New procedures continue to be developed, and there has been an explosive growth in number and type of cosmetic surgeries performed in new national markets and among different ages and groups of people (Heyes & Jones, 2009). We are living in an era that the competition of being physically attractive both in face and body is speeding very fast. Due to the booming technological facilities it is easier than any period of history to compare ourselves with different kinds of people, whether in real life, virtual life or in media. An era in which competing with others is almost inevitable and having a better and more beautiful appearance comes along with having better opportunities (Elliot, 2008). The very idea of making a good first impression depends so much on the way people look, and the judgment of others upon us has made a lot of people try to look better. The world of consumption and competition has made this trend very overwhelming for some people, sometimes to the extent that the appearance and skin deep beauty becomes the main factor in life. Being obsessed with our faces and bodies and the need to look good in public have become a very strange but common vogue in different societies around the globe. Taking pictures of oneself (selfies) and posting them on social networks to get praised or “liked” by others is somehow the new trend and lifestyle for young people and even adults in order to get positive feedbacks on the appearance. The more “likes” a picture gets in the virtual world, the more satisfied the owner of the picture gets in the real world.

### ***The quick way to get the (un)desired look***

One of the trends that have been used and desired by a lot of people is “cosmetic surgery” to reach the goal of “looking pretty”. It is an expensive, dangerous in terms of the cut and yet a quick method to get the look that people desire for. It might just take some hours for individuals to get the change they want after going inside the operation room. Bigger noses become smaller, big bellies get flat, small breasts become round and big and lots of other changes that can be made almost in every part of our bodies take place during the cosmetic surgery. Simply, the money is paid and the disliked or unwanted part is altered or removed by the surgeons. Sometimes individuals undergo these procedures many times in their lives to reach the figure they really desire but the results are not always what they actually wished for, and sometimes there is no end to this obsessive manipulation of body and face.

Individuals in search of better partners, better social position, higher self-confidence, being more fashionable in order to get praised by peers or their partners could be the main consumers of the phenomenon of cosmetic surgery. Taking so much of risk to get the desired face or the body they long for is what these individuals do. The risk is not just about undergoing the cut but also about the way they look after surgery. There is no guarantee that the volunteers of cosmetic surgery would look the way they desire and sometimes the result is quite the contrary: getting malformed. Some celebrities like Michael Jackson are well-known for having catastrophic cosmetic surgeries but it seems like people in search of pretty faces and bodies apparently don't care about the dangers that they may encounter during or after these kinds of surgeries and are still willing to make the cut and taking all the risks that it might bring. Considering that cosmetic surgery has a much extended field we can imagine how it can affect our lives.

### *The unisexness of cosmetic surgery*

Cosmetic surgery has a long history throughout the lives of humans as will be discussed later but it is right now standing at the peak of its abundance since it can be done now at almost every part of the body and face, and the consumers are increasing drastically every day. Once women were mostly the users of plastic surgeries but now men are also having such procedures to look younger or more attractive. In 2007, 91% of the cosmetic procedures were performed only on women in the United States (Heyes & Jones, 2009). In the modern society men also can be easily seen in beauty clinics waiting to get Botox shots on their faces to have fewer wrinkles or hair implant to compensate for their receding hair (Elliot, 2008), he also states that according to US government statistics, growing numbers of people are seeking cosmetic surgery to get ahead in the work place as looking good is a very important criterion for being promoted, employed and even trusted professionally by clients. Cosmetic surgery for men have more than doubled in the US over the recent years, and surgeons have noted a dramatic rise in the number of requests from business executives, lawyers, state agents and pilots (Stoller, 1985).

In terms of demographic factors, women are more likely to consider cosmetic surgery than men (Swami et al., 2009). However, Elliot (2008) mentions more accounts of the rising numbers of men undergoing the surgeon's knife comes from the figures for 2006 released by the American society of plastic surgeons pertaining to a surgery in the following procedures: since 2000 thigh lifts saw an increase of 180 percent and tummy tucks of 165 percent. The biggest increases in men's use of cosmetic surgical culture can be found in various non-

invasive procedures, which require less healing time than surgical procedures such as injecting Botox. Likewise, microdermabrasion which uses tiny crystals that are sprayed on the skin to remove skin layers and can clear brown spots or age spots is also favored by American men, and its use has witnessed a rise of 112 percent since 2000 (ASPS, 2010).

Cosmetic surgery is a worldwide phenomenon regardless of continents, skin color, sex and age. Personally I have seen males, females and transgender people who have this kind of surgeries in their teens as well as in their 70's and each of them have a strong motivation to do so. These motivations will be discussed in this argumentation later on.

### ***Motivations to investigate cosmetic surgery***

As a researcher it has always been a question in my mind why Iranian women tend to have cosmetic surgeries and the fact that Iran stands in the 20<sup>th</sup> place in the world ranking of cosmetic surgery procedures (ISAPS, 2016). Yet, so many women do not even consider having this surgery in Iran and other parts of the world. Finding a woman with cosmetic surgery in Iran is so easy that the only thing that is needed is to stand in a crowded street looking at people passing by. I could easily notice 12 women with operation either in their noses or cheeks or lips by standing at one place for only 15 minutes at the subway in Tehran. I started to get curious in knowing the differences between women with and without cosmetic surgery.

There are a lot of social networks such as Facebook or Instagram that have millions of consumers or members around the globe. These days in Iran, these social networks have turned into a fashion runway for normal individuals to walk on, be looked at and if lucky get "liked". There are women who record their videos or post their pictures to get more and more "likes" and these women are without any exaggeration copies of each other (see picture 1).

Faces with almost same features with small turned up noses, swollen lips and high cheekbones is what you can see on Iranian social networks every day. This is not limited to the social network and it exceeds to daily life of people. Cosmetic surgery is now spreading very fast and finding the reasons behind it was the motivation for me to do my research over this worldwide matter.

At times, every society can face some crisis. In Holland around the 17<sup>th</sup> century the societal madness of a specific flower (Tulip Mania) made some people buy the flower even if they

had to sell their houses to be able to afford the expensive tulip bulbs (Dash, 2001) this was also a sign to show the family or a person was wealthy.

Having cosmetic surgery also can be a sign to show a high socio-economic status. As insane as it sounds, it is a very puzzling societal incident in the history. In Iran this societal madness is getting beautiful by all means for example, going to surgeons who do not even hold an appropriate certificate for plastic surgery or borrowing money from others to afford the surgery as was told in the literature. The quite opposite is seen in Germany where naturalism is more desired and praised in the society.

Picture 1: *Different people same faces* (With the authorization of A.E)



### ***Why a comparison between Germany and Iran?***

On the other hand while doing this research in Germany, it was noticed that women are not into having cosmetic surgery as much as what exists in Iran, in fact after questioning a lot of women here I realized that neutrality and being natural is very important for women of this country. Therefore, this idea to compare the motivations of undergoing cosmetic surgery in both countries came to mind and if any differences are seen, they can be described through cultural differences which have a vast field to be discussed regarding the two countries, differences that can vary from gender roles to individualism versus collectivism, and even the language.

As a woman and a psychologist, I have witnessed during the past decade how women have changed regarding the world of cosmetic surgery and fashion. Bodies have become slimmer,

breasts are fuller, noses are reshaped and turned up and now lips and cheekbones are exaggerated as well. It is really easy to see doll faces with full make-up on the streets of Tehran although faces with cosmetic surgery are rarely seen in Germany. So the question was raised that what is the motivation behind all this change inside Iran and difference between two countries. Observing this big difference between German women and Iranians was a big shock at first. In my eyes as a researcher, German women are so much simpler regarding self-grooming and are more natural regarding their appearance than Iranians. Even the use of cosmetics is so much less than what we have in Iran although in Germany women don't have the limitations of covering themselves and they can look the way they want without being questioned by the police. In Iran, girls and women can be caught by Hijab police if they wear too much make-up or wear dresses that are shorter than knees aside from the trousers that they should always have. Therefore, another question for my argumentation is raised, is there a significant difference between German and Iranian women regarding their identity pattern, body image and mental health? One of the main reasons of having cosmetic surgeries is to get beautiful in order to have better opportunities in society or even finding a mate. Beauty has always been a very big and important incentive for mankind and as Dion, Berscheid, and Walster (1972) state "What is beautiful is good"; it could partly give us a picture of why everyone is on the pursuit of getting beautiful through cosmetic surgery or any other possible way. This trend of undergoing cosmetic surgery has become a hot debate among feminist activists as well.

### *Cosmetic surgery and feminism*

For many feminists, any woman who would willingly put her body (and face) under the surgeon's knife was unaware of the risks or had been manipulated by profit-hungry surgeons, pressured by her sexist boyfriend or husband and blinded by the false promises of media (Davis, 2003) but even feminists are changing their harsh ideas on cosmetic surgeries and their critical views seem to have become a little more flexible now (Heyes & Jones, 2009).

From a feminist perspective, Berger (1972) emphasizes that, in the relationship between men and women, men act and women appear. "Men look at women. Women watch themselves being looked at. This determines not only most relationships between men and women but also the relations between women to themselves." For Orbach (1998), in the unequal relationship between women and men, women must learn to consider themselves as an item, a commodity, a sex object. To be men's loved ones, women view themselves "from the

outside”, and women criticize their bodies in the same way men do (Blood, 2005). Thus, women’s bodies are not a site of individual self-determination but a socially shaped and historically colonized territory (Bordo, 1993). The norms and standards of a women’s ideal body are internalized into women’s minds through outside social practices, such as families, friends and even media. Women are taught to be always beautiful and lovely in front of others, mothers tell their daughters to take care of their body and face since they are “women” and a woman’s asset can also be her beauty in face and body as some Iranian proverbs say. Some cultures have taught women to constantly monitor their bodies as objects of imperfection and to pursue improvements because, compared to the ideal body, women’s bodies are naturally flawed (Bordo, 1993). Feminism and its relation with cosmetic surgery will be discussed elaborately in the theoretical part.

### ***Cosmetic surgery or media’s inculcation***

All around the globe from Paris to New York, Tehran to Berlin, the trade in cosmetic surgery is taking over. Being exposed to a lot of programs and advertisements on mass media that show the advantages of having cosmetic surgery, programs such as *Dr.90210* or *The Swan*, had made a lot of individuals specially women to become interested in cosmetic surgery, to pursue their interest into getting it practically and to actually make them believe that quality of life would be much better after doing so. Media is a representative of the social reality. Bandura (1994) emphasizes that people’s conceptions of social reality forms, when they portrait and represent, sometimes misrepresent, stories of social events. Cosmetic surgery that is shown on the television programs, gives the promise that all females can be Cinderella after cosmetic surgery. These scenarios shown on television programs normally ignore the risks of cosmetic surgery whether physical or psychological, and celebrate the magical and unbelievable results. Novel advances in surgical technology together with increased messages involving beauty in mainstream media, have caused the number of aesthetic procedures to increase since the modern emergence of cosmetic surgery at the beginning of 21st century (Haiken, 1997).

In the new world no surgery is more common than cosmetic surgery. As Elliot (2008) describes in his book “In a society in which celebrity is divine, information technology rules, new ways of working predominate and people increasingly judge each other on first impressions, cosmetic surgery has become very trendy.” If we consider how effective and widespread the mass media is, it may be understandable that people make an effort to achieve higher standards of bodily attractiveness; however media ideals of physical

attractiveness may be biased and unrealistic (Williams & Bentley, 2009). Knowing about media and its effect would be elaborately discussed later. We should also consider that cosmetic surgery do not date back to only some decades ago. The will to be beautiful has been with human beings since their history.

### ***The history of body alteration***

Across all ages and cultures, we find examples of body modification. The first recorded plastic surgery technique was performed as early as 1000 B.C in India to replace noses that have been amputated as punishment, or when an adulterous Hindu wife's nose had been bitten off by an enraged husband (Favazza, 1996). The Italian surgeon Tagliacozzi (1545-1599) known as the renaissance surgeon is often credited as the father of modern plastic surgery. During the sixteenth century inspired by the need for plastic reconstructive surgery due to frequent duels and street brawls, Tagliacozzi pioneered the Italian method of nasal reconstruction (Gilman, 1999). The origins of cosmetic surgery are therefore to be found in the covering up of violent interactions – a dynamic that is central for understanding some individuals who seek cosmetic surgery. All over the world the cosmetic surgeons use their blades to make the new bodies and new selves (Lemma, 2010). The trend is to relate to the body as a project. Foucault (1979) also describe bodies as “docile bodies” in the modern age, docile bodies is a concept that describes the human anatomy as something that is manipulated and changed to fulfill another one's wishes, “when was then being formed was a policy of coercions that act upon the body, a calculated manipulation of its elements, its gestures, its behavior. The human body was entering a machinery of power that explores it, breaks it down and rearranges it. A “political anatomy”, which was also a “machines of power”, was being born; it defined how one may have control on other's bodies, by operating as one wishes, with the techniques, the speed and the efficiency that one determines. Thus, discipline produces subjected and practiced bodies, “docile” bodies.” (cited in Bartky, 1997). Giddens (1991) has fueled the global beauty business, which is growing rapidly and continues to thrive even in times of economic recession. Cosmetic surgery has become so important for some that they might even save money regardless of their economic situation to get a plastic surgery on at least one part of their body or face.

### ***Other factors***

There are lots of other factors than media that can actually have influence on people to undergo cosmetic surgery. These factors may also be psychological and individual such as a distorted body image (Sarwer, Bartlett, Bucky, et al., 1998), low self-esteem (Feingold, 1992), special identity styles, or could be other factors such as ,terror of mortality (Greenberg, Solomon, & Pyszczynski, 1997), acceptance of family and friends, religiousness, self-acceptance, sense of belonging to a special group, conservativeness, finding a good partner, and winning back the attention of the unfaithful partner or could be social and related to culture, religion, traditions, societal demands etc. Both dimensions and some of more important sub-groups of these two dimensions will be discussed later on this argumentation and how they can affect individuals on having cosmetic surgery. The purpose of this study is to discuss the phenomenon of cosmetic surgery and its psychological predictors such as distorted body image, special identity patterns and problematic mental health that can lead individuals to undergo such risky, dangerous, consequent and also expensive procedures. The questions of the researcher will investigate the relationship between factors like body image as a psychological aspect and religion as a societal aspect and having cosmetic surgery.

I was born in Iran, a country that has two sides of life, the side that is well-known around the world is a conservative, Islamic and simple country, and the side that most people do not know about is the fashionable, non-religious, and modern (in appearance) country. Walking on the streets of Tehran and looking at young women's faces and bodies will raise a question on everybody's mind: Is it a fashion show contest? A fact that should be considered in this research is that women in Iran are only allowed to show their face in public and rarely part of their hair so basically what other people can see is only the face. Synnot (1989) beautifully explains: "The face, as unique, physical, malleable and public is the prime symbol of the self. (. . .) Our faces are pictured in our passports and identification papers. The face is physical and therefore personal and intimate, yet the face is also 'made up', 'put on' and subject to fashion. (. . .)The face indicates the age, gender and race of individuals with varying accuracy, also our health and socio-economic status, even perhaps our character and personality (. . .) face is also the principal determinant in the perception of our individual beauty or ugliness and all that these perceptions imply for self-esteem and life-chances"(Synnot, 1989, p.73). Knowing that the face per se can give so many information about individuals, there is no wonder that in a country which only showing the face as a part of your whole physique is allowed, women are trying to become prettier day by day, as if there is a contest for beauty. They are using all kinds of cosmetics and if they can afford,

they would undergo different cosmetic surgeries. Iran has now the highest rate of nose surgery all around the world. To get pretty Iranians do a lot of different things and beauty could be the main reason for altering the face or body. Why is beauty so important to make individuals undergo the cut? We can find some answers to this question in the following.

### ***1.2 Structure of the Dissertation***

In the introduction the basics about what can lead individuals to undergo any kind of cosmetic surgery was shortly discussed.

In the theoretical part of the dissertation the concept of beauty and its related consequences is elaborately explained. After reading about the beauty, the cosmetic surgery itself as a phenomenon is explained and the different points of view about it are described followed by the difference between varied kinds of plastic surgery and its differences. The statistical data of cosmetic surgery during the recent years and in different countries is there to give an overview about the increase of this procedure during the time. The common recent cosmetic surgeries are also mentioned in the theoretical part of the dissertation.

The culture and its effect on having or not having cosmetic surgery is explained regarding both countries; Iran and Germany. In this part, a lot of psycho-social dimensions of both cultures are explained such as individualism or collectivism, the gender roles, etc. This part is to understand and differentiate between the conditions in Iran and Germany regarding beauty and cosmetic surgery. Religion as another concept that can relate to having or not having cosmetic surgery is also explained. The relation between religiousness and other psychological effects that it can have on its followers regarding cosmetic surgery are elaborately discussed. The ways that media can affect individuals to undergo cosmetic surgery are also mentioned in different aspects. In the theoretical part, the different psychological aspects that can relate to this phenomenon such as body image, identity patterns, terror management and mental health are explained in order to realize how they can be effective when it comes to undergoing cosmetic surgery.

The last section of the theoretical part explains the development of the research questions where the predictors of the study, how they integrate with each other and finally the hypothesis and questions of the research are written.

The empirical part starts with the methodology. As there are three studies in this research, each study is explained by design, sampling, procedure and results. After the result of each study, the discussion for that particular study is written as well.

The general discussion is followed by the conclusion after the methodology section and finally the research ends with an overview.

## **Theoretical part**

### **2. Beauty**

In the 20<sup>th</sup> and 21<sup>st</sup> century especially in the recent decades there have been many changing descriptions for “beauty”. In an overall view beauty has been explained as a worldly versus spiritual, relative versus absolute, detailed versus general and most important inner versus outer element, and also described as a combination of components such as; body, cosmetic, clothing and attractiveness (Synnot,1990). This approach emphasizes on the aspects that can be accumulated, gained or nurtured hence, the emphasis on natural beauty has diminished. This change in interpreting beauty along with industrial and medical development has caused beauty to be not just a natural and biological element but also to become something that can be obtained (Webster & Driskel, 1983). On the other hand, Kaczorowski (1989) states that there is significant correlation between socio-economic status of people and their beauty or ugliness, he has also shown that good looks determine wealth so there could be an unconscious willingness to look beautiful in order to feel that you are looked upon as a rich person.

The philosopher George Santayana described three defining features of beauty: “beauty...is value positive, intrinsic, and objectified” (Santanya, 1955). By value, positive and intrinsic, he meant that beauty provides pleasure without any reasoning about expected utility. This is similar to St. Thomas Aquinas definition of beauty as “what gives pleasure at sight”, suggesting immediate joy without intermediate reasoning (cited in Maritain, 1966). Similarly, the art historian, Read (1972) did not believe that a person with real sensibility ever stands before a picture and, after a long process of analysis, pronounces himself pleased. “We either like at first sight, or not at all, finally, beauty is objectified” (Read, 1972). For example, the experience of having a cold drink on a hot day is both valued positive and intrinsic, but this immediate pleasure lies exclusively in a positive sensation of

the body and has little to do with aesthetic appreciation of the object. In contrast, perceivers look at a painting not to please their body but to enjoy the paintings' beauty. Hence, people experience beauty as something that lies in the object. Therefore, beauty is not an objective but an objectified property (Feagin, 1995) Cited in (Reber, Schwartz, & Winkielman, 2004) It should be also be mentioned that according to Cunningham et al, (1995) people regardless of their culture agree on which faces are attractive, and these preferences of attractiveness emerge early in development even before cultural standards of beauty are likely to be internalized (Geldart et al, 1999).

### ***2.1 Beauty in ancient times***

The view and norms for women's bodies and the way they should look have been constantly changing throughout history. As beauty has always been a relative concept, it was described and shown differently in different periods. In early cultures, the ability to give birth to babies was the primary and most important social norm for a woman (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). A woman's body with a round, soft stomach and full bottom that signifies reproduction was considered as beauty. On the contrary, today a slim, firm body with full breasts and a tight bottom seems to be the ideal body. The standards of beauty have changed over time but the pressure to be a beauty has never lessened. Also women striving to be beautiful and to keep their youth and beauty has never declined and this everlasting desire in humans and specially in women can be vividly observed through old masterpieces such as "fountain of youth" painted by Lucas Cranach The Elder (1546) that shows a fountain through which old women go and come out as young and beautiful and are taken by men afterwards.

Beauty has always been a relative concept and it had been defined very differently during the history of mankind. In ancient Greece beauty was always praised, Aristotle even said that beauty is the gift of God (Laertius, 1972, cited in Synnot, 1989). In the ancient Greek times the males were the symbols of beauty and it was not until the Renaissance that females started to become the symbols for beauty (Synnot, 1989). Beauty, especially in ancient times has always been associated with divine and pure whereas ugliness is associated with evil. In the nude pictures which were painted in the middle ages , beauty was shown quite differently than the modern age, as it was mentioned briefly, larger women were considered as pretty to the extent that Titan (1555) painted "Venus with a mirror" with a rather heavy woman looking into the mirror.

## ***2.2 Why Achieving beauty?***

Blum (2003), also directly points at beauty as the main reason for women who undergo cosmetic surgery, “What women want in the end is just beauty itself. While the number of potential partners may increase, this is perhaps not the goal, but rather the proof of beauty, the approving stares and the expensive gifts and the proposals simply registered on the checklist of beauty’s accomplishments”(Blum, 2003, p.7).

The importance of physical attractiveness in first impression has been documented in number of studies. Dion, Berscheid, and Walster (1972) found general agreement for the assumptions that attractive persons have more socially desirable personality traits, obtain more prestigious occupations, competent spouses, and happier marriages. This “beautiful is good” stereo type has been applied in many different social situations; e.g. attractive persons are more desirable as dating partners (Sigal & Ostrove, 1975), get better grades in school (Allen, 1976), and are judged as more talented and more qualified (Rich, 1975). More beautiful students are also normally more noticed by their teachers in classrooms. Stereotypes have direct implications for first impressions and for broader personal and social evaluations. Physical attractiveness affects juror decisions (Sigal & Ostrove, 1975), employment opportunities and job evaluations (Dipboye, Arvey, & Terpstra, 1977). It has always been said not to judge a book by its cover but it is not a very practical proverb indeed. Blum (2003) also mentions that women want beauty as a means to certain ends, Freud (cited in Blum ,2003) describes beautiful women as “love objects”, since they have the greatest fascination for men, beauty on the other hand brings more various benefits available; more financially successful partners and the material pleasures they bring. Knowing this, there is no wonder why millions of people want to make changes in their appearance to look better than what they already are, the concept of beauty has always been associated with being better and even more successful and we have always been exposed to such attitudes towards beauty. Humans mostly look at the appearance and judge, it seems like few people have the interest to see the inner beauty specially because we are living in a period that a lot of things are seen as an object for consumption and time is considered as money, no wonder why the “first impression” has become a vital means for achieving goals in life.

### ***2.3 Beauty standards***

No one knows who first coined this term “beauty is in the eyes of the beholder”, and indeed the saying is partly true. Beauty is an ideal that is strongly influenced by social trends (Auger & Turley, 1999). What was considered as beautiful in the middle ages is perceived quite differently today, and vice versa. The main factor contributing to attractiveness is the appearance of the face and how the face looks like (Mueser et al., 1984). Studies have shown that there are certain criteria which are already defined and sometimes even measurable, that are perceived as beautiful and combine to form an impression of beauty. Contrary to the so called proverb: “beauty is in the eyes of the beholder” in many societies especially regarding the facial attractiveness there are same standards that are determined by either the culture or fitness-related evolutionary mechanisms (Cash & Pruzinsky, 2002). The perception of beauty is also strongly influenced by the media that to a certain degree is subject to changing trends. The desire to be beautiful is of increasing concern to patients visiting dermatologists; plastic and aesthetic surgeons and thus more and more doctors are offering aesthetic procedures. Given that beautiful people are often thought to be nicer, have better social skills, and to be more interesting, largely explains this desire among patients to be more attractive (Lew et al., 2007). Attractive people are perceived as possessing a variety of desirable characteristics, they are perceived as having greater occupational and educational competence, greater interpersonal competence, more social appeal and better adjustment than their less attractive counterparts (Tong et al., 2008).

Not only people judge others based on physical appearance, they also behave differently towards them. Attractive people are often treated more favorably than their less attractive counterparts, regardless of level of acquaintance, gender, age or culture (Rosen & Underwood, 2010). Attractive adults experience greater occupational success and popularity, and have more dating and sexual experience. They might have higher social self-esteem, better social skills, better physical and mental health, and are somewhat more extraverted, self-confident, and intelligent than less attractive adults, regardless of gender (Cash, & Pruzinsky, 2002). Even inside schools and universities the more attractive students regardless of their gender are being paid attention by their teachers more than their average-looking classmates.

The majority of patients seeking advice on cosmetic procedures are not adequately informed as to what actually makes a person look attractive. Furthermore, physical attractiveness is usually over valued in nearly all societies (Rumsey, 2005). One of the most widely cited

conclusions from research on physical attractiveness is summarized by Dion, Berscheid, and Wastler (1972) claiming that in people's perceptions of others what is beautiful is good. This statement linking beauty and goodness suggests the existence of stereotype whereby physically attractive individuals are believed to possess a wide variety of positive personal qualities. In the classic study on the physical attractiveness stereotype, Dion and her associates (1972) had the subject rate facial photographs that had been selected on the basis of judges' agreement that the pictured individuals were low, medium, or high on physical attractiveness. Subjects' ratings pertained to various personality traits as well as to life outcomes such as marital happiness and career success. Indeed, subjects ascribed more favorable personality traits and more successful life outcomes to the pictured individuals to the extent that they were physically attractive. The experimental paradigm introduced by Dion and her colleagues (1972) has many subsequent investigators, and there is, thus a relatively large body of research on the attractiveness stereotype. Most narrative reviewers of this literature have agreed that the beauty-is-good stereotype is a strong and general phenomenon (Berscheid, 1981). Attractive faces activated reward centers in the brain (Aharon et al. 2002; O'Doherty et al, 2003); they motivate sexual behavior and the development of same sex-alliances (Berscheid & Reis, 1998).

Watching all beauty images on TV, magazines and advertisements has made the phenomenon of identification with beauty so compelling (Blum, 2003). In the new age consumers of plastic surgery spend more and more on themselves in search for sex appeal and artificial beauty.

Today cosmetic surgery is known as one the most prevalent surgeries in the world whose consumption increases day by day .Ever since the medical and scientific developments have made it possible and practical for people to change their appearance and become more beautiful, a lot of volunteers are undergoing cosmetic surgery to meet their basic need which is becoming beautiful and attractive. It seems like people are willing to make the cut to look more beautiful, but the question is what is cosmetic surgery?

### ***3. Cosmetic surgery - The Phenomenon***

Cosmetic surgery refers to a subspecialty that is concerned primarily with the maintenance, restoration and enhancement of an individual physical appearance (Rohrich & Eaves, 2011). Today the demand for having these kinds of surgeries have become so popular that it is not a

question of having it but – what, when by whom and how much is the matter of concern (McCabe, 1990). Focusing primarily on the west and relying on textual and media materials, several scholars have argued that beauty practices are an exercise in patriarchal power that disciplines, normalizes, and medicalizes the female body (Bartky, 1988; Bordo 1993). In ancient times and even less than a century people would have looked at themselves in the mirror and may have thought that it would be great if they could alter some components on their face or body to look more beautiful. Today, the technology has made this wish come true, other than that the desire of having control over oneself and determinism can also become true with this phenomenon since it gives the power to individuals to change the parts that they find imperfect and having the financial power to do so can even change individuals into whole other person by undergoing cosmetic surgery. Like any other social phenomenon, cosmetic surgery is criticized by some critiques and encouraged by some others. And that's why Davis (2003) states that cosmetic surgery is not just popular, it is controversial.

### ***3.1 Critical points of view about cosmetic surgery***

While a normal surgery on the body is a life-saving procedure, cosmetic surgery as Blum (2003) discusses is not only life-saving but also damaging a healthy body, and doing harm to the physical self by cuts being made and blood flowing for no known medical reasons. She also mentions that cosmetic surgeons justify the cuts they make on patients through the claim of psychological necessity. In England for instance, a woman can get a state-funded breast augmentation if a qualified psychologist distinguishes it as vital for her well-being.

On the other hand there is also a great possibility that almost all the patients of a specific surgeon start to look alike after the surgery. Normally a specific surgeon has a specific technique and form for each surgery that he does, and consequently his patients will be like copies of each other in the end (Blum, 2003).

Most women who had undergone cosmetic surgery are not only in favor of cosmetic surgery but also at some point condemn it due to the sufferings that they had after this procedure (Davis, 2003). This could be partly true; it is a question that will be investigated through my research. The reason could be a lot of things, the physical consequences of surgery such as infections, malformations, pain, scars that would not be healed. From the social point of view a lot of complements that women with cosmetic surgery will receive after the operation from different people such as partners, families, friends, colleagues and so on can be destructive especially if the result is not what the volunteers desired. The negative feedback

will even make women feel more inferior if they felt any kind of inferiority before the operation. It is risky for the recipients, insurance companies worry about the costs and even the surgeons worry about the complaints and repeated visiting of patients due to their dissatisfaction of surgery. There is also another possibility that could be the worst side effect in my point of view and that is getting addicted to have cosmetic surgery. It can be said that when one part of the face or body is altered by knife, a tendency might follow and that is a desire to alter wherever an individual finds not perfect. A comparison might happen. For example, if the nose is operated and it now looks small, the lips are better to get bigger to be seen as bold, and if the lips get bigger, it might be better to have higher cheek bones and this circle can be never-ending. As said before, a good example is when we find a lot of celebrities who manically go for cosmetic surgeries to the point that their faces look even hideous. This procedure has become such a controversy that Davis (2003), states that “Looking at the ambivalences that are already present can not only help us understand what is at stake with cosmetic surgery, it can enable us to see how, under different circumstances, another course of action might have been possible. If we can understand the circumstances which made it seem impossible for a woman to live with her body as it is, we can imagine what might make them look at cosmetic surgery as a solution to the appearance problem”. Some feminists even claim that the body has been belittled to a vehicle or an object that is only looked upon for looks and nothing more and therefore it is treated as a thing that can be changed into any form that the individual desires.

Morgan (1991) is also very critical toward cosmetic surgery; she debates that the society needs a feminist analysis to realize the reason why women reduce themselves to “potential women” and choose to anatomizing and fetishizing their bodies as they buy contoured bodies, restored youth and permanent beauty. She also condemns the society for remaining silent toward the fact that having cosmetic surgery is becoming a norm in the world. Morgan (1991) further explains that once the pathologically narcissists used to undergo cosmetic surgery and this population were deviants from the normal axis in society but now the deviants are moving closer toward the normal curve and the ones without cosmetic surgery are becoming the deviants.

Cosmetic surgery stands for many theorists and social critics, as the ultimate symbol of invasion of the human body for the sake of physical beauty. Interpreted as somehow qualitatively different from other efforts as changing the body, plastic surgery is considered to be so extreme, so risky that it leaves no space but to object to it. While such criticisms are

compelling they tend to operate at their ground level of cultural discourse or the highly grounded level of physiological effect. As a result they leave out almost altogether the experience of women who themselves have plastic surgery (Gimlin, 2000).

### ***3.2 Cosmetic surgery and the surgeons***

The cosmetic surgeons have also been criticized in this domain as they have been accused of manipulating their patients and giving them false hopes. The human body has become the source of challenge for many cosmetic surgeons in the new decade (Morgan, 1991). Human body for them is an object that can be modified or changed completely through the use of knives and stitches, a canvas that is ready for them to paint on, but instead of being blank, it is already painted so the surgeons become the re-makers of human's appearance.

These surgeons by default have the right to complement on the parts that they change. If a patient refers to them, the first thing they do is to talk about their idea about the target part. I heard from a patient that "I was on the surgery room's bed getting ready for my nose job, the doctor came in with his mask looked at my nose and very seriously told me that your nose really needed this surgery since it has become like an elephant's trunk".

A lot of other feminists, who write about cosmetic surgeries such as Spitzack (1988), describe the surgeon's office as a room for confession. She describes that since women's bodies had degraded since the 19<sup>th</sup> century to sexual objects, women see themselves as flawed and this surgery can help them get cured and of course empowered. She argues that the doctor in the office is actually the power figure to whom the woman volunteering for cosmetic surgery admits her problems about her appearance and the doctor helps her to become what she wants. This goes further in our era; doctors even try to find a flaw in a woman even though she is just there for another reason; in my trip to Iran while I was interviewing with the cosmetic surgeon, he started to give his ideas about my nose that it needed to get corrected during a serious interview about women and their motivations to undergo cosmetic surgery". Visiting a couple of other beauty clinics as a researcher, I heard some comments like, your forehead needs a lift, your nose must get turned up, and we do pretty reasonable Botox shots if you want. These comments were freely given by doctors or their secretaries without considering that the person addressed might not even be interested in having any alterations in her body.

### *3.3 Supporting cosmetic surgery and the concept of agency*

Within the humanist discourses that exist in social sciences, agency has the same meaning of “being a person”, it is also a feature of each sane, adult, human being, this term also helps us to understand that each person is one who has an obligation to take up themselves as a knowable, recognizable identity, who speaks for themselves and accepts the responsibility of their actions (Davies, 1991). On the other hand Davis (2003) explains that “agency” had played a central role for her investigation of women and cosmetic surgery. She used it to understand how women can see cosmetic surgery as the best and sometimes only option although it is such a painful, dangerous and expensive procedure. She refers to the term “agency” as a sociological concept that is related to the active participation of individuals in making the social life. She also explains that social actions and social constitutions are mutually constitutive but the determinism and individual choice stands on another side. Agency is linked to social structures but not entirely reducible to them. In the book edited by Heyes and Jones (2009), Davis talks about cosmetic surgery and feminist attitudes through the concept of agency, “my focus on women’s agency should be seen: as a needed corrective of overly deterministic accounts of social action, which I perceived in some feminist scholarship on women’s involvement in the beauty system. Given the pervasiveness of the constraints upon women to meet the cultural ideals of feminine appearance, it almost goes without saying that feminists will be inclined to view women who have cosmetic surgery-the most dramatic beauty practice of all-as victims of ideological manipulation...Later against my own inclination to view women who have cosmetic surgery as “cultural dopes”, I positioned them as component actors with an intimate and subtle knowledge of society including the dominant practices of feminine beauty” (Heyes & Jones, 2009, p.40).

There are a lot of other people or researchers that not only do not condemn cosmetic surgery but also see its positive influence on individuals. There is no reason why a woman’s liberation activist should not try to look pretty and attractive (Markovic, 1976; cited in Heyes & Jones, 2009). The cosmetic surgery from this positive point of view is represented as a non-harmful technology like other technologies that can ideally change the body and face according to each individual choice and desire. This desire can vary from increasing femininity through being operated on breasts or can enhance the self-esteem by removing the unwanted fat in body. The free will to look the way we like to be, along with the technology of aesthetics has made cosmetic surgery more accepted and a normal phenomenon all around the world. Other researchers have argued that cosmetic surgery

patients are psychologically healthy “doers” (Goin & Goin, 1987) who are highly ambitious to enhance their appearance, even with the risks of surgery as well as the expenses they have to pay (Sarwer et al., 1998). Gimlin (2001) argued that the current criticisms of plastic surgery ignore the complicated process by which the women who undergo surgical procedures integrate them into their identities. She concluded that plastic surgery worked on women’s desire for constant enhancement rather than radical transformation or alteration to meet norms of beauty.

With the advent of cosmetic surgery, the rationale for surgical intervention in bodily appearance changed and along with it, the kinds of technologies got developed. Cosmetic surgery is the culture which treats the body as a vehicle for self-expression (Davis, 1995). The growth of cosmetic surgery obviously has something to do with the development in medical-technological possibilities to change physical appearance permanently. Such services would hardly have been developed independently of demand, indeed throughout the world, those women and men who can afford it seem to be willing to consider cosmetic surgery as a means to improve their looks or solve various types of appearance problems. These may be innate features or marks left on their bodies by the lives they have lived or consequences of, for example, life style, over eating, child birth or presumably most often the simple passage of time. Cosmetic surgery has been around for several decades and it seems to have gained widespread acceptance. Though still considered problematic by many, and far from being free of taboo, it is probably safe to say that much fewer people today than say 15 years ago would offhand spurn the idea of ever resorting to surgery in order to gain or restore good looks. “Cosmetic surgery no longer for the few or if in doubt takes the biggest breast implants” are some of the recent articles in the daily and weekly press under lining this trend (Askegaard, Gertsen, & Langer, 2002).

There are different ways for cosmetic enhancements in modern days, some of them don’t need going under the cut, and the difference between these procedures is discussed below.

### ***3.4 Cosmetic surgery, plastic surgery and cosmetic medicine***

Researchers believe that there are differences between cosmetic surgeries, plastic surgery and cosmetic medical. And the difference refers to the clinical identity of plastic surgery, the beauty enhancement identity of cosmetic surgery and the beauty enhancement identity without a surgery that is done by cosmetic medicine.

Plastic surgery is consequently done after some physical injuries, hereditary anomalies or some disease and it is a medical necessity whose goal is to decrease psychological signs or reconstructing different parts of the body (Latham, 2014). The American Society of Plastic Surgeons (ASPS, 2010) defines cosmetic surgery as a “means to reshape normal structures of the body in order to improve the patient’s appearance and self-esteem.

On the other hand cosmetic surgery is normally a respond to patients’ own request for having a surgery to enhance their beauty and of course all these volunteers are in danger of common risks of operation and therefore, different ways of cosmetic surgery such as breast augmentation/reduction, rhinoplasty, face lifting and liposuction have the risk of blood loss, infection, clots, problems after surgical wounds, lung infection or even death. For instance patients who have undergone breast augmentation are more likely to become depressed or even commit suicide (Latham, 2014).

Cosmetic medicine is a term to talk about the therapies and actions that are done on the surface, skin and soft outer textures of the body. For instance Botox (Botulinum toxin) is used as a temporary stopper of muscles to remove the wrinkles around eyes, forehead and other parts of the face to make people look younger. Dermal fillers are also used to soften skin and both methods are done by injection. Botox is a toxin that can cause paralysis or even death (Latham, 2014). Nevertheless people are having such procedures more and more each day.

It would also be very interesting to know about the actual numbers and statistics of cosmetic surgeries that are done in some parts of the world, as this information will give us the real view of the vastness of this phenomenon.

### ***3.5 Statistical data of cosmetic surgery rate during the past 30 years***

In the west there has been a dramatic year on year increase in the number of procedures being performed (Sarwer, Crerand, & Gibbons, 2007). In 1988, more than two million Americans underwent some form of cosmetic surgery. Between 1984 and 1986 alone, the number of cosmetic operations in the U.S tripled (Davis, 1995). Ninety percent of these operations were performed on women: virtually all breast augmentations and reductions, 90% of facelifts, 86% of eyelid reconstructions and 61% of rhinoplasties (ASPS, 2009). Also the American society of plastic surgeons (2009) estimated that 12.1 million cosmetic procedures were performed in 2008 of which more than 10 million were minimally invasive. These procedures are generally concerned with the maintenance or enhancement of physical

appearance and their increased popularity has been attributed to a number of factors including the greater importance of physical appearance in contemporary western societies, higher disposable income among patients, the lower cost of procedures and increased media coverage and public awareness of cosmetic surgery (Edmonds, 2007; Sarwer et al, 2005; Sarwer, Crerand, & Gibbons, 2007; Sarwer, Magee & Crenand, 2003). The rise in cosmetic surgery during the last decade has been staggering. The American society of plastic surgeons (ASPS), the primary source of cosmetic and reconstructive plastic surgery statistics in the United States reported that cosmetic surgery procedures increased 228% from 1997 through ASPS (2002). The number of all these procedures has increased by 48% since 2000 and over 800% since 1992, the first year to publish the ASPS procedural statistics. While these numbers are staggering, they likely are an underestimate of the number of procedures performed annually, as they do not account for the growing number of non-plastic surgeons who now offer these and other appearance enhancing treatments.

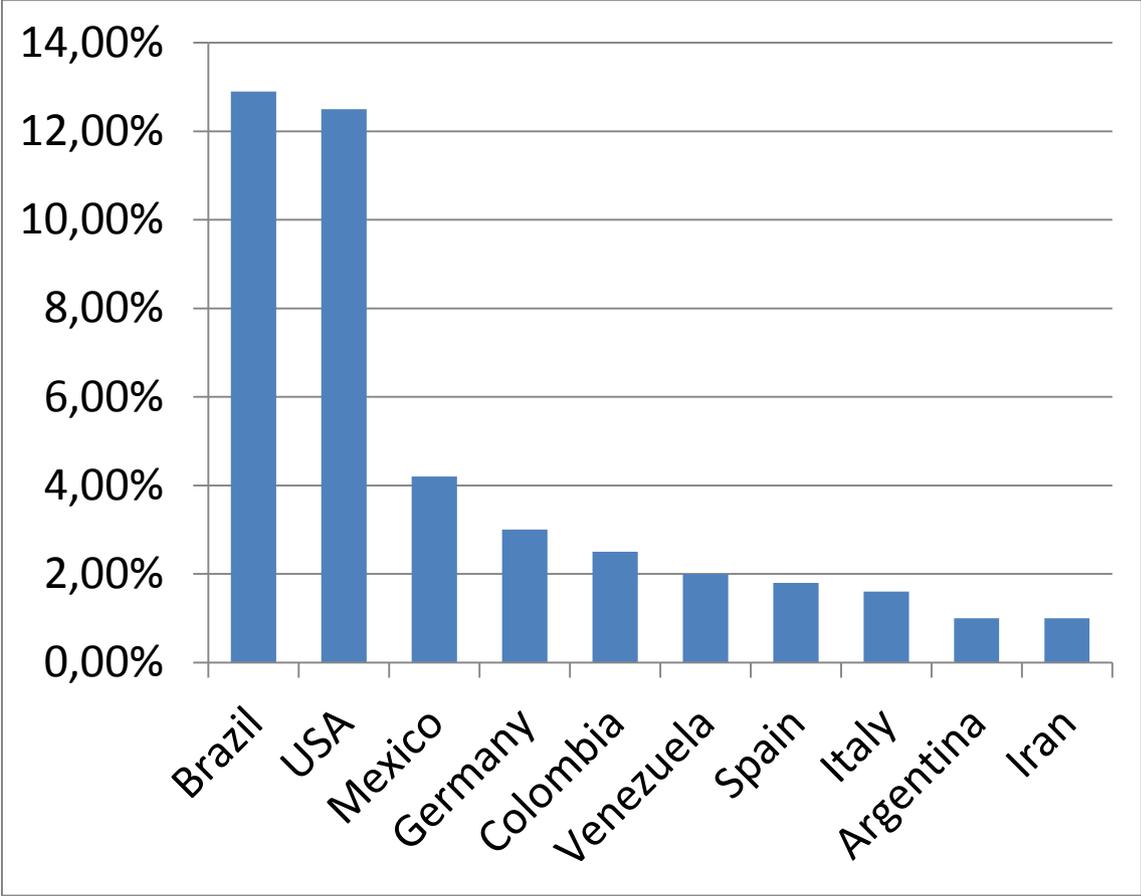
Increasingly, cosmetic surgical culture goes all the way down in societies, one European survey found that most women now expect to have cosmetic surgery at some point in their life (The Guardian, 2005). There are lots of other statistical data that show the rapid increase of wanting or having cosmetic surgery. For example in the United States in 2009 alone members of the American society of plastic surgeons (ASPS) performed 12.5 million procedures, a 69% increase from 2000 (ASPS, 2010) or in China alone over the years from early 1990's to 2000's on average 20,000 lawsuits were filed each year against cosmetic surgery practitioners. Many of these cases were related to surgery failures or resultant health problems. As some studies suggest cosmetic surgery can be more popular in older adults. For instance, in 2009 in America people who aged 20-29 constituted only 6% of the total cosmetic procedures the numbers for the 30-39, 40-54, or above 55 were 19%, 47% and 26% respectively (ASPS, 2010).

Cosmetic surgeries are also sought very high by Europeans. Italy ranks eighth in the world for plastic surgery (following Brazil, USA, Mexico, etc.,) based on total numbers of cosmetic procedures, International Society of Aesthetic Plastic Surgeons (ISAPS, 2013), (See Figure 1). In a Norwegian study, 7.7% of women between the ages of 22 and 55 reported to have undergone cosmetic surgery, while 22.6% indicated a wish for such (von Soest et al., 2006). A lot of financial investment is done on body for cosmetic purposes e.g. in 2002, 6.6 million Americans spent more than 7.1 billion on surgical cosmetic procedures (ASPS, 2003). Similar trends exist in other countries. For instance an estimated 7% of 45-50

year old Australian women have undergone cosmetic surgery (Schofield, Hussaiun, Loton, & Miller, 2002). British Association of Aesthetic Plastic Surgeons reported that its surgeons witnessed a 50 percent increase in 2005 and a 35 percent increase in 2006 in the number of cosmetic operations undertaken in Britain (Cited in Latham, 2014).

Only in 2008, in the U.S, 6.6 million cosmetic surgeries have been operated and it is estimated that cosmetic surgery and its related medical industry has been worth over 10.3 billion dollars and the members of (APSA) has reported 10,738 operations in 2002 and 32453 surgeries in 2007 (Latham, 2014). Figure 1 shows the Total surgical procedures in 2013 including 10 different countries.

Figure 1: *Total surgical procedures in 2016. International Society of Aesthetic Plastic Surgery (ISAPS, 2016)*



Iran is known to have the highest rate of rhinoplasty in the world and the United States stands second in rank in having such cosmetic surgery annually (ASPS, 2010). There are a lot of international media that introduce Iran to be the capital of turned up noses and although these numbers are only seen in the media, trusting the vastness of nose job in Iran is not hard since these noses have become so common that some call it “The Iranian Cultural

Nose). Why is this procedure drastically increasing each year and why is it spreading all over the world like an epidemic? Are we going to have a world full of people who resemble in many parts of their bodies and faces in years or decades to come? Of course there are a lot of reasons and psychological predictors for this phenomenon which will be discussed later in this argumentation including distorted body image, identity patterns, terror management, culture, and media and so on.

As these statistics differ in different parts of the world, they also differ on the type and place of the surgery. A lot of individuals are willing to have their nose operated while others are willing to have their breasts enlarged. It was already mentioned that cosmetic surgery can be done in almost every part of our bodies. Here are some common cosmetic surgeries that are take place commonly around the world.

### ***3.6 Common cosmetic surgeries***

There are a number of cosmetic surgeries that are more common these days. These surgeries can be divided into the surgeries done on face and on body, and the operable and changeable areas are almost every spot on our appearance. Fraser (2003) gives a list of common aesthetic procedures today including the operations on the face:

- Cheek implants, which are malar implants for the augmentation of the face
- Chin augmentation (mentoplasty), which uses implants
- Collagen and fat injections, which enhance the lips or plump up sunken facial features
- Ear pin back (otoplasty), which brings the ears closer to the head
- Eyelid tightening (blepharoplasty), which tightens the eyelids by cutting away excess skin and fat around the eyes, eliminating drooping upper eyelids and puffy bags below
- Facelift (rhytidectomy), which tightens the jowls and the neck
- Forehead lift, which tightens the forehead and raises the brow to minimize creases in the forehead and hooding over the eyes
- Hair transplantation, which treats male pattern baldness with a variety of techniques, among them scalp reduction, tissue expansion, and strip grafts, etc.
- Nose job (rhinoplasty), which changes the appearance of the nose
- Scar revision and the removal of common burn marks, tattoos and scar tissue- all now undertaken by means of surgery or laser treatment

- Skin resurfacing (laser, chemical face peel and dermabrasion-sanding of the skin), which smoothens the skin, removing fine wrinkles, minor skin blemishes and acne scars
- And operations on the body:
  - Arm-lift (brachioplasty), which tightens the skin of the upper arm
  - Breast augmentation, which can either increase the size of existing breasts or replace breasts removed through mastectomies
  - Breast implant removal
  - Breast reduction (mammoplasty), which reduces the size of breast
  - Breast tightening (mastopexy), which tightens the skin of the breast
  - Buttock-lift and thigh-lift, which tighten the buttocks and thighs
  - Calf and other implants, which shape the body
  - Foreskin reconstitution (epispasm or posthioplasty)
  - Liposuction (as well as lipectomy) which removes fat
  - Male breast reduction (gynecomastia)
  - Penile enlargement and implants
  - Transgender surgery, which alters the form of primary and secondary sexual characteristics

### ***3.6.1 Rhinoplasty (Nose job)***

Nose job is done in many ways, by shortening the length, making the front cartilage smaller or bigger or sometimes by implanting cartilage, making the nostrils symmetrical, or smaller, in America the term “Jewish nose” is used for the noses which are pointed downwardly and a lot of people undergo a rhinoplasty to change their ethnical looks. Some clients go for second or even third nose jobs. Various styles of noses go in and out of fashion, and various surgeons describe the noses they create in terms of their own surnames (Morgan, 2009). In Iran the amount of nose job is higher than any other surgery because a lot of Iranians tend to have bigger noses. It so common to have this kind of surgery that the question is not having it or not but it is “when do you want to do it?” Once the surgery is done on the nose the obsession to check the shape and the size of the nose in the mirror and questioning the quality of the operation will start. A lot of women find flaws in their noses after the operation and go for the next one after some years.

### ***3.6.2 Liposuction***

Liposuction was invented in 1974 and has become increasingly popular since the 1980's (Heyes & Jones, 2009). Liposuction is a surgical contouring technique used to remove fat deposits using a vacuum-suction cannula (traditional liposuction) or ultrasonic energy, the unwanted fat is removed and the body contour is improved. Areas that can be operated on can include the abdomen, thighs, buttocks, and backs the arms. Liposuction is currently the most common cosmetic surgery in the USA (Norton & Jeffery, 2012). This kind of surgery is viewed as the most suitable procedure for specific fat in middle and lower body parts and even the chin. It is even done on thin people who still want to get rid of certain extra fat since this surgery promises to remove all the fat cells in specific area permanently. Liposuction is also a very dangerous cosmetic surgery since it can cause death due to hemorrhages (blood escape from vessels) and the blockage of vessels.

### ***3.6.3 Breast augmentation***

Breast augmentation dates back to risky injections of paraffin followed by a longer postwar period of experimentation of liquid silicon (Haiken, 1995; cited in Heyes & Jones, 2009). The first most frequent cosmetic surgery in America is breast augmentation, ASPS (2015) which involves an implant, usually of silicone. Often the silicone is hardened over time and should be removed surgically (Morgan, 1991). Considering breast augmentation, mass media and show business have contributed to the increased popularity of cosmetic surgery by spreading images mainly of women with perfect appearance and impeccable curves. The constant increase in number of women deciding on breast augmentation is the best proof for this (McGrath, 2007). For instance in 2002 in the United States 237000 women underwent such an operation whereas, the same number in 2006 was 330000 (Anderson, Cunningham, & Tafesse, 2006). Together with the growing popularity of this way of improvement of one's own image, its demographic and psychological aspects have also increased. From various studies it appears that the age of women (both European and American) undergoing breast augmentation surgery ranges from 18-68 averaging approximately 30 years. Most of these women are married. Single women account for approximately a quarter and the remaining are divorced, widowed or separated (Storm, Baldwin, & Sigurdsson, 1997). Moreover, the results of the studies allow us to conclude that the women who underwent breast augmentation surgery differ from those who did not do this, women who had breast augmentation had low body weight than those without implants, had more sexual partners, used more contraceptives, were younger at their first pregnancy and had an abortion more

frequently (Cook, Baling, & Voilt, 1997). They also got divorced, smoked cigarettes and drank alcohol more often (Beale, Lisper, & Palm, 1980). The psychological status of breast augmentation patients is an artificial issue that has yet to be explored by researchers. For example for many women breast size is an important part of feeling good, desirable and normal, it can be caused by knowing that men normally look at women's curves more. In another study by Joiner (2003), the average age of women undergoing breast augmentation in America is stated 25 to 44 years, out of whom 95% were white Americans although the country is racially diverse. Joiner (2003) also discusses that the rate of suicide in women with breast augmentation is higher than normal subjects. He concludes that since women with breast augmentation are mostly divorced or separated, these women also show body-dissatisfaction more than normal subjects and hence they have more eating disorders. Breast augmentation patients may also have higher rates than others of body dysmorphic disorder (BDD) which is an extreme preoccupation with an imagined or slight defect in body. A prevalence rate of BDD (7%) has been found among breast augmentation patients, compare with less than 1% in the general population (Joiner, 2003). Several lines of evidence also indicate that on average, women with breast augmentation display more impulsive personality traits. The rate of suicide is 2 to 3 times more in individuals who are divorced and also having impulsive features and body dysmorphic disorders can be predictors of suicidal behavior. Therefore, the rate of suicide is higher among women with breast augmentation (Minino et al., 2000).

Women who decide on breast surgery were guided by various motives and had different expectations of the changes after surgery. Most often they expected improvement in the quality of life, rapid professional career, increase self-assessment and self-confidence, better relation with their partners, increased sexual satisfaction, establishing close contact with men, social success, solving their internal conflict and changing incorrect body image (Druss, 1973). Moreover it has been found out that an important role in making a decision on breast surgery is played by the knowledge of the risk and possible advantages associated with it (Young, Nemecek, & Nemecek 1994).

There are of course a lot disadvantages that this kind of surgery might bring with itself. The necessity of removing the silicone after some years due to the hardening of silicone put all the patients in the probability and danger of another inevitable surgery. As Morgan (2009) explains, the silicone implanted in patient's body, usually cast a shadow around the tissue of breasts that can hide the tumors and make the mammograms difficult to interpret.

### **3.6.4 Genital cosmetic surgery**

Culture is concerned with sex, its representations and signs; but today we have a society in which genital cosmetic surgery is done on women and men (e.g. the vagina is snipped and re-sculpted), breast nipple enhancement and buttocks implants that all are instruments to enjoy sexual pleasures more (Elliot, 2008).

In recent years increased number of healthy women and girls who has been seeking female genital cosmetic surgery for aesthetic reasons and/or to enhance sexual functioning is seen. This phenomenon is associated with new vaginal standards due to internet pornography and the increased exposure of female genitalia. This strict standard may negatively affect women's psychological health and cause increased insecurity, which may even drive teenagers to seek female genital cosmetic surgery. Women started to love their genitalia in 1970's, the genitalia of women started to be looked at differently from something disgusting to something that represented power, and identity (Braun & Tiefer, 2010). The term "designer vagina" refers to different procedures that are done to enhance the function or shape of a woman's genitals, almost all parts of women's genitals can be altered during the procedure of genital cosmetic surgery; Labia minora are reduced in size and thickness and made symmetrical, the inner muscles are tightened, the hymen is reconstructed to regain virginity (Braun & Tiefer, 2010).

Some practitioners, as self-proclaimed „intimate surgeons" are prepared to offer women who are dissatisfied with their external genital anatomy a range of procedures termed, „sexual cosmetic surgery". All parts of the genitals are considered candidates for surgery: 1- The mound of Venus: if seemed too bulging, reducing its size through liposuction. 2- The labia majora: if considered too thin, the graft of abdominal or gluteal fat or an inflated ballonet is considered. If thought to be too puffy, the solution would be to reduce the adipose tissue. 3- The labia minora: regularly lamented for being too long, they can be wholly or partially amputated: the labia minora are the principal victims of cosmetic surgery. In recent years increased numbers of women have been seeking for partners for aesthetic or sexual reasons or both. The American Society of Plastic Surgeons reported a 30% increase in the rate of vaginal rejuvenation procedures from 793 in 2005 to 1030 in 2006 (Barbara et al., 2015).

Braun (2008) argues that there are different sites on the internet that the surgeons advertise the genitalia for woman that can be redefined and help them to have a better sexual life, she also states that these sites put women into too much tension that their genitalia is not good

enough for a good sexual life and implement the idea that the woman's genitalia should be smooth, tidy and tighter at the same time. She also discusses that from a feminist constructionist perspective, these advertisements are deeply problematic as they contribute to the construction of women's genitals as a site of distress.

The statistics and articles written about this kind of cosmetic surgery can show us that even the most private part of each individual's body, a part that is not looked at in most cases is now the matter of being altered as other parts of body. The need to do this kind of surgery in my opinion is related to feeling better when having a sexual partner. The wish to be evaluated as feminine in the eyes of the partner had led some women to risk their health to change the shape of their genitals.

### ***3.6.5 Surgeries related to ageing***

Face lift is a type cosmetic surgery that gives the patients a more youthful appearance. Interestingly the first written account of a face-lift is dated 1901 (Heyes & Jones, 2009). It usually removes the excess facial skin sometimes along with tightening the underlying tissues that make the face and the neck of the patients much less wrinkled and softer. Aging and the related consequences can also be another aspect of having surgeries such as face lifts, blepharoplasty, Botox injection etc. in this case cosmetic surgery is often justified as a quality of life investment: aging people who choose it, often wish to feel happier by looking younger and thus face lifting is what they choose in order to remove facial wrinkles, sagging skin, fat deposits, or other visible signs of ageing. People at times describe cosmetic surgery as an action that brings a new phase of life –one that brings a second youth. Since early modernity, youthful appearance has been an ideal in European and North American countries. Some elderly volunteers of anti-ageing cosmetic surgery choose asset of procedures to look younger. Cosmetic surgery is one tactic people use to peruse what is commonly called positive ageing. Positive ageing promotes the idea that one can delay ageing by purchasing products or services that will help them look young healthy and happy (Featherstone & Hepworth, 1995). Of course looking younger can bring back the attention that older individuals used to get from others in their youth and it will be discussed later elaborately.

There are also a lot of women in Iran undergoing facelifts to feel better about themselves and they claim that they are not afraid of getting older because they can still look young if they want to. As discussed above, all these cosmetic surgeries are done because of different

causes that can be social, individual, psychological, etc. The cultural and social causes and differences will be discussed as a very important role for undergoing cosmetic surgery since the society and its demands from individuals have always been a strong stimulus for its members to express certain kinds of behaviors in certain kinds of cultural and social contexts. Undergoing cosmetic surgery is probably one of the ways to meet the trends in some societies these days.

#### **4. Culture and cosmetic surgery: Iran and Germany**

##### ***4.1 Notes about society and cosmetic surgery***

The rise in rates of cosmetic surgery has been explained as result of a number of distinct socio-cultural factors, including the pressure and objectification that women face in patriarchal societies and the cultural acceptance of cosmetic surgery as a means of working on the body (Bordo, 2003). In addition, Sarwer and colleagues (Sarwer et al., 2007; Sarwer, Magee, & Crerand, 2003) have high lightened the greater media coverage devoted to cosmetic surgery, the improved safety of procedures, and the greater affordability of cosmetic procedures. Together these changes have led cosmetic surgery to be viewed as a form of fashion “accessorizing” (Bordo, 2003), in which consumers can choose to enhance their physical appearance through elective and abundant procedures.

In recent years, a number of scholars have extended the above body of work to examine cultural and national differences in attitudes to cosmetic surgery (Swami & Chamorrow-Premuzic, 2008; Swami et al, 2011), but there remains a relative lack of research on ethnic differences within the same national context. The latter is important because ethnic minority groups account for a relatively small proportion of cosmetic surgery patients, at least in developed countries. In the United States , for example despite year on year increase as mentioned before, the ethnic minority groups accounts for only a quarter of all cosmetic surgery procedures, about 3 million procedures in total (ASPS, 2009).

Nevertheless, it is important to acknowledge the possible confound of income in explaining such differentials. Moreover, it is also likely that there are ethnic differences in attitudinal dispositions towards cosmetic surgery. In this sense there are a lot of Asian Americans who undergo the double-lid cosmetic surgery to look more like westerns or some Hispanics who get the operation for the same reason (Blum, 2003). She describes in her book that she was

taken to a surgeon for rhinoplasty by her mother at the age of eighteen and that she did not even want the cosmetic surgery to take place. She discusses very nicely that even though she was not willing to be operated, the surgeon used his own tactics to convince her to do so by showing the before and after pictures of a model that he had operated. She was then deceived by that and not only she saw her nose just like the model that she was shown but also she wanted the face of the model as well, which later led her to having several other cosmetic surgeries in her life. The role of parents in having cosmetic surgery can be very crucial as well regarding the cultural context. A parent who tells her daughter she is beautiful especially during her adolescence can boost the self-esteem and well-being by reminding her beauty and attractiveness. At times, there are parents who actually see their children's and in this case specifically their daughters' facial or body flaws and they mention the flaws as well (Cash & Pruzinsky, 2002). Some mothers actually take their daughters to surgeons especially for nose job, when a mother identifies a flaw in her daughter; the response of course depends on the overall relationship of parent-child. Children more anxious to please parent's will are more willing to correct the perceived flaw which is suggested by parent(s).

In Iran some mothers are seen to tell their daughters; you are beautiful but your nose is a little big but can be fixed. This sentence stays in their daughters' minds as the mother is the figure who is looked at and followed normally by daughters (Cash & Pruzinsky, 2002). When the mother says that there is a problem with some part of the face or the body, she can have the influence on the daughter more than anybody else. Some mothers do not even mention their daughters' flaw but on the other hand, had undergone cosmetic surgery themselves. Since mothers are the major role models for their daughters, the desire to undergo cosmetic surgery among their daughters could increase automatically.

Cosmetic surgery is often considered to be a means to improve social relationships. For instance, in Davies and Sadgrove's (1996) study, some cosmetic surgery patients reported that they went under cosmetic surgery because they wanted to secure a partner or job (Thorpe, Ahmed, & Steer, 2004) also Park, Calogero, Harwin and Diraddo (2009) showed that other people's negative comments on one's appearance triggers interest in cosmetic surgery, especially for those who are sensitive to social rejection. Similarly, Sherry, Hewitt, Lee-Baggley, Flet and Besser (2004) reported that cosmetic surgery is considered by some people to be a way to fulfill other people's expectations and to garner attention or admiration. These studies have suggested that the hope for improving social relationships

underlies cosmetic surgery. However, whether cosmetic surgery patients can really attain this improvement depends largely on how favorably they and cosmetic surgery in general are socially evaluated. Reich (1969) states that the acceptance of the body image depends on the feedback we get from the people around us in our environment. After all, if there are widely shared negative attitudes, not only these patients are unable to experience the expected improvement in social relationships, their subjective well-being may also suffer.

Most past research about attitudes towards cosmetic surgery or cosmetic surgery patients (Delinsky, 2005; Henderson-King & Henderson-King, 2005) studied one culture group only (very often in the United States). It is uncertain whether findings from these studies can be generalized to other cultures: The role of culture in attitudes toward cosmetic surgery can be different.

#### ***4.1.1 Culture and cosmetic surgery***

Culture, traditions and norms of the societies by which individuals are brought up, the families and of course peers who are also affected and influenced by almost the same culture, could all be basis of observing our bodies as flawed and comparing what we have with what the culture in our society wants from us, since norms can define the beauty and beauty is a relative concept and of course different in varied cultures. This culture can be internalized in our personality since birth.

Before we understand about culture and its effects on cosmetic surgery or the effect of cosmetic surgery on culture, there is a need to described the cultural context in which cosmetic surgery is taking place to represent a clear and bias-free background of both cultures (Iran & Germany) these topics that might have the effect on undergoing or not undergoing cosmetic surgery are discussed as follows.

#### ***4.1.2 Collectivism vs Individualism***

There are a lot of countries in the world in which the benefits of the groups overshadow the benefits of people as individuals, the group has more power over an individual, in such countries the power of families is strong and children who grow up in such families learn to depend on the family both practically and psychologically. Children are expected to stay with their parents until they make a family for themselves (get married) and leaving parental home is frowned upon. Countries with such patterns are collectivist and Iran is a collectivist society (Hofstede, Hofstede, & Minkove, 2010).

On the other hand there are some countries in which the individual interests prevail the interests of the group. Children born and raised in these societies learn to think of themselves as “I”, and this personal identity is different from other people, personal preferences become the basis of choice from childhood, education is a means to help children stand on their own feet, and they are expected to leave parental home when they can achieve this goal. People are not expected to be dependent practically or psychologically on groups, these countries are individualist and Germany is an individualist country (Hofstede, Hofstede, & Minkove, 2010).

Iran is a country in which children especially daughters are supposed to obey the family rules, and stay with their families till they get married. Therefore, for a lot of mature and young individuals getting married can be a way to get freed from the boundaries of families and their rules. Like many other collectivist Eastern countries there is a tradition that says girls must listen to their parents; this can be a real problem because if a woman did not get married till 30 years old or more she still is obliged to stay with parents and do as they say, no matter if she works in society or not. For many girls, there are strict rules for staying out, going out with friends, and in general having fun, regardless of their age and as mentioned before they do not have the authority to live on their own, in better words and without any bias, if a girl/woman wants to live on her own in Iran she will be condemned by her close ones (especially parents) so much that a lot of women prefer to stay in parental homes rather than being labeled or condemned.

In individualistic countries, people depend on their own if they want to decide. It means making decisions is first determined by individual interests rather than collective and the decisions made are supposed to please the individual rather than the groups.

This difference in the method of living in collectivist countries might be strange for individualistic countries like Germany because being dependent on the family after a certain age is not accepted by families. Independence is a quality that all children should achieve after they graduate or during their university studies (Hofstede, Hofstede, & Minkove, 2010). Young females will not be questioned if they want to live on their own; instead they are encouraged to become independent.

Aside from being collective or individualistic, the system of ruling the countries can have effect whatever that is related to gender. In Islam, women are commanded to obey their husbands and stay away from males that are not related to them by blood. These rules will

affect even the educational and developmental system in Iran that will later influence a lot of behavioral patterns of children who are born and raised with such system. It should be mentioned that Iran is an Islamic country in which the rules are written based on Islamic commands.

#### ***4.1.3 Segregated school system vs open school system***

It should be mentioned that all schools from elementary to high schools are segregated in Iran. Boys and girls study in separate schools and the municipality tries not to locate a boy's school near to a girl's school. Iran is considered an Islamic country after the 1979 revolution. However, this segregation is not implemented only by the rules of Islamic republic but also it should be mentioned that public schools were segregated even before the revolution. This segregation continued after 1979 till the point that since nearly 20 years, the tradition of dividing men and women penetrated even in public transportation like buses and subways; it means women and men are supposed to sit in different parts.

After this strict segregation, individuals go to universities in which there is no more segregation. This can excite a lot of boys and girls to try to impress the opposite sex. Impressing at universities are normally done through looking good and being pretty among girls, a lot of girls undergo cosmetic surgeries when they enter university, since they want to have more and better potentials and want to get picked by better men (richer ones). The best way to impress men seems to be more beautiful in the eyes of young boys at universities.

This segregation can cause individuals to emphasize on their gender roles and in general pay so much attention on being a male or a female rather than being a human. This has a lot of difference compared to a country in which boys and girls are brought up and raised together. In a country like Germany where schools are the same for all genders, even the games played at school are the same for both genders regardless of their quantity. Both genders see each other in each and every situation and learn to live with their opposite gender in a practical way. This is so different than being at a segregated girls' school in which even talking about boys is considered bad by the principals and teachers.

#### ***4.1.4 Hijab obligations vs freedom of dressing***

An important context which the reader should know is that the way women must be dressed is very restricted in Iran. Women from their early teens (9-12) years old are obliged to wear a scarf on their heads, to partly cover their hair and necks, put on long pants till their ankles

and loose dresses that are not above their knees. According to rule number 638 of Islamic punishment women who appear in public places without Hijab will be imprisoned from 10 days to 2 months or are obliged to pay money as a fine for appearing Hijab-less on streets. This limitation leaves women the chance to present themselves by their faces or the color and brands of their bags and shoes. When wearing Hijab makes even the faces to go back to the background, efforts will be made to make the face be seen more by wearing a lot of make-up or undergoing cosmetic surgeries to exaggerate some parts on face or making some parts smaller.

In Germany women are free to wear clothes that they like and the rule of Hijab is not applicable. Being free to appear without Hijab can bring this opportunity for everyone to express themselves not just by faces but in general by their bodies as well. This can make the face a part of the appearance not the only permitted part of the appearance to be shown in public.

#### ***4.1.5 Gender roles***

Another thing that should be mentioned here is the topic of gender roles. In Iran the gender plays a very important and determining role in society. Every society recognizes many behaviors which are considered masculine or feminine. Such behavior differs not only among traditional societies but also among modern societies (Hofstede, Hofstede, & Minkove, 2010). Without any bias Iran is a country in which the males are considered the better gender. In a family when a boy is born, he is given a lot of freedom compared to his female sibling(s). Sentences like “You are a man!”, “You can do it because you are a man” or “A man is like a lion!” can be heard easily in almost every family. In teenage times boys definitely have fewer limitations than girls. A girl is supposed to be home after school. She is supposed to help in house work as the boy can stay out even late and the family normally would not object. If a girl questions the difference and discrimination in giving freedom compared to her male sibling the answer would be “You are a girl and he is a boy”. This discrimination continues till their adulthood.

This discrimination has a historical background and is not limited only to after the revolution as Kouhi-Esfehani (2014) mentions “at the end of 19<sup>th</sup> and start the 20<sup>th</sup> century, women’s place was only in their guardians’ house (father, husband) and the only education they would receive was basic religious studies (Quran and Sharia rules) in small and traditional schools. Even that limited and basic education was mostly for the middle/upper

class girls and not everybody. Discrimination against women was and still is institutionalized”.

This tradition extends in society, girls are not supposed to be with men before they get married, in University dorms girls cannot stay more than 9 p.m. outside although boys are entitled to stay out as late as they want and a lot of other societal limitations that females have in Iran compared to men.

There are several other examples of this discrimination in Iran but nevertheless, women had tried to be active in society to get better occupational positions than before and they have achieved this goal to a large extent although the tradition is still shadowing their freedom.

In Germany on the other hand it seems that women have much more freedom, can become independent, and are free to interact with other men. This stereotype of “You are a woman and should act like one” is somehow condemned but according to MAS (masculinity index) for 76 countries, Iran with the rank of (47-50) is a more feminine country than Germany with the rank of (11-13). “A society is called masculine when emotional gender roles are clearly distinct: men are supposed to be assertive, tough and focused on material success, whereas women are supposed to be more modest, tender, and concerned with the quality of life. A society is called feminine where emotional gender roles overlap. Both men and women are supposed to be modest, tender, and concerned with the quality of life.” (Hofstede, Hofstede, & Minkove, 2010, p.140-143). This is an absolute controversy and might be investigated later.

#### ***4.1.6 Women and their status in society***

Although there are a lot of limitations for women in Iran, they had become much more successful in career and education. In the recent years the number of Iranian women going for higher education has drastically increased (Unicef, 2013). As mentioned above women in Iran participate in society as much as men but with certain limitations. Normally their wages are lower, not because of any certain rule but because they are content with the money that is given to them for their work. Normally men would not take a job with very low wages but women would if they need the money.

In Iran there are a lot of single mothers working outside home to feed their families, more masculine jobs like being a driver is now done by women as well. This activity in society is continued regardless of all the limitations. Just as Kouhi-Esfehani (2014) mentions “Like a

small river which patiently yet steadily opens its way among the solid rocks, Iranian women have tried for more than a century to improve their status and find the place they deserve in the Iranian's dominated patriarchal society".

Unicef (2011) had done a big research in 134 countries to investigate the gap wages among genders, in this research Iran ranks 123 with the score of (0.5933) which shows that the gender gap regarding the income is really high in this country (men are much better paid than women at work). It is also to be mentioned that almost all countries in MENA region (Middle East & North Africa) are ranking higher than 103 in the world. All these countries are Islamic. Before a court, a woman is not considered a full person. In most cases a woman's testimony worth half of a man's and in some cases a woman's testimony is not accepted at all (Unicef, 2011).

The rate of women going for higher education at different universities of Iran is now much more than men going for higher educations. Kouhi-Esfehani (2014) also claims that the rate of female university entrants reached 65% compared to that of 35% for men since 2006 but new restrictions have been applied on the courses which could be studied by female students and their choice of universities.

#### ***4.1.7 Acceptability of cosmetic surgery in Iran and Germany***

It should also be mentioned that since a lot of women in Iran are undergoing cosmetic surgery, it is really common and normal to undergo such a procedure. Nobody knows since when this trend started to boom but during the last decade it had drastically increased, Iran is now ranking 20<sup>th</sup> for having the ranking of estimated plastic surgeons, International Society of Aesthetic Plastic Surgery (ISAPS, 2016). In the Iranian society, cosmetic surgery is not considered as something unusual or abnormal; women with facial cosmetic surgeries are almost found everywhere, in workplaces, in public, at sport gyms and so on. Having cosmetic surgery specially nose job is a very ordinary matter especially among women in all ranges of age.

On the contrary in Germany having cosmetic surgery is not as common as it is in Iran. Although the statistics shows a bigger number in Germany than in Iran, many people look natural and the use of cosmetics seems to be much less than in Iran. It is a common belief that if a person had undergone cosmetic surgery she is considered as shallow or desperate.

There could be a lot of reasons that can explain this much of difference in Attitude .One reason could be the fact that the face of an Iranian woman cannot be bolded when Hijab is always used in public.

#### ***4.1.8 Feedback on appearance and assertiveness: Taroff***

There is a very typical social behavior in Iran. Roughly translated; it would be paying complements but it is a very more complicated behavior. This specific norm called Taroff can be explained by some examples like, asking your guest to stay even if you are not in the mood, telling your friend that she has lost weight although she seems heavier than before, and telling somebody they are pretty although they look not pretty at all. Another way to define this behavior is that people tell some lies to each other to be polite and to follow the norms of society. Normally if somebody does not offer you to stay for dinner it is considered as rude or if a person does not say an individual is beautiful because he thinks she does not look good it is called jealousy.

Having cosmetic surgery is a common trend in Iran, and after the surgery almost everybody would tell the person that she looks much better than before even though she might look unattractive after the surgery. It is almost like an unwritten rule like the law of reciprocation which says we should try to repay in kind what another person has provided us. This rule of Taroff can actually be misleading and cause individuals do things that are not really appropriate since at times it cannot be true and that's why it is called Taroff.

Such behavior is not seen in an individualistic country like Germany, normally people are direct and Taroff does not have any meaning regarding social manners.

#### ***4.1.9 Marriage in the culture: a status symbol or action of love***

As it was explained shortly above, women are allowed to leave their parental home only when they marry or when they study or work far from home. Previous research has shown that both personal control and mastery strongly predict wellbeing and health (Lachman & Weaver, 1998). We can also conclude that independence can help individuals to their well-being. Noting the fact that women can become independent by getting married in Iran can make marriage a desired social status to have a better well-being.

Other reason for getting married can be the unwritten rule of being intact before marriage. A woman who has sexual activities before marriage is labeled as promiscuous and unreliable in the Iranian society. Therefore, getting married is a legal and safe way for women to have

sex in matrimonial home with the husband. In developed countries in Europe and of course in Germany women and men are free to have romantic relationships before marriage and having sex with partners is not considered as something that is frowned upon in the society. Sexual intercourse starts at 16-20 years of age and it is now studied that in Germany at the age of 15, 33.5% of girls experience sexual intercourse compared to 22.5% of boys in the same age (Avery & Lazdane, 2008), whereas girls are normally not even allowed to talk about boys in high schools with their peers in Iran and sex is considered as a big taboo for a lot of families before marriage especially for women regardless of their age.

The difference between cultures is a lot and each country has its own highlights for describing any concept. Culture is “that complex whole which includes knowledge, belief, art, law, custom and any other capabilities and habits acquired by man as a member of society” (Tylor, 1871). There are a lot of cultures around the world that value the concept of marriage so much and indeed Iran is among them. Iran is a country in which one of the common complements given to young women is to say: “I wish to see you in your bridal dress”. This one single sentence has a lot of messages hidden in it. It expresses the idea that a woman must get married before it is too late and the preferred age for women to marry in Iran is in mid or late twenties, since when a woman is 30 and over and is unmarried, complements such as “it’s getting late” or “you should do something to get married” will be heard every now and then from the family, relatives and even friends.

There is a hidden belief that women are not complete unless they get married and have children. In other words “marriage” is one of the main goals that should be fulfilled specially among women and another reason aside from what was mentioned in the previous part is that a woman is chosen in this society rather than choose. In such society getting married to a descent, educated and rich man is considered as “luck” among families and peers, regarding the assumption; “higher status men are more likely to mate with beautiful women” (Kanazawa & Kovar, 2004). The pre-assumption that beautiful women get picked by higher status men sooner and easier than the average ones could be one the reasons that had made Iran a battlefield of beauty competition among women.

In some cultures, for mothers, it is parentally irresponsible not to do what they can to make their daughters more “marketable”. These decisions that they make are motivated by both social and slightly narcissistic impulses that are interlinked. The daughters should be successful in marriage market and sons must be successful in society and these are familial achievements that raise parental value in their own eyes and also in the eyes of the world.

The failed child is somehow a sign of nurture failure by parents. It may even swell a mother's self-esteem to send a beautiful daughter to the world and see her get picked and married to a high class man (Blum, 2003). For a lot of people around the world good looks means marrying well. Beauty per se has always been valued and praised throughout the history of Iran and in Persian literature and this beauty has been defined as having beautiful eyes, full red lips and dark, long hair in the poems of famous poets like Hafez (1325-1389) or Khayyam (1048-1131). In such country where getting married is a goal and the literature is filled with describing the beautiful faces of the beloved females, being pretty becomes an important issue for most women. The fear of not getting married could be a basis why a lot of single young ladies are flowing into surgery's to get pretty faces and for those who are already married or have partner, the fear of losing them could be an important reason to undergo cosmetic surgeries.

The identity of a woman in Germany does not depend on being married or not whereas in Iran a lot of women build up their identities by their husbands and how much money their husbands make. What is explained above, can to some extent tell us that marriage can be a good status symbol for an Iranian woman. In Germany the usual process of getting married is based on love and it happens normally after the couple has lived with each other before getting married.

The desire to get married among Iranians equals having a better and freer life and this can make marriage a very serious goal for many women. Regarding the standards of beauty in Iranian culture, cosmetic surgery seems to be an aiding instrument.

Cosmetic surgery is also very common among Iranians that can even make the attitude toward it more positive since it is seen everywhere and among a lot of people.

#### ***4.1.10 Attitude toward cosmetic surgery in different cultures***

The attitudes toward cosmetic surgery are different in varied cultures. There are some theoretical reasons to expect that attitudes toward cosmetic surgery are more negative in some cultures than in others. Cosmetic surgery, as a means of artificially altering the body, may violate some important values in some cultures. For instance, the book of *filial piety*, a Chinese Confucian historical text, states that the fundamental way to be filial to parents is to maintain the body intact as it has been granted by parents. In addition, although past research has demonstrated that people universally prefer natural things over unnatural things (Rozin, 2006), some studies have suggested that such preference is stronger in some cultures

such as Chinese (Lin, 1981). Accordingly, it is hypothesized that attitudes toward cosmetic surgery and cosmetic surgery patients are more negative in Asian cultures than in Western cultures.

Another reason why attitudes toward cosmetic surgery and cosmetic surgery patients differ across cultures concerns the concept of social contact. The contact hypothesis states that contact among members of different groups improves intergroup attitudes (Allport, 1954). This hypothesis has received much empirical support (Pettigrew & Tropp, 2006) with respect to a wide range of groups (e.g., ethnic groups, homosexuals, the elderly). It is possible that individuals who have contact with cosmetic surgery patients hold less negative attitudes toward them than do people who do not have this contact. Furthermore, if social contact with cosmetic surgery patients is more likely in some cultures, then attitudes toward them should be less negative in these cultures. This is clearly seen in Iran, among families, and peer groups a lot of individuals have cosmetic surgery, this way a lot of members of the society get habituated to see faces with cosmetic surgery and getting habituated to anything consequently leads to losing interest in any repeated stimulus (Bouton, 2007) that in this case is the cosmetic surgery, this can explain why during the last decade the amount of patients seeking for cosmetic surgery has increased drastically.

One apparent reason why social contact with cosmetic surgery patients is more likely in some cultures is the fact that prevalence of cosmetic surgery varies across cultures. Up to date, the only known reliable source of data comparing cosmetic surgery prevalence across cultures is Biennial Global Survey conducted by the International Society of Aesthetic Plastic Surgery (ISAPS), a society founded at the United Nations with members from 91 countries. According to this survey, the United States tops the world in terms of number of procedures performed in 2009 (ISAPS, 2010). Consequently, it is possible that social contact with cosmetic surgery patients is more likely, and attitudes toward them are less negative in The United States than in other countries.

This reasoning however, needs to be qualified by the fact that cosmetic surgery patients may choose to conceal their surgery history from others. Therefore, the likelihood of having social contact with cosmetic surgery patients is also determined by the likelihood of patients disclosing their surgery history. Cross-cultural studies have constantly shown that Asian people are less likely than Western people to disclose sensitive personal information (Asai & Barnlund, 1998; Barnlund, 1989; Chen, 1995; Kito, 2005). For example Kito (2005) found that across relationship types, the Japanese disclose less to others than do Americans

(Barnlund, 1989). These findings implicate that, even if cosmetic surgery is equally prevalent across Western and Asian cultures, social contact is still less likely in Asian cultures because Asian cosmetic surgery patients are less likely to disclose their surgery history to others. Nevertheless, when a person has a cosmetic surgery on the face, it is recognized by others specially if they are already familiar with the patient, consequently although many people don't like to disclose their surgery history, still it will be detected by others and the social contact with cosmetic surgery patients takes place in the back ground. Seeing more faces with surgery causes the members of society to get used to this phenomenon more and more and hence, show less negative attitude toward it. In my point of view these differences among attitudes toward cosmetic surgery patients can also have other reasons such as the increasing amount of cosmetic surgery that has caused a lot of people to consider having it and the role of media in showing cosmetic surgery as something "good" can have a lot of impact on ordinary people, also due to these vast and prevalent advertisements people are now less biased toward cosmetic surgery than before.

#### ***4.1.11 Culture and appearance dissatisfaction***

What a person finds attractive or what motivates a person when choosing a mate is first of all averageness. There is a general preference for a nose of average shape and size and eyes that are set in an average distance apart. Yet, attractiveness is somewhat more complex than just averageness, as some authors have suggested that the most beautiful faces contain unusual features. In the modern society of today, a large number of females suffer from dissatisfaction about their physical appearance, since their mental ideal images are so far from their perceived self-image. As Reich (1969) nicely put, "acceptance of the body image...depends on the reflections of it which he observes in the attitudes of those around him." After all, if there are widely shared negative attitudes, not only are these patients unable to experience the expected improvement in social relationships, their subjective well-being may also suffer. In order that these people stand up to their dissatisfying feeling, they refer to surgery clinics to change themselves, rather than changing their ideal images. Referring to a country like Iran where it is so normal to complement on somebody's appearance specially among peers, an individual who has a rather big nose might hear complements such as; "it would have been much better if you could get a nose job" or "you are pretty but why don't you want to have a lip augmentation to make them look fuller?" Although it might be so uncommon and strange to give such complements to people in European countries like Germany, yet it is very likely to hear such opinions about oneself

among peers, friends, or family members. This can also lower the self-esteem among females; the reason is because much of the main part of females' self-esteem lies on preserving relations and interactions. Females underestimate and males overestimate their abilities (Perocheska & Nourkerass, 2001). Such negative messages and biased attitudes of community, especially males toward females have led to extreme attention of females to their appearance and beauty. On the other hand in recent years, social, physical and cultural factors along with the development of surgical techniques have led to increasing application for plastic surgery. Therefore, it is apparent to some degree, plastic surgery is a means to women's empowerment because women actively choose the surgery to improve themselves and obtain pleasure from it, through surgery women can actively change their social position (Davis, 1995). Gimlin (2001) argued that the "current criticisms of plastic surgery" ignore the complicated process by which the women who undergo surgical procedures integrate them into their identities. She concluded that plastic surgery worked on woman's desire for constant "enhancement" rather than radical "transformation" or "alteration" to meet norms of beauty in their society. And of course to meet the norms of beauty a lot of individuals are willing to undergo cosmetic surgery from teenagers to middle-aged.

#### ***4.1.12 Effects of culture on having or not having cosmetic surgery***

Culture has a lot of impact on having the cosmetic surgery as Edmond (2010) describes, the specific history, relative position in a globalized world, media, culture, driving the particular surgical culture of Brazil, he sees cosmetic surgery as a tactic for the weak to be seen and noticed, as maids use cosmetic surgery specially breast augmentation to deliver themselves from poverty in their domestic work to visibility and maybe getting better positions in society.

Not only in countries like Brazil or Iran, but also among Asian Americans, it is very common to treat the daughters for their high school graduation by taking them to get double-lid surgery as a present specially given by their mothers, as they want their daughters to get married and of course for them too being pretty equals getting married and certainly, being pretty is associated with having big eyes (Blum, 2003).

So as discussed culture can be very influential in all societies around the world on leading individuals to have different types of cosmetic surgery, but it acts differently in different societies, from North America to Brazil, England or Iran.

Although the process of making the cut for enhancing beauty is increasing day by day, still attitudes toward cosmetic surgery patients are predominantly negative across cultures. People ascribe negative attributes to these patients. This is consistent with what the only known study on this topic (Delinsky, 2005) has found. People consider cosmetic surgery generally not acceptable. In addition, except in the United States, people are not willing to form relationships, especially intimate ones, with these patients. Unlike what some researchers speculated (Thorpe et al., 2004), a stigma is still attached to cosmetic surgery patients.

A cross-cultural overview makes it clear, nevertheless, that a variety of body modification practices have entered the mainstream in both western and non-western cultures: not only cosmetic surgery and procedures but also, tattooing, piercing, and scarification. Their widespread use suggests, at the very least, a degree of caution in assuming pathology too readily in those individuals who avail themselves of such practices. After all we, we all modify our bodies if only through clothes, makeup, hair dye, orthodontics, or contact lenses; body modification per se is not the province of a group of people who are very different from the rest of us. But body modification can acquire a more compelling quality, and its pursuit may then function as a way of holding the self together. This is when the obsessive craze for getting another cosmetic surgery starts, where the individual is never satisfied with her looks and want to alter each and every part she can.

Another social aspect of cosmetic surgery is of course the influence of media as shortly introduces in the introduction part. Media ranging from TV, smart phones, magazines, internet, can be an influential source for the desire to change the appearance and hence, undergoing cosmetic surgery.

## **5. Media and Cosmetic Surgery**

### ***5.1 Cosmetic surgery and model figures***

TV is a convenient, available and easy media to use. In countries like America, there are a lot of reality TV shows which show the procedure that patients go through, before, after and during the plastic surgeries, they normally do not show the risks and pain that these kinds of surgery might bring and give the audience a false promise of becoming a sex diva after going through these procedures without any side-effects. Unfortunately, even the hospitals

and surgeons are using these programs to make more benefits out of it (Crockett, Pruzinsky, & Persing, 2007). In a survey on women with breast augmentation, TV reality shows were found to be an important factor for how these women conceptualized surgery (Byram, Fischhoff, & Embrey, et al., 2001).

Not only TV can make women desire for a perfect body and face, a lot of magazines that show perfect models posing with bikinis on the beach or in luxurious outfits and these pictures are associated with happiness, a desired life and even fun. These media actually influence women in two ways. The first one is the forming an upward comparison with these models or celebrities, social upward comparison is a theory suggested by Festinger (1954), it suggests that individuals normally compare themselves in two ways upward comparison and downward comparison, the upward comparison is to compare oneself with the ones that are superior than the comparer in any aspect and of course in his/her perception, this cause the comparer to feel inferior since there is a discrepancy between him/her and the figures that she/he considers as ideal. This comparison normally brings the desire to become thin or pretty as the models since they are all wanted by a lot of men and are continuously appreciated. And the second is that the model figures, celebrities, etc., suggest that being pretty and slim equals having a better life and being happier. Therefore, a lot of women in the pursuit of beauty end up in a surgeon's office to get their body and face altered since it is the fastest way to get the shape they want to. In the recent years social networks have been adding fuel to the flame of beauty competitions among women. The need to attract more followers on networks like "Instagram" had also become a reason for many to look pretty or sometimes even strange. It seems the need for others' approval to higher the self-esteem can be fulfilled with the number of "likes" and "followers" on social networks like Facebook or Instagram.

### ***5.2 Different standards of beauty advertised by media***

Unlike a lot of other countries in the world, there are no beauty contests or reality TV shows about cosmetic surgery on national TV in Iran, nevertheless living in this country can prove almost everyone that women go through this procedure much more than countries which have these kinds of programs on their TV like Germany. In the recent years, the availability of Satellite TV and watching series from southern American countries like Columbia, have indirectly advertised a body and face of a doll for women. The actresses are mostly slim with full breasts and a face with surgery and full makeup in the soap operas. Most of the times women with more surgeries who actually look pretty as well, can win the rich and

handsome man's heart, and this is daily repeated and seen on TV. Being exposed to series like this there is no surprise why Iranian women are following the artificial beauty more than before. In a study among Fijian girls conducted by Becker (2004), Fijian girls started to change their ideal body image and even acting like the characters on TV. In this country being robust was considered as beauty but after watching TV and the slimness of the actresses they started to become like them.

This idea of beauty standards is advertised endlessly through media, for example in Germany, people seem to regard the slimness and the size of the body more important than the face. In programs like Germany's next top model (2006-2017), beauty is shown as being tall, slim and fit. Therefore, the distorted body image and the problems it might bring like anorexia nervosa or even bulimia nervosa are seen among very young children that might be even less than 9 years old. Watching slim idols praised and admired since childhood nurtures the idea that having a slender body equals being admired, both in society and specifically among peers. Being obsessed with having a slim body can cause eating disorders as in one study by (Herpertz-Dahlmann, Resch, Schulte-Markwort, Warnke, Minde, & Sartorius, 2008) in Germany showed that one third of the girls between 11-17 years old sample had eating disorders.

### ***5.3 Media and celebrity worshiping***

Another thing to be considered about media and cosmetic surgery is every nation's attitude toward worshiping and following different celebrities. In recent works however, there is increasing emphasis on the importance of celebrity culture to the rising demand for cosmetic surgery. Although there has been recent research noting how celebrity culture is increasingly interwoven with practices of cosmetic surgery (Rojek, 2004), what we know of the complex ways in which celebrity and popular culture impact upon ordinary understandings of cosmetic surgery and the surgically altered body is less detailed (Jones, 2007). Davis (1995) describes, for example, how women draw from a repertoire of interesting cultural discourses in "negotiating" practices of cosmetic surgery, but fails to root her analysis in any detailed treatment of the specific discourses of celebrity and popular culture. Blum (2003) focuses cosmetic surgery on matters of consumption and popular culture, but again the level of generality diminishes the analysis: she writes, for example, a population of people who identify with two-dimensional images as our most permanent form of "value" (Blum, 2003). To investigate the complexities of cultural ideologies as key drivers of cosmetic surgical culture, Pitts-Taylor (2006) and Balsamo (1996) examine how bodies are read and

re-read as “signs of culture” (cited in Elliot, 2010). Such an approach is promising, yet, the emphasis on post-structuralism and postmodern theories in this analysis arguably diverts attention from the concrete social processes transforming how individuals seek to reinvent and remake themselves through celebrity-inspired surgical culture. The notion of an increasing reconstructing the body as promoted in popular culture is one that needs expanding and developing beyond the post –structuralism idea of competing discourses and signs.

Specifically in relation to media culture, celebrity has frequently been referred to by sociologists to explain some aspects of the wide spread explosion of interest in cosmetic surgery (Blum, 2003; Jones, 2007) considers the rise of cosmetic surgery against the backdrop of a culture of ‘altered, enhanced and stretched celebrities’, although for the most part her analysis focuses on images of celebrities as personalities rather than in terms of bodies.

#### ***5.4 Media and attitude toward cosmetic surgery***

Despite the possible trend that popular attitudes are now more favorable towards cosmetic surgery than during previous decades, there is little empirical research that describes the nature of different attitudes, nor how they compare to attitudes prevalent during previous decades. Attitudes towards cosmetic surgery on the whole maybe reflected in stereotypes about cosmetic surgery patients as a group. Regarding this aspect and the question that what the attitude of each nation is toward cosmetic surgery I will be asking the subjects about their attitude both in the interview and in the questionnaire part of the research. The hypothesis will be later discussed in the theoretical part of my argumentation.

One stereotype that appears in media accounts is that cosmetic-surgery patients are vain, narcissist, or psychologically maladjusted (Haiken, 1997). Like patients with eating disorders, cosmetic-surgery patients have been described by investigators (Edgerton, Jakobson, & Meyer, 1960; Reich, 1969) as having high rates of psychopathology, not just related to body-image disturbance. More recent studies have shown low rates of psychopathology among patients, indicating that surgical patients are comparable to normal controls in terms of overall psychological status (Goin, Burgoyne, Goin, & Staples, 1980) The discrepant findings between the early and more recent investigations of psychological characteristics of cosmetic-surgery patients may be related to methodological flaws of the

early research, particularly the use of non-standardized clinical interviews (Sarwer et al, 1998).

If cosmetic surgery is becoming normalized, one possible explanation for this trend is that the sheer number of individuals undergoing cosmetic surgery increases the likelihood that we will know someone within our family or peer group who has had a procedure performed. Increasing prevalence ostensibly results in greater likelihood of personal experience of surgery (i.e., undergoing a procedure oneself) as well as vicarious experience of surgery (i.e., watching a close friend or family member decide to undergo surgery or recover from a surgery).

It is possible that personal or vicarious experiences influence attitudes about cosmetic surgery. This would happen in two ways. First, by increasing the amount of information about cosmetic surgery and the individuals who undergo it, attitudes may shift from cosmetic surgery as exotic or bizarre to more normal. It is also possible that personal or vicarious experience of cosmetic surgery could reduce negative attitudes and stereotypes through increased contact and familiarity.

Another hypothesis regarding attitudes toward cosmetic surgery is that exposure to media messages directly influences people knowledge and acceptance of cosmetic surgery. It is likely that as individuals learn more about surgical procedures through the media, their attitudes toward surgery are modified. As with personal and vicarious experience, media exposure increase knowledge of and perceived familiarity with cosmetic-surgery procedures and patients, thereby promoting attitudes that are cognitively consistent with positive, accepting messages about the subject.

A third hypothesis about attitudes toward cosmetic surgery is related to personality factors. As mentioned previously the personality characteristics of cosmetic surgery patients has been thought of as both the same as and quite different from the population at large. The personality characteristics of body image satisfaction, self-esteem, importance of appearance to self-worth, and internalization of socio-cultural attitudes toward appearance – although hypothesized to distinguish surgery patients from non-patients –lack empirical support with regard to the differences between these groups. Specifically, there is evidence that cosmetic-surgery patients have feature-specific body-image dissatisfaction, but not necessarily global body-image dissatisfaction (Didie & Sarwer, 2003; Sarwer, Waden, Pertschuk, & Whitaker, 1998).

Furthermore, although it has been hypothesized that surgery patients' self-esteem is contingent on appearance and that they place extreme value on appearance (Napoleon & Lewis, 1989) no positive findings of this link have been reported.

### ***5.5 Cosmetic surgery and special bonds***

As it was discussed earlier, there are some cosmetic surgeries which are for the enhancement of femininity such as, breast augmentation or labia plasty. Even the women who are already married or are in a stable relationship might have noticed their partners looking at other females with made breasts, fuller lips or other features of femininity. The feeling of not being desired by their partners will take over especially if they also have the feeling of being insecure with their partners. Also they may hear some complaints about the size or shape of their different body parts by their partners. Either way; noticing their partner gazing at a more feminine woman or hearing their partner's complaining about their body can be a great motivation for women to start seeking for cosmetic surgery. It was already mentioned that women who undergo breast augmentation had shown the tendency to commit suicide after their surgery. This matter could be due to the fact that these women take risks of implanting silicones in their bodies and probably spending too much money on it but still even after the surgery they do not get the attention that they sought for from their partners. Trying to alter their body through such hard and expensive procedure and being rewarded (because the action is goal-oriented) could be a strong reason to make these women severely depressed.

“Romantic partners spend a great deal of time together, share experiences and allow themselves to be vulnerable in a way they rarely do with other people. Thus it seems likely that perceptions of how romantic partners feel about one another's looks and their feedback on each other's appearance will have a substantial impact on how they feel about themselves, their bodies, and their relationship. In fact, research in this area suggests that greater body dissatisfaction is associated with lower relationship satisfaction. Consistent with findings that suggest men place more emphasis on physical attractiveness than women, men's relationship satisfaction is significantly related to satisfaction with their partner's shape” (Cash & Pruzinsky, 2002, p.11)

Assuming that men are attracted to beauty, a lot of women who have lost their partner's attention and love are volunteering for cosmetic surgery hoping to win their lost loves back. This is not just about surgeries on breasts or genitals; it could also be the face itself,

changing different parts of face or facelifts to look younger because these women might think that their partner is not interested in the way they look any longer.

So, all in all, individuals who want to improve their social relationships, romantic ones in particular (Davies & Sadgrove, 1996; Thorpe et al, 2004), are seeking cosmetic surgery as a means to reach this goal. Since for a lot of women having a good romantic relationship is very important and of course having a happy love life can be a strong component of life satisfaction in general.

The bonds are not just limited to the romantic relationships of the patients but also to the groups that they belong to. The concept of sense of belonging which was first coined by Maslow (1943) and later explained by Baumeister and Leary (1995) is a strong need in humans that actually make them feel belonged and wanted by a group or a person. The more popular the group they belong to, the better they feel about themselves. Since cosmetic surgery is an absolutely expensive procedure, the ones who undergo it are considered to be wealthy. Among adolescents specially, this is something very important because there is a tendency in them to belong to a special and popular group of peers. Watching the exciting and luxury lifestyle of celebrities that is filled with abundant young women who all have round big breasts, small noses, slim bodies and humped buttocks creates the belief that being rich, famous and happy is associated with cosmetic surgery and looking pretty. These kinds of scenes are almost seen on TV or internet everyday especially in music videos. Being exposed to these programs will encourage individuals to have the desire to belong to such groups where the members are from a luxury, popular and rich families. Belonging to these groups bring a lot of self-esteem. The feeling of belonging to a popular and special group brings the idea that the individual is also popular and special.

As discussed by (Sarwer, Crerand, & Gibbons, 2007; Sarwer & Magee, 2006; Sarwer, Magee, & Crerand, 2003) a number of factors may underscore this increase in the popularity of cosmetic surgery. These include the growing importance of physical appearance in contemporary Western culture (Swami, 2007; Swami & Furnham, 2008) which has served to normalize the pursuit of appearance enhancing behaviors (Sarwer et al, 2003). Higher disposable incomes among patients, advances in surgical procedures (particularly in terms of safety), and the lower cost of treatments have also served to reduce patient anxiety about cosmetic procedures (Edmonds, 2007). Finally, the past decade has witnessed a dramatic increase in media coverage of cosmetic surgery (Crockett, Pruzinsky, & Persing, 2007;

Sarwer et al, 2003), which has mainstreamed public awareness of such procedures (Tait, 2007).

In line with these developments, there has emerged a relatively large body of work examining psychological aspects of cosmetic surgery. In terms of factors affecting the likelihood of having cosmetic surgery, for instance the available evidence suggest that women report a greater likelihood of willingness to undergo various cosmetic procedures compared with men (Brown, Furnham, Glanville, & Swami, 2007; Swami, Chamorro, Premuzic, Furnham, Steiger, & Haubner, et al, 2008), which has been explained as a function of the greater socio-cultural pressure on women to attain ideals of physical and sexual attractiveness (Swami, 2007; Swami & Furnham, 2008). This research has also shown that lower self-ratings of physical attractiveness predict higher likelihood of having cosmetic surgery (Brown et al., 2007).

Aside from all the cultural and social predictors and reasons for having cosmetic surgery, there are a lot of other psychological predictors as well that were mentioned very briefly previously. In this part, I will try to bring up some psychological predictors that have been studied by others and try to discuss them for finding the reason for undergoing cosmetic surgery through these predictors. Unfortunately much of the research in the area of psychological predictors in patients seeking cosmetic surgery has suffered from a range of methodological problems (Crerand & Cash et al., 2006; Sarwer & Crerand, 2004; Sarwer & Didie et al., 2006). Interviewers of patients typically have been non-standardized, and consequently biased. Studies that have used standardized methods had small samples or had problems in control groups. Consequently drawing conclusions and generalizing the data would be difficult regarding the psychological characteristics of cosmetic surgery patients.

Clearly however, not everyone is “choosing” to have cosmetic surgery and from a psychological point of view, a good deal of research has sought to understand the motivations that lead some specific individuals but not others to consider having cosmetic surgery.

How might this motivation be explained? What makes more and more healthy people willing and sometimes even eager to submit themselves to costly, risky and potentially painful procedure with the sole purpose of improving their physical appearance? There should be a lot of psychological along social causes for some people who undergo such surgeries. Some of the reasons behind taking cosmetic surgery as an option will be discussed

and later examined by the researcher. The highlight of these motivations and reasons are body image distortions, body dysmorphic disorder, and difference between identity patterns, mental health, perfectionism, and terror management.

## **6. Specific theoretical perspectives on cosmetic surgery**

The rapid growth in both the number of surgical procedures performed and the number of physicians performing them may reflect the American public's growing acceptance of cosmetic surgery as a method of self-improvement. A number of writers have commented on the psychological impetus and impact of the cosmetic surgery trend, either supporting or condemning it (Grossbrat & Sarwer, 1999; Sullivan, 2001, cited in Delinsky, 2005), although empirical research is lacking. There are also still a lot of questions about the incentives of undergoing such surgeries that can be categorized in two groups; the social and the individual incentives. The individual motivations can be explained through the enhancement of self-esteem, self-acceptance, well-being, life satisfaction, perfectionism and even terror management, whereas the social motivations could be the need to belong, attention seeking, being accepted by peers, finding a better job ,being respected and so on.

The research literature in this domain is somewhat ambiguous. Most interview-based studies report evidence of psychopathology in patients undergoing cosmetic surgery, though this is not reliably the case when using standardized psychometric measures (Sarwer et al, 1998). Studies looking at the prevalence of mental health problems in those requesting surgery nevertheless suggest a higher percentage (19%) than that found in other surgery patients (4%) (Sarwer et al, 2004). The rate of patients with body dysmorphic disorder (BDD), which one might expect to be high in this population, has been reported as varying between 9% to 53%, with this variability most likely resulting from the use of different measures (Aouizerate et al, 2003). What is clear however is that there is a greater representation of patients with BDD among cosmetic patients than in the general population where the rate of BDD is only 1 to 2 percent. Request for unusual facial cosmetic changes involving bone contouring, such as bone grafting or cheek and chin implants (when the face is felt to be too wide or too thin), are typically associated with a significant impairment in psychological functioning (Edgerton, Langmann, & Pruzinsky, 1990).

Psychological research into satisfaction with body image has indicated that mass media standards of attractiveness can aggravate dissatisfaction and eating disorders (Durkin & Paxton, 2002) in viewers. People who have certain personality traits exhibit body dissatisfaction more often after viewing more unrealistic media messages (Tiggeman, 2003). An indirect result of media messages is said to occur via body dissatisfaction, appearance (Thompson et al., 1999), investment and anxiety, and lowered level of self-esteem.

Media including TV programs such as Germany's next top model or the swan, social networks such as Facebook, magazines like Vogue and so on, have created some fixed standards of attractiveness. Efforts to achieve these standards have brought about a considerable increase in cosmetic surgeries; 1.6 million procedures were carried out in America in 2012. From the patients point of view the most crucial reason for undergoing cosmetic surgery is body dissatisfaction, their bodily appearance constituting an important part of their self-esteem. Research suggests that people whose self-esteem highly depends on their appearance and who have significant body dissatisfaction will consider cosmetic surgery more frequently.

In the modern society of today, a large number of females suffer from dissatisfaction about their physical appearance, since their mental ideal images are far from their perceived self-image. In order that these people stand up to their dissatisfying feeling, they refer to surgery clinics to change themselves, rather than changing their ideal images or self-cognition. In as much as the main part of females' self-esteem lies on preserving relations and interactions, females underestimate and males overestimate their abilities (Perocheska & Nourkerass, 2001). Such negative messages and biased attitudes of community, especially males toward females have led to extreme attention of females to their appearance and beauty. On the other hand in recent years, social, physical and cultural factors along with the development of surgical techniques have led to increasing application for plastic surgery. Therefore, it is apparent to some degree, plastic surgery is a means to women's empowerment because women actively choose the surgery to improve themselves and obtain pleasure from it, through surgery women can actively change their social position (Davis, 1995). Several studies have shown that women are significantly more likely to having cosmetic surgery than men (Brown, Furnham, Glanville, & Swami, 2007) which mirrors the actual female to male patient ratio (ASPS, 2010). In addition, at least one study has shown that white women are more likely to have cosmetic surgery than women from ethnic minority groups (Swami, Campana, & Coles, 2012).

Some quantitative studies have also shown that individuals who are more concerned about the cultural appearance standards and this means the ones who are more conformists in the society and want to look like the majority, are more likely to undergo cosmetic surgeries and procedures (Henderson-King & Henderson-King, 2005). These individuals are probably the ones with normative identity patterns who adopt the goals and standards that figures in their life promulgate, including family, religion, nation or other relevant communities, they define themselves by their family religion and ethnicity (Berzonsky, 1994) as well as value security and tradition (Berzonsky, Cieciuch, Duriez, & Soenens, 2011).

Body image discourse rests a fundamental split between the individual and society. In experimental studies, society is operationalized as a variable influencing the minds of individual women. The notion of the individual in experimental psychology is predicted on the mind-body dualism and is constructed as objective and autonomous, unitary rational and consistent subject. Body image researchers take the view that something societal influence can be measured empirically and that some women are more susceptible to, media images for thin women, than others society is seen as an external force that works on the vulnerable minds of women (Blood, 2005)

Within the past decade, many of the studies on the psychological aspects of cosmetic surgery have focused on body image. Body image dissatisfaction is believed to motivate the pursuit of cosmetic surgery (Sarwer & Crerand, 2004; Sarwer, Pertschuk, Wadden & Whitaker, 1998; Sarwer, Wadden, Pertschuk, & Whitaker, 1998), just as it motivates other appearance enhancing behaviors. A number of studies have found increased body image dissatisfaction among persons who present for a number of cosmetic procedures (Didie & Sarwer, 2003).

These findings create an interesting question that can individuals go through cosmetic surgery because of their body image dissatisfaction? Here are some studies who have answered these questions.

## ***6.1 Body image***

### ***6.1.1 Body image (the definition)***

In the previous decades in the domain of psychology, “body” has never been investigated and studied as an independent topic and it has only been mentioned in psychological

disorders, especially in eating disorders such as anorexia or bulimia nervosa, whereas the psychological and personality structures of individuals play a vital role in people's behavior and their life style and "body" as an entity which has located the psychological structure in itself, has been studied much less than needed. Fortunately a lot of research and studies now are conducted or are being conducted to investigate and study the concept of "body" by itself. When we talk about the body the concept of body image will rise in our heads.

The body image of an adolescent female can be completely distorted by the complements that she is given specially by her parents. Looking at the mirror all the time to find the flaws in their body and face could become like an obsession to the point that all their self-esteem is totally distorted by also comparing themselves with models or celebrities shown on media. Even if adolescents start to compare themselves and feel inferior due to their appearance, an appropriate parenting could actually make young girls feel better about themselves to avoid the obsession with their looks.

Today, social, cultural and media pressures has caused individuals to modify their bodies and meanwhile body image satisfaction and the gap between their real and ideal self are of much importance. In the sense of being rewarded, "Beauty", is a very effective factor in interpersonal relationships. "Beautiful" people are rewarded in their social relationships either apparently or covertly. As scientific proofs show, individuals not only tend to blame beautiful children less but also they even sow more interest in them. These findings even show that peers tend to classify their beautiful and attractive classmates as more efficient than others. It has been proved that beautiful women have more influence on men in comparison to average women and people tend to have better feelings toward beautiful women unless they suspect that these women want to take advantage of their beauty (Eronson, 2007). Therefore, getting more beautiful can be a powerful motivation to volunteer for having cosmetic surgery. The best benefit of having cosmetic surgery is its psychological effect on individuals (Azizi, Mahroo, & Nikravan-fard, 2008). Different factors can cause a demand for cosmetic surgery such as self-confidence and feeling better about oneself. These issues may affect the surgeons in explaining the possible dangers of cosmetic surgery to volunteers (Meningaud, et al., 2000). Different reports of recent years suggest that "beauty" has become one of the major concerns of Iranians. Individuals' reactions depend on their self-image. A real and logical self-image can show individual's maturity. Patients who seek cosmetic surgery in order to become more beautiful and fit are misled in seeing their self-image. Thus being aware of any psychopathological history and

repeated cosmetic procedures of the patients who volunteer for having cosmetic surgery is absolutely necessary for cosmetic surgeons to avoid any unwanted or problematic consequences.

Body image is a person's feelings of the aesthetics or sexual attractiveness of their own body, which may be forced onto them by others or social media. The phrase *body image* was first coined by Schilder (1935). Prior to Schilder's work, body image research was limited to the study of distorted body perceptions caused by brain damage. Schilder (1950) developed this work to consider the wider psychological and sociological frameworks within which perceptions and experiences of body image took place. Schilder (1950) defines body image as "the picture of our own body which we form in our mind, that is to say, the way in which the body appears to ourselves. Human society has at all times placed great value on beauty of the human body, but a person's perception of their own body may not correspond to society's standards (Grogan, 1999).

Cash & Pruzinsky (2002) explain that the body of a human is a basic construct for understanding human functioning. Fisher (1990) states, the inexhaustible list of behaviors that has turned out to be liked with measures in the body-experience domain documents the ubiquitous influence of body attitudes, "human identity cannot be separated from its somatic headquarters in the world" (Fischer, 1990, p.18). The body image has a vital influence on our quality of life, since our early ages body image affects our feelings, behaviors, thoughts and even our relationships (Cash & Pruzinsky, 2002). Thompson et al. (1999), list 16 definitions of body image which are , weight satisfaction, size perception accuracy, body satisfaction, appearance satisfaction, appearance evaluation, appearance orientation, body esteem, body concern, body dysphoria, body dysmorphia, body schema, body percept, body distortion, body image, body image disturbance , and body image disorder (Cited in Cash & Pruzinsky, 2002).

The concept of body image is used in numerous disciplines, including psychology, medicine, psychiatry, psychoanalysis, philosophy and cultural and feminist studies. The term is also often used in the media. Across these disciplines and media there is no consensus definition. A person's body image is thought to be, in part, a product of their personal experiences, personality, and various social and cultural forces. A person's sense of their own physical appearance, usually in relation to others or in relation to some cultural "ideal," can shape their body image. A person's perception of their appearance can be different from how others actually perceive them.

### ***6.1.2 Body image dissatisfaction effects***

Body image dissatisfaction is thought to motivate many appearance-enhancing behaviors including cosmetic surgery (Sarwer, Grossbart, & Didie, 2002). Cosmetic surgery patients frequently report heightened body image dissatisfaction, particularly with the feature they are considering for cosmetic surgery. Studies have suggested that most patients report improvements in their body image postoperatively (Bolton et al., 2003). These studies however, have not provided information on how body image may influence attitudes about cosmetic surgery among women who are not currently undergoing these procedures.

Different research shows that some individuals have constant preoccupation with their appearance and in spite of having a normal appearance they report a continual fear of being ugly and unattractiveness (Bellino, Izza, & Paradiso, 2006). In line with the ambiguity of limitations of the roles and expectations among males and females, it's not surprising that studies on gender role orientation have gained their interpretations in the body-image domain (Davis, Dionne, & Lazarus, 1996). The positive and negative effects of body image have an influence on psycho-social approach in life (Cash & Pruzinsky, 2002). Quality of life and body image have a significant correlation specifically in men compared to women (Jakatdar & Williams, 2004)

Body image can have a wide range of psychological effects and physical effects. Throughout history, it has been extremely difficult for people to live up to the standards of society and what they believe the ideal body is. There are many factors that lead to a person's body image, some of these include: family dynamics, biological predispositions (e.g., depression and anxiety), and cultural expectations (e.g., media and politics). People are constantly told and shown the cosmetic appeal of weight loss and are warned about the risks of obesity; this is something that can lead to a change in a person's body image. According to Sigman (2010) some women who see underweight women will have an immediate change in brain chemistry which diminishes self-esteem and can increase self-loathing. Often, people who have a distorted body image will try to alter their bodies in some way, such as by dieting or undergoing cosmetic surgery.

Body image has two dimensions that are perceptible and attitudinal. The perceptible dimension of body image is about the way we see our body parts, its size, shape, our weight, face, movements and deeds, whereas the attitudinal dimension is about the feeling that we have toward our appearance and how these feelings can lead our behavior (Gleeson, 2006).

Researches indicate that even though some individuals might look normal, they are constantly obsessed with their appearance and are fearful and stressful because they think they might look unattractive and hideous (Bellino, et al., 2006). Since the limits of roles and demands are indistinguishable among men and women, it is not surprising that researches in the orientation of gender roles have been interpreted in the domain of body image (Davis, Dionne & Lazarrus, 1996) and this issue has become twisted with life satisfaction which is a domain in positive psychology.

The positive and negative body images of individuals will affect their psycho-social quality of life as well (Cash & Fleming, 2002). Jakatdar and Williams (2004) have found out that quality of life and body image has a more significant and higher correlation in men than in women; also the quality of life and body image are accompanied with a higher self-esteem, optimism and social support in both genders and are accompanied with anorexia nervosa in women. Holdun, Komburgluand, and Ozgur (2007) have compared satisfaction after plastic surgery and body image and life satisfaction and self-esteem of female and male adolescence; they have found out that there is no significant difference in the amount of satisfaction after surgery among men and women and this satisfaction after the surgery is related to self-esteem, body image and life satisfaction.

Body image has also been defined as a mental perception of body. The disorder refers to the attitudes of an individual toward physical self. Like all the attitudes, this attitude encompasses evaluative, cognitive and behavioral components. Furthermore, physical self includes not only physical appearance but also body fitness (Sarwer, 2003). Those who undergo cosmetic surgery are looking after gaining more attractive body or face and probably suffer psychologically more than the average of other people in community (Brown, 2001).

In examining issues related to cosmetic surgery and body image and attitudes of men and women in life, people who were interested in cosmetic surgery, had a weaker body image than those who were not interested in cosmetic surgery (Frederick & Peplau, 2007). An undesirable body image decreases self-confidence. Cash & Pruzinsky (2004) also mention that body image is the main factor in adolescents' self-esteem. Thus a feeling of dissatisfaction in people is a reason for their changing body image until they close their true body image to ideal body image (Rubinstein, 2005). The people who have a negative body image by themselves appear more interested in cosmetic surgery (Swami, 2009). Breuning et al (2010) showed that the surgeries are done to eliminate most of the appearance

unhappiness and increase self-esteem. Sometimes the stress and anxiety, self-critical perspectives or low self-esteem, in body image, may cause people tend to change in their organs' appearance and undergo plastic surgery. Influencing the body image could be an important social figure. Basically, gaining prestige in the community has many practical results, through which people can better advance their goals. As individuals actively seek documents for their confirmation of others and behave in that manner which such evidence arises (Swami, 2008)

As Blood (2005) mentions, "Body image discourse rests on a fundamental split between the individual and society. In experimental studies society is operationalized as a variable influencing the minds of individual women. The notion of the individual in experimental psychology is predicted on the mind-body dualism and is constructed as objective and autonomous, a unitary, rational and consistent subject".

### ***6.1.3 Psychological and sociological viewpoints of body image***

Another interesting fact that can be said about body image is that it can be investigated from psychological and sociological viewpoints. This is because body image is a psychological phenomenon which is significantly affected by social factors. To understand it fully, we need to look not only at the experiences of individuals in relation to their bodies, but also at the cultural milieu in which the individual operates. Only by investigating the psychology and sociology of the body will it be possible to produce an explanation of body image that recognizes the interaction between individual and social factors (Grogan, 1999).

Media imagery may be particularly important in producing changes in the ways that the body is perceived and evaluated, depending on the viewer's perception of the importance of those cues. It is likely that some viewers are more sensitive to such cues than others. Women themselves say that their body image is adversely affected by idealized images portrayed in the media (Cash & Pruzinsky, 2004).

Some studies suggest that cosmetic surgery for minor deformities relieves the psychological distress caused by distorted body image low self-esteem and psychoneurotic profiles. On the other hand, some authors have reported mild to severe psychiatric complications following cosmetic surgery. Early studies involving the psychiatric assessments of cosmetic operation candidates revealed high rates of psychopathology, particularly in men.

### ***6.1.4 Body image and cosmetic surgery***

Pruzinsky and Edgerton (1990) have suggested that cosmetic surgery is body image surgery. Therefore if plastic surgery has positive effect on body image there should be a decrease in the negative body image thoughts, feelings, and behaviors postoperatively. Numerous studies have reported improvements in body image following cosmetic surgery.

Sarwer et al. (2008) have suggested that cosmetic surgery patients may be best understood in terms of body image. Body image is a multidimensional construct that encompasses perceptions, thoughts and feelings about the body. Body image dissatisfaction within the general population seems to be pervasive (Cash et al., 1996) and its importance in understanding the psychology of the cosmetic surgery patient has been underscored<sup>6-10</sup>. However the nature of body image dissatisfaction in cosmetic surgery populations has not been well established (Goin, Goin, & Gianini, 1976).

Body image in particular has been proposed as a crucial factor in the motivation to undergo cosmetic surgery. It has been suggested that low body image evaluation combined with high body image orientation increases the likelihood to undergo cosmetic surgery (Sarwer, Wadden, & Pertschuk, 1998). Normally if the outcome of the operation is satisfactory to the patient, the low body image is expected to get higher (Soest et al., 2007). Sarwer et al., also argues on body image and cosmetic surgery that , “ it is widely believed that persons who undertake cosmetic surgery do so to change their physical appearance , and presumably their body image. Pruzinsky and Edgerton (1990) have suggested that cosmetic surgery is body image surgery – that by modifying the body surgically, psychological improvement will occur.

For some individuals, the degree of body image dissatisfaction may reach psychopathologic levels. Extreme body image dissatisfaction is one symptom of body dysmorphic disorder, the only diagnostic category directly addressing body image concerns in the DSM-IV.

### ***6.1.5 Body dysmorphic disorder***

Body dysmorphic disorder is defined as a preoccupation with an imagined or slight defect in appearance that leads to markedly excessive concern. The preoccupation must cause significant distress or impairment in social, occupational or other areas of functioning, although any area of the body may be affected the most common areas seems to be the skin, face and the nose: Individuals with body dysmorphic disorder, frequently seek medical attention (including plastic surgery) as treatment for their defect. (Phillips et al., 1993) from the clinical experience, Anderson and Bardach (1997) estimated that 2 percent of cosmetic

surgery patients suffered from body dysmorphic disorder, although no formal prevalence studies have been completed.

Body dysmorphic disorder, a preoccupation with an imagined defect in physical appearance, has a rich tradition in European psychiatry but it's largely unknown in the United States. Body dysmorphic disorder is a new name for an old syndrome that has long been described in the European, Russian and Japanese literature under a variety of names, most commonly "dysmorphobia", a term coined by Moreselli 100 years ago (Goin & Goin, 1986). Although the term dysmorphobia has been used in different ways (Kalick, 1982), it has generally been defined as a subjective feeling of ugliness or physical defect that the patient thinks is noticeable to others, despite a normal appearance. According to Philoppopoulos (Pruzinsky & Edgerton, 1990) this term comes from dysmorphobia, a Greek word meaning ugliness, specifically of the face, and first appeared in the histories of Herodotus referring to the myth of the ugliest girl in Sparta.

Krapelin and Janet (1903) are among the turn of the century European psychiatrists who described a dysmorphic syndrome. Kraepelin (1909) believed that the persistent, ego-dystonic nature of dysmorphic symptoms warranted its classification as a compulsive neurosis. Similarly, Janet classified the obsession with shame of the body within a large class of syndromes similar to obsessive compulsive behavior.

Beauty hypochondria (Schönheitshypochondrie) and one who is worried about being ugly (Hässlichkeitskümmerer) are similar concepts, discussed later by Ladee (cited in Phillips et al., 1993). Ladee captured some of the central qualities of body dysmorphic disorder in his description of beauty hypochondria: the preoccupation is so exclusively centered on one aspect of the bodily appearance, which is experienced as deformed, repulsive, unacceptable or ridiculous, that the whole of one's existence is dominated by this preoccupation and nothing else has any significance any more, the features of greatest concern were the nose, teeth, skin and hair.

Stekel (1949) wrote about the peculiar group of compulsive ideas which concern the body. There are people who occupy themselves continuously with a specific part of the body. In one case it is the nose; in another it is the bald head; in other case the ear, the eyes, or (in women) the bosom, the genitalia etc. these obsessive thoughts are very tormenting. Dysmorphobia was accorded separate diagnostic status in DSM-III-R, which calls it body

dysmorphic disorder and notes that dysmorphobia is a misnomer because the disorder does not involve phobic avoidance.

Persons with body dysmorphic disorder frequently seek cosmetic surgery and other related treatments to improve their “flawed” appearance. Veale et al (1996) reported that nearly half of their sample had sought cosmetic surgery or dermatologic treatment, with 26 percent having undergone more than one surgical procedure. In a larger sample, 70 percent had sought and 76 percent had obtained cosmetic treatment (Phillips & Diaz, 1997). Rhinoplasty, liposuction, and breast augmentation were among the most frequently sought surgical procedures.

Body dysmorphic disorder was initially thought to occur in approximately two percent of cosmetic surgery patients, a rate similar to that in the general population<sup>109</sup>. However empirical studies suggest that the rate of body dysmorphic disorder among cosmetic surgery and dermatology populations appears to be higher than the reported rate in the general population. In American cosmetic surgery population, 7 to 8 percent of patients met diagnostic criteria for body dysmorphic disorder. International rates of BDD ranged from 6 to 53 percent among patients presenting for cosmetic surgery. However, several of these studies had significant methodological flaws, including small sample sizes, selection biases, and the use of unstructured interviews. Two international studies that had larger samples with improved methodologies reported rates of 6.3 and 9 percent, respectively, rates more consistent with those in American studies. Higher rates of BDD have been noted among college samples which range from 2.5 percent (Sarwer et al., 2008) to 5.3 (Taqi et al., 2008). Body dysmorphic concerns generally appear to be stable across short periods of time (Philips, 2002) and data from nonclinical populations indicate an inconsistent gender ratio, with some studies indicating that a higher proportion of women than men having body image concerns (Striegel-Moore and Franko, 2002). In addition women report greater appearance dissatisfaction, worry more about appearance in public and are more upset by someone noticing their appearance (Philips et al, 2006). These findings reflect greater importance of appearance for women than men in society. An unattractive appearance is considered a liability for women (Bergner et al., 1985). Moreover as Striegel-Moore and Franko (2002) put it, beauty is an integral element of female gender role stereotype, and women’s bodies are likely to be regarded in an evaluative and objectifying way. With increased public attention on body weight and appearance, endorsed by the media (Thompson et al., 1999) increasingly, negative body image in women has been empirically

related to depression (Denniston et al.,1992), anxiety (Thompson & Altabe, 1991) and Axis II Personality Disorders (Philips & Mcelroy, 2000) have been linked to BDD. In fact a sizable proportion of BDD patients have received a diagnosis of more than one comorbid personality disorder (Bellino et al., 2006). This can show us that there might actually be a relationship between body image and general health.

As mentioned before, people with BDD normally believe that the reason for their distress is a defective appearance. Consequently, these patients often turn to plastic surgeons, dermatologists and other medical professionals for treatment. People with BDD who receive cosmetic treatments typically report dissatisfaction with their treatment results. Of greater concern there are reports of patients with body dysmorphic disorder who have threatened or executed lawsuits against their treatment providers. In a survey of 256 aesthetic surgeons 29 percent reported that they had been threatened legally by a patient with BDD.

The current DSM-V criteria for BDD are somewhat vague. The first criterion, if loosely applied, could describe most patients undergoing cosmetic surgery who often present with defects well within a normal appearance. Assessment of a defect as imagined or slight can be highly subjective. The second criterion that the preoccupation causes significant distress and disruption in daily functioning maybe the more important for identifying BDD among patients undergoing cosmetic surgery have suggested that they report a heightened degree of body image dissatisfaction with the specific feature considered for surgery. For some patients however it may be difficult to assess when those more normative dissatisfaction becomes a disruptive preoccupation.

The effect of cosmetic surgeries or any cosmetic medical on BDD is yet to be studied further. A randomized controlled trial of this issue would face a number of methodological and ethical challenges. Therefore , the understanding of the effect of appearance enhancing treatments on BDD is gleaned from clinical reports and retrospective studies (Crerand et al., 2005; Philips, Grant, et al., 2001; Veale et al., 1996). These studies indicate that appearance enhancing treatments typically do not result in any change in BDD symptom severity (Crerand et al., 2005; Philips, Grant et al., 2001). In one study, only 3.6% of all received procedures resulted in an improvement in BDD symptoms (Crerand et al., 2005). Among those patients who reported improvement in the appearance of a treated body part, some became anxious and preoccupied with concerns about how long the improvement would last (Crerand et al., 2005). Some individuals develop new appearance concerns following

treatment (Crerand et al., 2005; Philips, Grant et al., 2001), an occurrence which is not unexpected given that appearance concerns are known to shift from one feature to another in BDD patients. And yet the question remains that why surgeons should accept to do the cosmetic procedures although they are probably to cause problems even after the surgery (Sarwer et al., 2008).

Having BDD or a simple distorted body image may be caused by society, peer groups or even family. In all three the most important thing which is formed would be the individual's identity especially in adolescents (Cash & Pruzinsky, 2002). Therefore, people with distorted body image may develop certain patterns of identity depending on how they were treated in family or by other related individuals. The body image is a main part of the identity of an adolescent; it is what most teenagers base their self-esteem on. Therefore, a body image can form an identity pattern and this pattern might as well have an influence on making a lot of decisions including undergoing cosmetic surgery.

## ***6.2 Identity styles***

Erikson (1968) was the first person who distinguished identity as an important part for adolescent's personality improvement and a very vital step in turning into a happy and efficient adulthood (cited in Berk, 2007). According to Erikson (1968) identity is a perception of self which is the result of the integrity of the past, present and future experiences. In defining identity a lot of researchers have emphasized on identity structure aspects (Marcia, 1966). While some other researchers have conceptualized identity as a process (Berzonsky, 1997, 1990).

The results of different researches show that different identity styles are related to mental health (Waterman, 1992). For example Waterman (1992) showed that there is a positive correlation between identity and mental health, coping and stress a management, low stress and control source. Nurmi, Tamm, Berzonsky and Kinney (1997) showed that depression, low self-confidence, anxiety and some behavioral problems are correlated with avoidant/diffused identity style and life satisfaction, self-confidence and developed interpersonal relationships are positively correlated with informative identity style. Berzonsky (2003) has also showed that lack of a serious commitment will probably put individuals with avoidant/diffuse identity styles in a very vulnerable situation. In addition to this a lot of research show that in comparison with individuals with normative or informative identity styles, individuals with diffuse identity styles may experience a range

of problematic behaviors and issues such as eating disorders , school problems, psychotic reactions and depressive symptoms, and other issues such as drug or alcohol abuse in very early ages.

### ***6.2.1 Erikson's definition of identity***

Erikson believed that the adolescence stage which is between 12 years of age until the end of 18 years of age , is a very important and simultaneously critical stage for every individual, since in this stage the basic question about one's identity arises that should be answered clearly. This stage, is the time for explanations and emphasis for all the feelings and emotions that individuals have toward themselves and whatever people know about themselves will be combined together as a whole (Schultz, 2013).

Erikson (1968) assumed an integrated identity to be the cause of a positive adolescence and consequently demotivation and disintegration was the result of a negative adolescence.

### ***6.2.2 Marcia's concept of identity***

Marcia, Waterman, and Matteson (1993) suggested the concept of identity status on the basis of Erikson's idea. To Marcia two dimensions of identity are very important which are: commitment and discovery. Discovery means to seek for and find occupational opportunities and discovering personal values. And commitment is to decide upon the identity path and personal investment in reaching the target identity.

The concept of discovery is a fundamental component in shaping identity. In Berzonsky's point of view (1989), discovery is influenced by information processing method according to individual differences; this approach also tells us that discovery and identity shape themselves in a cultural and social background. Marcia used Erikson's two important terms (discovery and commitment) to introduce four different types of identity and out of their combination he later created four identity statuses:

- Identity achievement: feeling committed to values, beliefs and goals after a period of discovery
- Identity moratorium: discovery without achieving a sense of commitment
- Identity foreclosure: having the sense of commitment without any discovery
- Identity diffusion: feeling indifferent whose main indicator is absence of discovery and commitment

Formation of identity has many different ways and it can be different in the sense of occupational orientation, sexual orientation and political or religious values. Normally most adolescent move from lower status (foreclosure/diffusion) to higher status (identity moratorium/achievement) from 20 years of age to 30 years of age, but still there are some individuals who move in the opposite direction (Berzonsky, 1989).

A lot of researches verify the fact that identity achievement and identity moratorium are psychologically healthy ways for gaining a mature identity. On the contrary, identity foreclosure and diffusion are maladaptive. Although adolescent with identity moratorium are normally concerned with the challenges that they face but in decision making and problem solving they use, the cognitive information gathering just as the adults who already have achieved identity. Adolescent will gather information about their issues, and after looking at the information critically, they think about it and then correct their ideas (Berzonsky, 2002).

Adolescent who achieved identity or try to seek identity, have more self-esteem and feel more control over their lives. In the sense of ethical reasoning they are more developed and believe in school and work as a means to reaching their goals (Adams & Marshal, 1996). These adolescent feel loved by their parents and simultaneously feel free to express their ideas (Berzonsky, 2004).

Adolescent who are stuck in identity foreclosure or diffusion are troubled facing issues about their identity, have maladjustment problems and act passively. Individuals with identity foreclosure, normally have biased and inflexible methodology and as a result they internalize others beliefs and values without evaluating these values, and are not aware of the threatening status of their situation (Berzonsky & Kuk, 2000).

These individuals are always attached to others to achieve self-esteem and affection and are always scared of being left alone by the closed ones. They are even likely to join some groups or associations and accept some rites that are totally different from their background in order to feel belonged. These individuals believe that they can always reach absolute reality. They normally have a close relationship with their parents but don't possess the necessary opportunities for a healthy separation from their parents. People, who are having identity diffusion for a long time, have the least mature identity regarding identity development. They normally use diffuse/avoidant cognitive method hence they avoid decision making and personal problems and instead let the circumstances decide for their reactions (Berzonsky & Kuk, 2000). These adolescents are even doubtful to have certainty

about anything. The adolescent who have chosen the attitude of “I don’t care” leave themselves to the hands of chance or destiny and always obey and follow the majority, as a result they face time a management and school problems and in comparison with other adolescent are more likely to drug abuse and although they seem indifferent, they are so hopeless about their future (Archer & Waterman, 1990). These individuals normally have a little support in family and don’t have a free and open relationship with their parents. Recently, some researchers have noticed the formation processes of identity and focus on either the socio-cognitive processing orientation or the methods that the adolescence use with different identity patterns. The method of processing the identity includes the way individuals process their information, how they discuss about the information about themselves and the topics about identity (Berzonsky, 1990).

A status conception implies that identity is an outcome variable: a certain permanence or fixation of personality that remains over time a developmental progress may occur. A foreclosed person, for instance may experience a moratorium type crisis and then achieve an identity. Once the achieved status is attained, relative stability is expected. Longitudinal studies however, have revealed some theoretically anomalous intra individual changes in status classifications (Marcia, 1966)

### ***6.2.3 Berzonsky’s identity patterns***

By integrating different aspects of identity including the process, content and structural aspects, Berzonsky gives an almost holistic pattern. In his point of view identity is a cognitive concept which is formed by the way individuals think who they are and the way they define their experiences. Berzonsky (1988, 1990) has proposed that individuals within the various identity statutes differ in the social-cognitive processes they use to solve personal problems, make decisions and process identity relevant information. The following three identity processing styles are emphasized: informational, normative and diffuse/avoidant.

**Information-oriented** individuals seek out, evaluate and use self-relevant information. They are skeptical about their self-constructions and willing to test and revise aspects of their self-identity when confronted with feedback (Berzonsky, 1990). This style has been found to be characteristics of self-exploring individuals who are classified as identity achieved or moratoriums according to Marcia (1967) criteria (Berzonsky & Neimeyer, 1994). Research indicate that utilization of an informational identity orientations is

positively associated with self-reflection, problem –focused coping efforts , high need for cognition , cognitive complexity, vigilant decision making , and the conscientiousness and agreeableness (Berzonsky,1990,1992).

**Normative** individuals with normative identity styles deal with identity questions and critical situations by conforming to the instructions and expectations of people who are significant in their lives. Research indicates that they are also conscientious and agreeable, but they have a low tolerance for ambiguity and a strong need for structure and cognitive closure. Individuals classified as being foreclosed according to Marcia’s paradigm have been found to rely on this preemptive approach to problem solving (Berzonsky & Neimeyer, 1994).

**Diffuse/avoidant** oriented individuals are reluctant to face up to and confront personal problems and situations that need decision making. If one procrastinates and delays long enough, behavioral reactions will be dictated and controlled by situational demands and incentives. Deployment of a diffuse/avoidant identity orientation has been found to be positively associated with avoidant coping, self-handicapping, other-directedness, and maladaptive decisional strategies, and negatively correlated with self-reflection, conscientiousness, and cognitive persistence (Berzonsky, 1994, 1998; Berzonsky & Ferrari, 1996).

Research findings indicate that individuals with informative pattern have a higher level of cognitive complexity and show more developed inter individual relationships (Berzonsky & Kuk, 2000). The diffuse/avoidant pattern has positive correlation with emotion-based resistance method, outer control expectations, incompatible decision making, temporary changeability, psychosm, and depressive-like reactions and negative correlation with well-being and responsibility (Berzonsky, 1992). Individuals with mature or successful identity use the informative identity pattern. These individuals will react logically when facing issues that are related to identity, seek with aim, evaluate their situation, trust and confide in the information about themselves and are critical toward their own attitudes and will postpone their judgment and when facing new situations, they reevaluate and review their existential dimensions (Berzonsky, 1992). The use of informative pattern shows positive correlation with need for cognition, cognition complexity, thinking deeply about oneself, mental well-being, adjustment, responsibility and agreeability (Berzonsky, 1989).

Individuals who have premature identity are known with normative identity patterns (Berzonsky, 1992). These individuals face identity –related issues by internalizing others values and beliefs without assessing or evaluating those beliefs and values (Berzonsky, 1992). Research studies show that the individuals with normative pattern are responsible and adjustable and have positive feeling of well-being. But these individuals show less tolerance in when facing ambiguity, have a strong need for structure and are restricted toward the beliefs that contradict their own belief systems (Berzonsky & Kuk, 2000).

Research studies show that fixed commitments will increase the performance and psychological well-being (Berzonsky & Kuk, 2000). Commitments will direct individuals into reacting logically in situations that might be tempting. They can also bring motivation and act as a reference frame which in this frame individuals behavior and feedbacks are controlled and assessed.

#### ***6.2.4 Identity Crisis***

Erikson believed that one of the important tasks that an adolescent faces is forming personal identity. This means asking oneself questions such “as who am I or where am I going?” Erikson introduced identity crises to describe the active process of self-description and believed that identity crisis is an inevitable part of a healthy socio-psychological development. Most psychologists also believe that adolescence should be the period of experiencing different roles. In this sense young individuals should be able to explore different behaviors, interests and ideologies. A lot of beliefs, roles and behaviors may be experienced to reach a concept of self. Adolescent try to combine their values and assessment and finding their identity will be much easier for them if their values are compatible with their teachers, parents and peers.

Adams and Fitch (1982) compared university students with the individuals of their same age who had full-time jobs and the findings showed that the employed groups found their identity sooner than university students so, studying at the university will somehow delay the process of formation of identity.

Erikson describes identity as a unique product that will be accumulated through crisis. The crisis that individuals face after facing their peers and the elements outside their family thus he describes adolescence as the last stage of childhood (Erikson, 1968).

Erikson believes that an individual who is not able to find positive values in his/her culture, religion and ideology, will get confused in finding his ideals. Such an individual will have confused identity as such he can't assess his values in the past nor can he possess new values to build up his future with. In Erikson's point of view 1968 the length of adolescence and the amount of experienced emotional conflicts are different in various societies but in any case failure in forming ego-identity leads to doubts and confusions that will cause psychological disorders.

### ***6.2.5 Body and Identity***

Generally, among social psychologists, the body is considered central to the image or picture that people have of themselves (Goffman, 1968; Featherstone, 1991). The body is conceptualized as a 'project' that is modified and transformed as a fundamental part of self-identity (Shilling, 2003). The concept of "body projects" builds on Giddens (1991) theorization of the reflexive self of high modernity: an era characterized by a decline in the grand narratives of theology, philosophy, and politics that once formed the moral core of, and provided meanings for, people's lives. These changes combined with the increasing availability of technology for "working on the body" has enabled the physical body to be understood as one domain each individual has the ability to control and change. Body project is the idea that the body is an unfinished entity to be worked on or changed in life. It links being attentive to the body's appearance to attempts to use the body to construct and maintain a consistent and visible sense of self-identity (Featherstone, 1991; Giddens, 1991; Shilling, 2003). In this sense the body has become an ever-evolving self-reflexive project, central to one's identity (Giddens, 1991). Furthermore the body is an objectified reality whose current appearance is determined by the narrative of self under construction (Giddens, 1991). In this sense, bodies are constantly changing, being made to show one's reality or the reality one dreams to acquire. Knowing that body can be changed along with the face has caused many individuals to change their appearance through cosmetic surgery in order to enhance their identities. Thus, bodies not only become objects for human management and reconfiguration but are increasingly central to one's identity (Budgeon, 2003).

Different appearances of the body and face correspond to different versions of the self and identity. According to Bourdieu (1978) social status and class can shape one's relationship with the body. Bourdieu (1978) explains that the working classes viewed the body primarily as a means to an end, while the upper classes were more likely to treat the body as an end

itself with a greater focus on physical appearance. Thus while the body may be viewed as a project, social differences provide individuals with some greater means to invest in the body as a physical source of self-identification. Over all as Gill et al. (2005) argue, in late modernity, secure and stable self-identity is no longer an anatomic derivative of social class and status; consequently some individuals are turning to their bodies as the basis of their identity.

Considering the role of the body and appearance in self-identification, financially and physically investing in body and appearance is equivalent to constructing one's sense of self and identity (Ricciardelli, Bell, & Clow, 2009). In affluent western societies, with the rise of individualism and consumerism, individuals are increasingly pressured to transform and improve their bodies as part of their identities (Giddens, 1991; Shilling, 2003). Transforming the identity that has been once shaped but now could be changed through modifications by cosmetic surgery and therefore gaining a new identity probably for those who are not satisfied with the identity pattern they already have.

#### ***6.2.6 Identity pattern and Cosmetic surgery***

In the research and investigations of the researcher, no research study which directly investigated on the effects of identity patterns on demanding cosmetic surgery were not found so it seems as if identity patterns have their effect through mental health. It is almost impossible to develop a theory of the etiology of mental illness without thinking about self and identity issues. Almost all approaches in psychiatry and clinical psychology view individual's mental health as at least partly influenced by positive self-conceptions, high self-esteem, and/or the possession of valued social identities. Conversely, psychological disorder has been attributed to unconscious conflicts with the individual's personality (Freud, 1933) arrested or inadequate identity development (Erikson, 1963; Freud, 1933) threats to self-conception or self-esteem and identity loss (Thoits, 1995) among many related processes. Some theorist and researchers see injuries to identity or 'self-worth not only as precursors but as the key markers of mental disorder (Abramson et al., 1989; Beck, 1967). This can be seen in the criteria for various mental disorders in DSM V (American Psychiatric Association, 2000). Low self-esteem, feelings of worthlessness and/or unstable self-image are central criteria in the identification of major depression, bipolar disorder, dysthymia and borderline and personality disorders

Compared to the considerable theoretical emphasis placed on self and identity factors by psychiatrist and clinical and social psychologists, sociology's dominant etiological approach to mental disorder, stress theory, has given far less theoretical and research attention to self and identity constructs and processes. In its simplest form, stress theory traces mental disorder to situational demands that is to challenges and threats originating outside the person. Numerous challenges and threats are thought to overwhelm the person's coping resources or coping abilities, producing symptoms of psychological distress or more serious forms of mental disorders (Thoits, 1995). Despite the theory's focus on external or situational causes, researchers have been finding it necessary to incorporate self and identity concepts in order to explain stressor's psychological impacts. According to this information and link between identity and mental health we should have a look on some information that is vital and relevant.

### ***6.3 Cosmetic Surgery and Mental Health***

Aside from all problems that cosmetic surgery patients might have with their body image, having problematic or special patterns of identity, or a lot social motivations or even pressures that were discussed in details, they might also suffer from personality disorders as well. These disorders can range from anxiety to depression or social dysfunction. Patients who are requesting cosmetic surgery are more anxious than the general population (Meningaud et al., 2001) This anxiety reveal itself through the lack of self-confidence in society (Meningaud et al., 2003).

This lack of self-confidence can be due to the fear of being evaluated as ugly or not pretty by peers, friends, and acquaintances consequently this fear can cause these individuals to develop anxiety.

OCD had the most prevalence and anti-social disorder was the least prevalent among cosmetic surgery patients (Zojaji et al., 2007). Sarwer et al.,(19998) argue that when using interviews as scales to measure any psychopathology in cosmetic surgery patients, the amount of psychopathology was higher than normal subjects but when more standardized tests were used normal subjects and cosmetic surgery patients did not show any significant difference in psychopathological problems. Also in another study by Zojaji et al., (2014) that investigated the personality traits among patients with cosmetic surgery showed that the most common personality trait in individuals seeking rhinoplasty in Iran was obsessive-compulsiveness. Another Iranian study showed a greater prevalence of body dysmorphic

disorder as well as higher scores for anxiety, depression, and social dysfunction in the case group compared to controls (Javanbakht et al., 2012). The reason why cosmetic surgery patients were evaluated as psychopathologic in the past and not now was perhaps one had to be more psychologically disturbed to see out cosmetic surgery when it was not the highly marketed service than it is today (Sarwer et al., 1998).

### ***6.3.1 Anxiety***

Moss and Hariss (2009) indicated that the anxiety level of cosmetic surgery patients compared to normal subjects is 7.4 times more. Gabouri and Devon (2003) did the MMPI test on 133 cosmetic surgery volunteers and the results showed that 70% of these volunteers had anxiety and half of the volunteers had depression. Anxiety among the volunteers of cosmetic surgery can be caused by the fear of not being accepted by the groups they desire to belong or the fear of not being evaluated as wanted or attractive by people especially by their partners. Another important thing that can be said about anxiety among cosmetic surgery patients is that these patients are normally pre-occupied with their appearance and what other people think of their appearance (Meningaud et al., 2001).

### ***6.3.2 Depression***

Having a depression can be caused by losing a job opportunity, losing a partner, being unsuccessful to find a partner, or any other emotional disturbance and cosmetic surgery volunteers might be undergoing the procedure to compensate for their depressive feelings (Meningaud et al., 2003). Rankin et al, (1998) also studied that cosmetic surgery can help the patients to improve their well-being and depression and have less depressive feeling after the surgery. However, their study has been done on patients with 6 months of time after their surgery. If the patients feel better after the surgery the question is that will they have less depression in long term or not. The positive feedback after the surgery maybe one of the reasons for the result of their study, but what happens after all the feedback is gone.

### ***6.3.3 Obsessive-compulsive disorder***

Philips (1997) also used “The Eysenck Personality Test” on cosmetic surgery volunteers and the result showed that the volunteers had more psychotic disorders and obsessive-compulsive disorder. As it is perfectly clear from its name, the obsessive-compulsive disorder is characterized by intrusive thoughts or images (obsessions), which increase

anxiety, and by repetitive or ritualistic actions (compulsions) which decrease anxiety. The obsession can direct itself toward any part in the face or body. Surprisingly, obsessive-compulsive traits might also be accompanied by perfectionism. Perfectionism has different dimensions but the most important dimension that can play a major role in considering cosmetic surgery is “having high personal standards”. These high personal standards can be directed toward the appearance and once an individual demands and needs the high standards for her appearance, the possibility of having cosmetic surgery will start, in fact, “perfectionism” can be a cause for the patients who have regular, repetitive cosmetic surgeries. This can be explained by noticing that a perfectionist sees her appearance as flawed, consequently she might ask for cosmetic surgery, once the imagined flawed part is fixed by the surgeon, other parts of the face or body will also start to look flawed compared to the part that is now fixed by cosmetic surgery. There is no surprise why can other cosmetic surgeries come consequently.

Above the relationship between mental health and identity was discussed with cosmetic surgery phenomena but as the investigation showed there are no direct surveys and studies on the impact of different identity styles on demanding cosmetic surgery, this means that further and direct research on examining the relationship between identity patterns and cosmetic surgery is absolutely needed in the future which the researcher is intended to do. Along with identity patterns and body image of patients who undergo cosmetic surgery there is another factor that has been slightly worked on which can be a predictor of undergoing cosmetic surgery. Just as body image and identity patterns of individuals are related to culture and society, another predictor which is the awareness of death and attempting to fight against it, is also strengthened by culture and following cultural trends and this predictor is called “terror management” (Greenberg, Pyszczynski, & Solomon, 1986).

## ***6.4 Terror Management***

Terror management theory (Greenberg, Pyszczynski, & Solomon, 1986) proposes that awareness of the inevitability of death is a core human problem that lies at the root of a broad range of superficially unrelated forms of human behavior. Research has shown that reminders of one's mortality affect such diverse phenomena as interpersonal attraction, judgments of moral transgressors, prejudice, aggression, stereotyping, estimates of social consensus for one's attitudes, risk-taking, and conformity to cultural standards and values (Greenberg, Solomon, & Pyszczynski, 1997). Although these behaviors bear no logical or semantic to the problem of human mortality, terror management theory implies that they enable the individual to see him/her self as a valuable participant in a meaningful universe and that conceiving of oneself and one's world in this manner protects the individual from the potential for anxiety that result from awareness of human vulnerability and mortality.

### ***6.4.1 Terror management and mortality salience***

TMT suggests that almost all human activity is driven by the fear of death. This ultimately creates mortality salience, and the conflict humans have to face their instinct of avoiding death completely, and their intellectual knowledge to realize that attempts to avoid death are futile. Mortality salience comes into effect, because humans contribute all of their actions to either avoiding death or distracting themselves from the complete thought of it.

Although we believe that the pursuit of self-esteem and faith in the cultural worldview are two very important means of controlling death-related concerns, people also employ a variety of other defenses that control this fear in many ways and work according to different principles (Greenberg et al., 2000). TMT (Greenberg, Solomon, & Pyszczynski, 1997) argues that, like all organisms, humans are motivated threats to their existence. Unlike other life forms, however, humans know about the fragility of life and the inevitability of death. In other words human beings are aware that they die one day although they have the instinct to live forever. These two factors create a frightening paradox for humans and fill them with terror. To run away from this fear that paralyzes human beings, people choose defense mechanisms to escape from being conscious of death.

These defenses were originally conceptualized as a dual-component mechanism consisting of:

Cultural worldview validation that imbues the world with meaning, order, and permanence and provides a set of standards for what is valuable, as well as the promise of the literal for example being in heaven or symbolic immortality such as connecting oneself to something larger and meaningful .Self-esteem enhancement that is obtained by living up to the standards of one's cultural world view (Greenberg, Solomon & Arndt, 2008).

Cultural world views and self-esteem are fragile social constructions that require ongoing validation from others for effective defensive functioning. Because of the vital role that these psychological entities have in protecting individuals from deep fears, a great amount of social behavior and thought is directed to keeping these structures and defending them against threat and fear. Because of the death-escaping function of cultural world views , people tend to react with anger , derogation, and even aggression against others who hold different and thus threatening conceptions of reality, especially when personal death is salient (Birnbbaum, Hirschburger & Goldenerg, 2006). To test these theoretical predispositions, terror management studies have primed thoughts of death (mortality salience) and examined cultural world view defenses. These studies have demonstrated that mortality salience induces greater adherence to cultural standards and values and also leads to greater avoidance, derogation, and punishment of those who challenge important values and beliefs (Florian & Mikulincer, 2001).

Terror management however does not rely exclusively on cultural forms of defense. There are other ways to symbolically escape from death by trying to look younger and more beautiful which can be achieved somehow by manipulating the body. Although behavior regarding the body has not been the focus of research on terror management until recently, such behavior seems particularly likely to be affected by terror management needs. Indeed we suggest that a wide range of both normal and abnormal human behavior can be better understood by recognizing that body-related problems stem in part from the anxiety engendered by the human knowledge that the body is a vehicle through which life passes unto death. (Goldenberg et al, 2000). Although it is eminently reasonable for a concern with death to lead people to engage in behavior aimed at preserving their bodies' physical health , and people certainly do often strive to maintain their health , they typically seem more preoccupied with concerns about how their bodies look, smell, perform, and compare with cultural standards. Following theorist such as Freud, Rank, Brown and Becker, we argue that meeting cultural standards concerning the body separates humankind from the rest of the

animal kingdom, to elevate our bodies from their flesh and bones reality to a higher plane as objects of beauty, dignity, and even spirituality (Goldberg et al., 2000).

People need to cope with discomfoting terror. When people are conscious of it, they tend to engage in behaviors that literally help them to live longer such as healthy diet and exercise (Goldenberg & Arndt, 2008). However, people also experience the death terror unconsciously. As a defense, people tend to engage in behaviors that symbolize immortality such as having offspring, pursuing achievement. Based on Becker's ideas, the terror management theory (TMT) suggests that the existential motive to symbolically defend against death terror underlies a wide range of human behaviors (Greenberg, Solomon & Pyszczynski, 1997). Whether a behavior has an underlying existential motive can be tested experimentally. In a typical TMT experiment, some participants are reminded of their death through answering some imaginative questions about their death and some are not. After a delay which allows the death-related thoughts to subside into unconsciousness, participant's behavior is assessed. Up to date, most of the behaviors, which can serve as a symbolic defense, can be categorized into two types: embracing the culture and striving for self-esteem (Pyszczynski et al., 2004). Past studies have consistently shown that when mortality is salient, people defend or assert world views in their culture more strongly. For instance, mortality salient participants showed a stronger tendency of favoring their own culture and discriminating against out-group cultures and greater reluctance to inappropriately use cherished cultural symbols (Greenberg et., al 1995). Some studies have also robustly shown that when mortality is salient, people showed stronger self-serving attribution bias: they attributed success to more internal, stable, and specific causes (Mikulincer & Florian, 2001). In addition, when mortality is salient, people are more likely to perform a behavior that is considered an important source of self-esteem (Pyszczynski et al., 2004). For example, mortality salience led to more risky driving among those who valued their driving ability and stronger fitness intensions among those participants for whom fitness was important to their self-esteem (Arndt, Schimel, & Goldenburg, 2003).

#### ***6.4.2 Terror management and reasons for having cosmetic surgery***

From the perspective of the TMT, it is possible that an existential motive underlies cosmetic surgery: people want to modify their body through cosmetic surgery because it helps them symbolically defend against death terror. Now the question is why cosmetic surgery can

serve as a symbolic defense. The existing literature on cosmetic surgery has shown that the desire to comply with the appearance standards in the culture and the want for improved self-esteem are the two major reasons often reported by (Thrope, Ahmed, & Steer, 2004). If cosmetic surgery can help people embrace their culture and boost their self-esteem, then it should be able to help them symbolically defend against death anxiety. People often consider cosmetic surgery a potent means to meeting the cultural appearance standards. As Sarwer and Crerand (2004) identified, one of the sources of body-image dissatisfaction is discrepancy individuals perceive between their appearance and culture standards. Some qualitative studies supported this view. For example some female patients made explicit reference to the importance of adhering to the cultural appearance standards (Thrope et al., 2004). Davis (2003) reported familiar findings: o female interviewees, the body parts that had to be modified were those which did not fit in the cultural standards. Some quantitative studies have also revealed that individuals more concerned about the cultural appearance standards are more likely to consider cosmetic surgery. For instance Henderson-king and Henderson-king (2005) found that the more ashamed women felt about not having met the cultural standards; the more likely they considered cosmetic surgery. Similarly, Swami, Chamorr-Premuzic, Bridges, and Furnham (2009) reported that more conforming participants found cosmetic surgery more acceptable. Also participants who had had greater exposure to and internalization of the cultural standards were more likely to consider cosmetic surgery (Delinsky, 2005; Sarwer et al., 2005).

People also often regard cosmetic surgery as pathway leading to improved self-esteem. The ASPS (2010), explicitly defines cosmetic surgery as a means to “reshape normal structures of the body in order to improve the patient’s appearance and self-esteem.” (Henderson-King & Henderson-King, 2005). Indeed some qualitative studies on cosmetic surgery patients have revealed that many of them accept cosmetic because they want to improve their self-esteem. For example, in one study, more than 80% of the interviewed breast augmentation patients aspired to improve their self-esteem through the surgery (Cash & Pruzinsky, 2002).

Taken together given that cosmetic surgery is a means to cultural adherence and self-esteem striving, it is reasonable to suggest that it is able to serve as a symbolic defense against death terror. It is thus hypothesized that when death terror is heightened, people will find cosmetic surgery more acceptable, and will be more likely to undergo cosmetic surgery.

### ***6.4.3 Terror management and self-esteem***

Mortality salience is highly manipulated by one's self-esteem. Individuals with low self-esteem are more apt to experience the effects of mortality salience, whereas individuals with high self-esteem are better able to cope with the idea that their death is uncontrollable. According to terror management theory increased self-esteem should enhance the functioning of the cultural anxiety buffer and thereby provide protection against death concerns (Harmon-Jones et al., 1997). Therefore, self-esteem should reduce mortality salience effects. The result of this study concludes that self-esteem helps to buffer an individual's anxiety about dying. Individuals with higher self-esteem do not react to mortality salience, while those with moderate self-esteem do. Therefore, their results imply that self-esteem may in fact reduce the effects of mortality salience. With regard to this information about self-esteem and knowing that low self-esteem can be a predictor of demanding cosmetic surgery we can conclude that patients who undergo cosmetic surgery are indirectly fighting against the mortality salience, hence cosmetic surgery can be a means for terror management and delaying death symbolically.

### ***6.4.4 Religion and terror management***

Religion regardless of being Islam, Christianity, Judaism, or any other known religion around the globe promises an afterlife to its followers. Consequently, if the followers are religious and truly believe in the promises that their religion give about immortality, they can probably deal with the death terror more easily than other non-religious individuals. The dream of entering paradise and having an eternal happy life is what Muslims have been promised for instance.

On the other hand self-worth and self-esteem can both be enhanced among the followers of different religions since they are participating in communities that their religion provides for them in places like churches, synagogues, or mosques. Feeling of being accepted and respected in such large groups can actually enhance the value that an individual has for himself. Therefore, religion can act in two different ways regarding the terror management.

Religion can affect its followers both socially and individually. In an individual aspect, religion serves to manage the potential terror engendered by human awareness of death by offering a feeling of psychological safety and hope of immortality, something that almost all humans long for. The religion promises literal immortality (Veil et al., 2010). The mortality salience produces increased belief in afterlife, supernatural agency, human ascension from

nature and spiritual distinctions between mind and body. Terror management theory (Greenberg, Pyszczynski, & Solomon, 1986) introduces the religious belief as a solution to the persistent and pervasive problem of death. TMT helps explain why people develop and maintain religious beliefs, how various religions address universal existential concerns, and what the social costs and benefits of religion are (Veil et al., 2010).

Being able to think and analyze, humans have known that the only inevitable phenomenon is death; an incident that there is no way out of it. Knowing this certain fact, the fear of death arises and increases as humans grow older. The concept of death expresses the ending of life and complete termination of physical aliveness. If it is not followed by a belief of an afterlife experience, the thought of dying one day can give humans a big source of fear. Religion on the other hand promises life after death and consequently people who deeply believe and trust their religion find refuge and safety that protects them from the fear of mortality through their religion. According to Terror Management Theory (TMT), humans respond to the problem of death by creating or modifying existing cultural worldviews to help them manage their anxiety (Veil et al., 2010). Religion can be a good way for people to manage their anxiety and fear of death. The self-esteem gets even higher in religious people because in any religion individuals are considered immortal in essence and therefore they consider themselves as very valuable and an eternal entity, this is because in a religious sense, death is not the end of life but a beginning of an eternal one.

In the part that self-esteem gets enhanced by living up to the standards of religion which in this case is being religious and implementing the orders and commands that the religion and the religious communities give. Individuals and in our case women specifically, feel the self-esteem by obeying the rules that were internalized and encouraged in them during their childhood and through this method of clinging to the beliefs and the saints that the religion provides for the followers, they seek refuge and feel belonged to a subjective thing that is supernatural and no argument can deny it in their point of view. Of course, feeling connected to a supernatural power that can do anything, will present the self-esteem that cannot be hurt or faded easily. The reason the results showed that women without surgery are more informative can stem from the self-esteem they get from being religious.

People use defense mechanisms to avoid being conscious of death, religion can be one of those defense mechanisms. As said before, these defenses consist of cultural world view that can be built by connecting ourselves to something larger and immortal if possible e.g.; believing in heaven. And it also consists of self-esteem enhancement that derives from living

up to the standards of one's cultural views. When individuals are actually religious and feel belonged to a religion they can apparently manage the terror of death much better. The promises of immortality in Quran or any other religious books and of course believing in such a systematic life after death and to be given the promise of immortality that is provided by the books of religion to people can take away the fear of death to a large extent from the believers in this case women who did not undergo cosmetic surgery in Iran that is contradictory to the result of having more informative identity patterns.

As it was already mentioned in the literature part, undergoing cosmetic surgery or any other non-surgical cosmetic procedure can have two main reasons, aside from becoming more beautiful, a lot of cosmetic surgeries are done to fight the phenomenon "aging". The reason why more and more people are doing face lifts and non-surgical cosmetic procedures such as Botox or gel injections is because they don't want to look old. Staying forever young has been the wish of human beings forever. We can see this big wish even in famous paintings such as Jungbrunnen (the fountain of life) which was painted by the German painter Lucas Cranach the Elder (1472-1553). Having this dream throughout the history of human beings could be because youth is associated with beauty and strength, youth is associated with aliveness. Stories and myths like drinking the elixir of life that can grant the drinker eternal life and youth, tell us how humans have always wanted to remain young. In the modern age, aging can be slowed down through the use of medication and of course for outer appearance, many different methods and surgeries exist. This can be seen on the faces of many celebrities, although they might be around 70 but they look 50 or even less. Looking in the mirror and seeing the wrinkles around the eyes and lips gives people feeling of getting older and hence, closer to death. Aging can give people the anxiety of getting close to death, but what if through surgeries and cosmetic non-surgical procedures they can look 20 years younger? Human beings have finally found a way to see themselves far from death and can also gain their self-worth back since they can be seen and paid attention to once again by other people, a way to escape the feeling of not being wanted because of "oldness". Unfortunately it is perfectly clear that older people are not desired or wanted by the others compared to the youth. Gaining back the attention they have lost, especially if they don't have the self-esteem that can give them the feeling of being worthy can be a good motivation to undergo cosmetic surgery at the middle ages or even older.

Being religious and believing that there is a life after death, can easily decrease the anxiety of death. As the results of this research had shown, this can be the reason why religious

people normally go under cosmetic surgery much less than non-religious people. Feeling safe because of believing the promise that all religions give about the eternity of humans, creates a security that can potentially decrease the anxiety that can come from aging. The feeling that the followers have which tell them that God is always watching them and protecting them can decrease the need of religious people for others' attention and care, because they feel attached to a much more powerful source that is named God. If one deeply feels that there is truly a promising afterlife then they will not feel the urge to look young in order to escape death or win their youth and beauty back.

Through this discussion we can clearly see why women who did not undergo cosmetic surgery in Iran are significantly more religious than others. They simply do not feel the need to enhance their self-esteem through outer alterations because first they feel themselves as immortals and second they feel belonged to a large group that enhances this self-esteem. Sense Of belongingness is also another topic that can be explained and discussed since religion provides it for its followers.

#### ***6.4.5 Religiousness in Iran and Germany***

Iran was and still is considered a religious country before and after the 1979 revolution. Aside from the government rules and regulation, people themselves have the tendency to be religious and follow the traditions that are mainly related to religion as well and on the whole for many, religiousness is considered as desired trait. A lot of families do the religious rituals and act according to the rules of religion (Islam). These religious roots are much older and deeper than the Islamic revolution rules and many families follow and obey the religious commands. Since the religion is combined with the traditions, women are much more limited in society than men. Being direct and assertive especially by women is not considered to be a desired trait. Laughing out loud or speaking the mind among women is considered to be impolite and rude especially if a female does it she is considered as disgraceful and light-headed. In the previous generations being religious and implementing its commands was considered as a respected personality trait and in this generation it is still, although it is somehow fading.

In Germany on the other hand, religious rules are also practiced but these rules are not implemented in politics like Iran.

Religion especially when it is merged with all the tradition and culture of individuals can have a lot of influences on the quality of life of its followers. In the following you can read about how religion affects us psychologically.

#### ***6.4.6 Religion, sense of belonging and cosmetic surgery***

Aside from the symbolic immortality that is a gift promised by any religion, on the social aspect of religions' influence, religious people have a sense of belonging by belonging to their religion (Baumeister & Leary, 1995). The sense that Hagerty et al. (1992) introduced as a representative of a unique mental health concept, "the personal experience in a system or environment so that persons feel themselves to be an integral part of that system or environment". Two definitions of sense of belonging are (a) valued involvement or the experience of feeling valued, needed, or accepted; and (b) fit, the perception that the individual's characteristics articulate with the system or environment (Hagerty & Patusky, 1995).

When an individual believes in a religion and considers him/her to be religious, a sense of belonging emerges with this ideology. Belonging to a very large group of individuals with same beliefs and same ideologies make people feel attached to something that is accepted and obeyed by many other people around the world. The value and worth that people feel by belonging to different groups also depends so much on what kind of group they belong to, if this group is seen and accepted as something good and positive then this sense of belonging can give its members positive feelings toward themselves. When one feels like he/she is valued, needed or accepted through the sense of belonging, self-worth and self-esteem will be higher consequently. Cartwright (1950) argued that "the group to which a person belongs serves as primary determinants of his self-esteem. To a considerable extent, personal feelings of worth depend on the social evaluation of the group with which a person is identified". Belonging to a large group like the different religious groups will consequently give the individuals a sense of self-esteem, self-worth and also belonging hence, individuals who consider themselves as accepted and also a part of a large and legitimate group that their religion provide them with, do not feel the urge to alter their appearance in order to increase their self-worth because they already have a feeling of being supported and accepted within a very large community. Sociologists such as Durkheim (2009) considered the social dimension of religion "the essence and substance of religion". According to these arguments, religion can play an important role for subjective well-being since all religious organizations normally offer chances for people to interact with a lot of other like-minded

individuals and give them the opportunities to build up friendship and social bonds. Consequently the relationship between religiousness and a great sense of belonging is clearly seen.

Considering these two aspects, symbolic immortality and sense of belonging that different religions normally give to their followers, we can conclude that if a person has more and higher self-esteem, self-worth and sense of belonging, and also being better at terror management that leads to less fear of death and mortality then the intention of undergoing cosmetic surgery will decrease.. As mentioned before all four women with cosmetic surgery stated that at some point they have undergone these operations to win their partners' attention. This attitude can appear if individuals do not possess sufficient self-esteem and when people see themselves as inferior and not worthy enough, the need to change their appearance in order to get beautiful increases consequently.

The belongingness hypothesis is that human beings have a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and significant interpersonal relationships. Satisfying this drive involves two criteria: First, there is a need for frequent, affectively pleasant interactions with a few other people, and, second, these interactions must take place in the context of a temporally stable and enduring framework of affective concern for each other's welfare (Baumeister & Leary, 1995, p.17).

To keep this vital and fundamental sense of belonging with partner, females run toward cosmetic surgeons to fix the flaws they think they have in order to win their partner's attention because of the body satisfaction that women think they might gain after their cosmetic surgery.

A lack of belongingness should constitute severe deprivation and cause a variety of ill effects. Furthermore, a great deal of human behavior, emotion, and thought is caused by this fundamental interpersonal motive. John Donne (1975), cited in Baumeister and Leary, (1995) has been widely quoted for the line "No [person] is an island." In psychology, the need for interpersonal contact was asserted in several ways by Freud (e.g., 1930), although he tended to see the motive as derived from the sex drive and from the filial bond Bowlby's (1977) attachment theory also posited the need to form and maintain relationships.

Religion comes to help individuals to seek and find both criteria that are interacting with people who follow the same pattern for example, going to mosques and communicating with people there. In Iran this interaction is also happening among people who have different

vows to God or Imams. It means for every situation like the death anniversary of an Imam (there are 12 Imams) among Shiite Muslims; every year there are a lot of houses who give away food for free for the religious vows that different families might have. Women also play a very important role, they gather together, cook and talk and sometimes mourn for the lost Imam. These ceremonies are not just to mourn as there are religious parties in which individuals sing and sometimes dance for a birthday of an Imam, it should be mentioned that just like other public events in these parties, women and men are segregated strictly as they are religious parties. With these examples the reader can have a picture how communicative these women can be and how the first criterion of the need to belong (need for frequent, affectively pleasant interactions with other people) is satisfied among religious people. The other criterion for the need to belong which is to have this communications in a stable and enduring framework (Baumeister & Leary, 1995) is also gained by these groups because the group itself has a very old and traditional history behind it that can guarantee the stability and validity in the society. Therefore, the need to belong is to a clear extent satisfied in women who engage themselves in such religious groups especially if they have their religious roots and preferences.

#### ***6.4.7 Religion and well-being***

There are a lot of studies about the religion and its possible influence on the psyche and deeds of the individual. The literature suggests that religion may enhance various aspects of well-being in at least four ways: 1) through social integration and support; 2) through the establishment of personal relationships with a divine other; 3) through the provision of systems of meaning and existential coherence; and 4) through the promotion of more specific patterns of religious organization and personal lifestyle. Although these relationships are conceptually and empirically distinct, they are not mutually exclusive (Ellison, 1991).

According to Diener and Emmons (1984), well-being describes how people experience the quality of their lives which includes emotional reactions and cognitive judgments. The frequency of positive and negative effects, moods, emotions and satisfaction in general aspects of life can be put under the category of subjective wellbeing. As Diener (2000) mentions wellbeing is related to personality traits as well. Wellbeing as the literature said has correlation with being religious (Levin & Chatters, 1998). If wellbeing is also the satisfaction of life then people who are more religious should be more satisfied with their lives. A person who is satisfied with her life by the 4 ways that was earlier mentioned by

Ellison, (1991), probably does not seek the support and integration through fashion and trends that are ephemeral. Quite the contrary the religion can actually provide these women with a strong and permanent group or community to ingrate and support them. If well-being is established through the relationship with the divine other (God, Imams, Profits, etc.) then the need to have the relationship with a lot of peers can decrease. When the urge to have relationship with others is not extreme, then the individual will not be influenced by the “fat talks” or talks about the trends that are always changing in the market.

As it is perfectly clear, whether the volunteers of cosmetic surgery underwent this procedure to win their partner’s heart, to feel better about themselves, to have more beautiful faces, to have a sense of belonging to a special group or to follow the trends and fashion, whatever the reason, all these aspects can have a main reason and that is “satisfaction”. Having a life where individuals are truly satisfied with themselves is the reason why people do different things one of which is going under any kind of cosmetic surgery. Life satisfaction and well-being are the topics that are introduced and can be measured.

Religion has been introduced as an important factor that can cause having a higher well-being and life satisfaction that means the more individuals believe in their religion, the happier and more satisfied they are in their lives. And religion itself can act in 2 different dimensions, socially and individually. One aspect is the social networks that people find in religious organizations as the major source of well-being (Krause, 2008). A wide range of factors can influence the subjective well-being (Campbell, Converse, & Rogers, 1976). For instance, a lot of studies have shown religion to be closely related to life satisfaction and happiness (Ferris, 2002), this satisfaction of life can be present because religiousness can work in two different ways to affect the well-being of individuals

Participation in religious activities and rituals can enhance well-being in four ways. First, places like mosques or churches offer their followers opportunities to meet and interact with like-mind people. Second, these institutions can be a source to help individuals with their problems. Third, religion brings a sort of social control and a break for not doing things that are socially considered as bad or harmful. And fourth, worshipping the divine in a group will strengthen personal beliefs and consequently enhancing the well-being. The positive influence of religious certainty on well-being is direct and substantial: individuals with strong religious faith report higher levels of life satisfaction, greater personal happiness, and fewer negative psychological consequences of traumatic life events (Ellison, 1991).

From the individual point of view well-being can be experienced by identification with religious figures in religious texts (Wikstrom, 1987). Secondly, religion can give the followers a feeling of self-esteem and self-worth; being valued by a divine other called God or religious figures can yield a strong self-worth to individuals. Finally this well-being can be caused by believing in afterlife, promised by almost all religions around the globe. This last statement about religion solves the terror and anxiety that comes from the phenomenon of “death”. Although religion cannot make people remain young but by promising them an immortal and happy life, the followers do not feel the urge to utter their appearance to look younger or more beautiful.

Being in the second decade of the 21<sup>st</sup> century, a lot of dreams of human being has come true. Staying young forever by altering the surface is very tangible and probable in this period. A 60 year old can go into the operation room and within some hours come out looking like a 40 year old. The only thing to do is to pay the money and find a good doctor to do so. The question is why everyone wants to look young. This can be discussed through terror management theory and the effect that religion can have on terror management.

#### ***6.4.8 Religion and acceptance by others***

Another way that religion can give individuals the sense of well-being and life satisfaction is the private and subjective aspects of religion (Greeley, & Hout, 2006). One of these subjective aspects is the feeling of acceptance which means believing that whatever has been given to humans, in this sense the body and face, is God given and whatever God has given is already good. Religious people accept the way they look and therefore, they do not interfere with what God has already given to them. As religiosity is normally an individual's choice it is likely that religious people differ from those who are not in terms of various factors that can be related to life satisfaction. Life satisfaction can bring self-acceptance. And the more an individual accepts herself the more satisfied he is with his life. In measuring the well-being religion stands less important than health but as important as education, marital status, and social activity. Other studies have found that religion has a comparable or even stronger effect on well-being than income (Ellison, Gay, & Glass, 1989).

#### ***6.4.9 Religion and self-esteem***

To esteem, means to prize something, to set a high mental valuation upon it and hence self-esteem is the extent to which a person prizes, values, approves or likes herself. To maintain the self-esteem that seems to be so fragile (Cash & Pruzinsky, 2002), individuals tend to inflate their self-evaluations (Zell & Alicke, 2010) and inflating self-esteem can be done by undergoing cosmetic surgeries. As it was discussed before women with cosmetic surgery mentioned that at some point they underwent cosmetic surgery to gain their partners attention back. Having a low self-esteem can cause the feeling of inferiority in a romantic relationship, especially if the partner is not loyal and pays attention to other females. This can clearly bring out the feeling of comparing which is absolutely an upward comparison and can give the individual a sense of inferiority.

Self-esteem is an evaluation of our worthiness, to be good at things that we personally value, and if individuals value romantic relationships and identify themselves with the relationship that they have, slightest problems in relationships can be a threat to their self-esteem. Normally people who have high self-esteems see themselves as better than average. Having a high self-esteem is more probable when individuals have a psychological well-being. And of course studies show that people who are more religious tend to have a higher well-being than non-religious people. It can be discussed that if an individual has more self-esteem due to being religious, the need for seeking a partner's attention will decrease automatically and the urge to transform the body and face through surgical procedures simply fades. Global self-esteem often rests on evaluations of self-worth in domains such as appearance, academic/work performance, or social approval (Harter, 1999). Through religion and being approved by a large group, the need for being approved by a special person respectively decreases, so the religious woman sees herself worthy and valued all the time without the need for making any change to feel better.

#### ***6.4.10 Religion and conservativeness***

Religion has long been recognized as a conservative force in society, i.e. as an institution resistant to progressive change. Thus all powerful religious organizations have always been against many great new ideas and trends in social behavior. Religion in this sense need not be only Christianity, Islam or Judaism; it may be any established religion or even a prevailing ideology such as Maoism. There is a tendency for the conservative to favor strict regulation of individual behavior, either for the social or divine good, or for its own sake, by

rules, laws, etc., and a tendency to respond in a harshly punitive way towards violations of these laws. In addition a religious person may tend to be resistant to any proposed changes in the moral or legal codes, viewing them as God-given, fixed and immutable (Wilson, 1973). The fact that religious people accept their faces and bodies the way they are could be related to what had just been mentioned in this paragraph, if an individual is convinced through religious ideas that what she has already is God given, and changing what God has given its creatures (humans) is a sin, consequently they wouldn't have the tendency to change anything in their God-given bodies and faces.

Remembering that conservatism is broadly defined as “resistance to change”, it follows that the conservative ought to prefer what is familiar, traditional, and conventional in behavior generally, including art, music, literature, clothing, and social institutions. Modern art forms, fashions, fads, etc., will therefore be expected to evoke a reaction which is disproportionately unfavorable. Considering that having different kinds of cosmetic surgeries is something that certainly does not follow traditions and not only it is not approved by religion but also frowned upon, can help to understand the reason why religious women are not willing to undergo such surgeries. Going under cosmetic surgery especially in the face that can clearly be seen and detected by others can be a threat for religious people to be disapproved by other members of the religious community, a self that has been constructed through this community will be demolished. In a religious and conservative point of view even certain kinds of art and music may be seen as “provocative and not appropriate for the young”, and changes in clothing fashions may be said to promote promiscuity, anarchy, etc.

Perhaps related to religious fundamentalism and the dislike for science is the tendency to be superstitious and fatalistic- to believe that one's destiny is not within one's own control, and that one is the victim of supernatural forces. Conservatives then are inclined to be convinced of the efficacy of fortunes; from this aspect the individualistic and private reasons for not going under cosmetic surgery can be easily defined.

### *Some views of conservatism*

Wilson (2013) in his book “The Psychology of Conservatism” turns to a brief consideration of three distinguishable though overlapping current conceptualizations of the nature of conservatism, the three views are:

***Resistance to change.*** Literal definitions of the word “conservatism” stress three aspects. (1) preference for existing institutions (2) preference for traditional institutions and (3) the disposition towards being moderate and cautious. By combining these three components, it can be deduced that the conservative will resist change except when the proposed change is perceived to be in a religious or traditional direction or such as to increase the security of the individual or his society.

***Playing safe.*** Being on the safe side for religious people and avoiding risks is seen in religious people. In this view religious individual is prone to feel threatened and to experience insecurity in a complex and unfamiliar environment, and is therefore intolerant of change because it increases the complexity of the experiential world.

***Internalization of parental prohibitions.*** There is an extent to which “parental” prohibitions have been internalized so as to become a stable perhaps inflexible frame-work within which social phenomena and behavior are evaluated concepts like “conscious” or “superego strength”. Clearly, the exact structure of the individual conscience will depend upon the particular parents, peer groups, and other social institutes to which one is exposed, as well as personality characteristics that determine differential susceptibility to these influences. Nevertheless, it may be assumed that there is a fair amount of consensus as regards the kind of behavior that should be considered “right” or “socially desirable” in the context of “middle-class respectability”, and conservatism and religiousness maybe viewed as quantification of the extent to which this normative value-pattern has been absorbed. We should not therefore, be surprised to discover that religiousness is to some extent related to what the major society and population demand of individuals. In a country that has been governed by religion for 37 years, religion has become a main desirability of the society hence; religious people tend to follow the social desirability more than others.

#### ***6.4.11 Religiousness and risk-taking***

As it is perfectly clear, an undeniable aspect of having a cosmetic surgery for enhancing beauty is that the volunteers are deliberately taking a high risk of going under the cut of the surgeons. Any other surgeries that are done for medical reasons cannot be counted for a risk-taking behavior. Religion itself can be a controlling device for religious individuals not to do many behaviors that involve risk- taking. The risk-preference thesis argues that under some circumstances, being irreligious constitutes a form of risk-taking behavior, which can be analogous to criminal or deviant acts (Miller & Hoffman, 1995). The idea of

irreligiousness as a form of risk-taking rests upon the fact that in western societies, the dominant religious traditions, such as Christianity, Islam, etc., clearly define non affiliation and nonparticipation as high-risk behavior leading to divine punishment in an afterlife (Miller 2000; Miller & Stark, 2002). This line of reasoning is consistent with classic studies suggesting that religion is a risk-averse strategy for reducing uncertainty in life and avoiding other worldly punishment (Homans, 1941). One classic perspective in the social scientific study of religion that is consistent with risk taking principles was developed by Malinowski (2013). Malinowski claimed that religiosity is related to a desire to control those things that cannot be controlled given the level of technological sophistication of a society, and is also a way of dealing with fear of death. Homans (1941) is also one of the researchers who have made a similar claim. Normally people who are risk-averse, deal with their fears in more socially appropriate and culturally accepted ways such as being religious and on the contrary risk-takers are more likely to use innovative and new ways to solve the problems they face. Even from this point of view risk-averse people are more likely to be more religious than risk-takers because being religious means to be on the safe side, this can nicely explain why non-religious females are willing to undergo cosmetic surgery more than religious ones. Being a risk-taker itself can be a big cause to do things that are more modern and also risky.

### ***6.5 Perfectionism and Cosmetic Surgery***

The intention to write about perfectionism at the theoretical part is not to tap any personality disorders but according to DSM-V the perfectionist traits can be explained and consequently its relation to having cosmetic surgery.

According to DSM-V, 2013 American Psychiatric Association an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture is perfectionism This pattern is manifested in two (or more) of the following areas: Cognition (i.e., ways of perceiving and interpreting self, other people and events), Affectivity (i.e., the range, intensity, liability, and Appropriateness of emotional response, interpersonal functioning and impulse control.

There is common belief that perfectionists are displeased with their bodies (Ruggiero, Levi, Ciuna, & Sassaroli, 2003), social physique anxiety (Haase, Prapavessis, & Owens, 2002), and dysmorphic symptomatology (Hanstock & O'Mahony, 2002) are related to perfectionism. Second, perfectionists frequently attempt to transform their bodies. For instance, disordered eating (Cockell et al., 2002), bodybuilding (Davis & Scott-Robertson,

2000)' and excessive exercise (Gulker, Laskis, & Kuba, 2001) are linked to perfectionism. According to such evidence there is a possibility that individuals with high perfectionism might consider altering their appearance either with excessive exercise, dressing up, and cosmetic surgery.

For perfectionists, ideas of having a cosmetic surgery might appear because as the body is part of the self, they want to alter their self to the self that is desired or they want to alter the imperfections that they perceive. Cosmetic surgery also enables perfectionists to alter aspects of their bodies that cannot be changed through dieting or exercise (e.g., nose shape, lips, eyes, etc.). More generally, contemplating cosmetic surgery may be understood as a manifestation of perfectionists' chronic predisposition toward dissatisfaction (Sherry, et al., 2003).

Before perfectionism and considering cosmetic surgery are discussed in detail, trait perfectionism and perfectionistic self-presentation should be defined.

Sherry et al. (2004) conceptualized trait perfectionism as three distinct and stable dimensions: self-oriented perfectionism or SOP (i.e., requiring perfection of oneself), other-oriented perfectionism or OOP (i.e., requiring perfection from others), and socially prescribed perfectionism or SPP (i.e., perceiving others require perfection of oneself). In addition, Sherry et al. (2004) conceptualized perfectionistic self-presentation as three separate and enduring facets: perfectionistic self-promotion or PSP (i.e., promoting an image of perfection to others), nondisclosure of imperfection or NDC (i.e., concealing verbal disclosures of imperfection from others), and non-display of imperfection or NDP (i.e., concealing behavioral displays of imperfection from others).

Despite overlapping conceptually and empirically, trait perfectionism is distinguishable from perfectionistic self-presentation. For example, a desire to actually be perfect (as in SOP) may involve a desire to appear as perfect (as in PSP), but the former does not invariably involve the latter and vice versa. Moreover, research involving university students and psychiatric patients has demonstrated that trait perfectionism and perfectionistic self-presentation are distinct Sherry et al. (2004).

When perfection can define itself through an ideal image, the effort to alter the appearance based on that ideal will increase. Sometimes a perfect nose is a nose of some celebrity, the perfect lips belongs to somebody else and so on, consequently this can also cause the patient to constantly seek alterations on different parts of her body and if the results are not

compatible to the perfect image, an obsessive pursuit of cosmetic surgeries can start. This can cause catastrophes such as a lot of celebrities who deformed their faces in search of a perfect look.

For a perfectionist, judgment of the others is a major determiner of what they say, do and how they appear. As it was already mentioned above there can be an overlap with the SOP and SPP; the thought of being perfect in eyes of others can be a great motivation for these individuals to undergo cosmetic surgery. This very thought can also have two sides, when SOP is high and it is also overlapping with SPP; the person might want to alter some parts of her appearance to get the ideal perfect image but according to the society she lives in, the SPP can be so different and sometimes even vice versa. For instance if an individual undergoes cosmetic surgery and in her society this procedure is very common, the feeling of satisfaction will be a two way street. She is happy with the result and the society gives her positive feedback hence, the overall well-being actually can increase. However, if the society is against cosmetic surgery the individual might try to hide the cosmetic surgery or avoid people who she thinks would judge her.

Aside from perfectionism, the supporting relationship between individuals can give a sense of belonging and security that can boost self-esteem as well. This sense of belonging can also lack in people's lives and in order to attain this sense of belonging an individual might look for outer solutions like body modification.

### ***6.6 Sense of Belonging***

The belongingness hypothesis is that human beings have a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and significant interpersonal relationships. Satisfying this drive involves two criteria: First, there is a need for frequent, affectively pleasant interactions with a few other people, and, second, these interactions must take place in the context of a temporally stable and enduring framework of affective concern for each other's welfare (Baumeister & Leary, 1995, p.17).

To keep this vital and fundamental sense of belonging with partner, females run toward cosmetic surgeons to fix the flaws they think they have in order to win their partner's attention because of the body satisfaction that women think they might gain after their cosmetic surgery.

A lack of belongingness should constitute severe deprivation and cause a variety of ill effects. Furthermore, a great deal of human behaviour, emotion, and thought is caused by this fundamental interpersonal motive. This can to some extent explain why seeking partner's attention, approval, love and care and sometimes trying to retrieve the lost affection back is the main and basic reason for undergoing surgery. Some may debate that instead of putting oneself under so much pressure and risk to gain the attention of the current partner back, it could be replaced by finding a new partner and ending the relationship in which the attention and affection is lost but as Baumeister and Leary (1995) mention: "We propose that the need to belong can, in principle, be directed toward any other human being, and the loss of relationship with one person can to some extent be replaced by any other. The main obstacle to such substitution is that formation of new relationships takes time, such as in the gradual accumulation of intimacy and shared experience. Social contact with a long-term intimate would therefore provide some satisfactions, including a sense of belonging that would not be available in interactions with strangers or new acquaintances".

John Donne (cited in Baumeister and Leary, 1995) has been widely quoted for the line "No [person] is an island." In psychology, the need for interpersonal contact was asserted in several ways by Freud (e.g., 1930), although he tended to see the motive as derived from the sex drive and from the filial bond Bowlby's (1977) attachment theory also posited the need to form and maintain relationships.

People prefer achievements that are validated, recognized, and valued by other people over solitary achievements, so there may be a substantial interpersonal component behind the need for achievement. And the needs for approval and intimacy are undoubtedly linked to the fact that approval is a prerequisite for forming and maintaining social bonds, and intimacy is a defining characteristic of close relationships. The need to belong could thus be linked to all of them. There is a possibility that much of what human beings do is done in the service of belongingness.

## **7. Development of the research questions**

In this part you will read about how all the probable reasons for undergoing cosmetic surgery are interrelated and the predictors of the study. In the end the hypothesis and the questions of this research are written.

### ***7.1 Integration of the predictors***

There are psychological and social aspects of undergoing cosmetic surgery. Since they are related to each other we can call these aspects psycho-social. The psychological components such as identity patterns, mental health, terror management, and body image are also related. According to Cash & Pruzinsky (2004), the main part of self-esteem among adolescent is their body image. How they perceive their bodies in different context can higher or lower their self-esteem and hence, the adolescents self-esteem is really vulnerable according to them. The identity patterns of individuals are also very vulnerable in these ages. If an individual develops a secure body image due to some factors like parental support and secure patterns of attachment (Bowlby), they would also develop a more stable identity pattern due to the self-esteem that is brought by a rather healthy body image. When the self-esteem is higher, questioning the body will likely decrease since the social comparison does not affect the person severely. If an individual has an informative identity pattern he/she sees the social factors through critical eyes and will filter all the information that are needed, not accepting whatever is common in the society. The mental health of individuals and in this context, depression, anxiety, and social dysfunction that will be measured later could also be related to the identity patterns and body image of individuals. If a person has a healthy body image and a stable identity pattern, the probability of being self-conscious all the time and hence developing anxiety, depression and social dysfunction will diminish. On the contrary an individual with a distorted body image and with an avoidant identity pattern will probably feel insecure because of the fear of the others' judgments about their appearance and this feeling can higher the risk of isolation and anxiety.

On the other hand there is a probability that if a person has a normative identity pattern the probability to follow the trends will go higher and the body and appearance will be the matter of social comparison specially an upward comparison. Therefore, this upward comparison will distort the body image. Identity patterns also can have a strong relationship with general health. If an individual's identity pattern is informative, the problem solving procedure will be much easier through planning and finding practical solutions and hence

the anxiety and depression will decrease. All these concepts are likely to be integrated and indirectly influencing each other. Having a normative identity pattern as well can affect the mental health, in this sense since the normative individual is more a follower. Therefore, not fulfilling what the society demands will bring anxiety, depression, or even social dysfunction in her life. In the analysis part the relationship between all these three components will be analyzed.

Body image and self-concept are both related to society, and the culture that is transferred to us by both media and family and also by peers. Stewart (2006) in his study showed that sometimes the stress and anxiety, self-critical perspectives and low self-esteem in body image can cause many people to change in their organ's appearance and have plastic surgery. Basically gaining prestige in the community has many practical results, through which people can better advance their goals, and as such, individuals actively seek documents for confirmation of others and behave in such (Swami, 2008). Conformity is a process that people feel real or imaginary pressure from society and thus they change their behavior and try to gain more social influence and become more admired and confirmed by others in society (Lotfi, 2007).

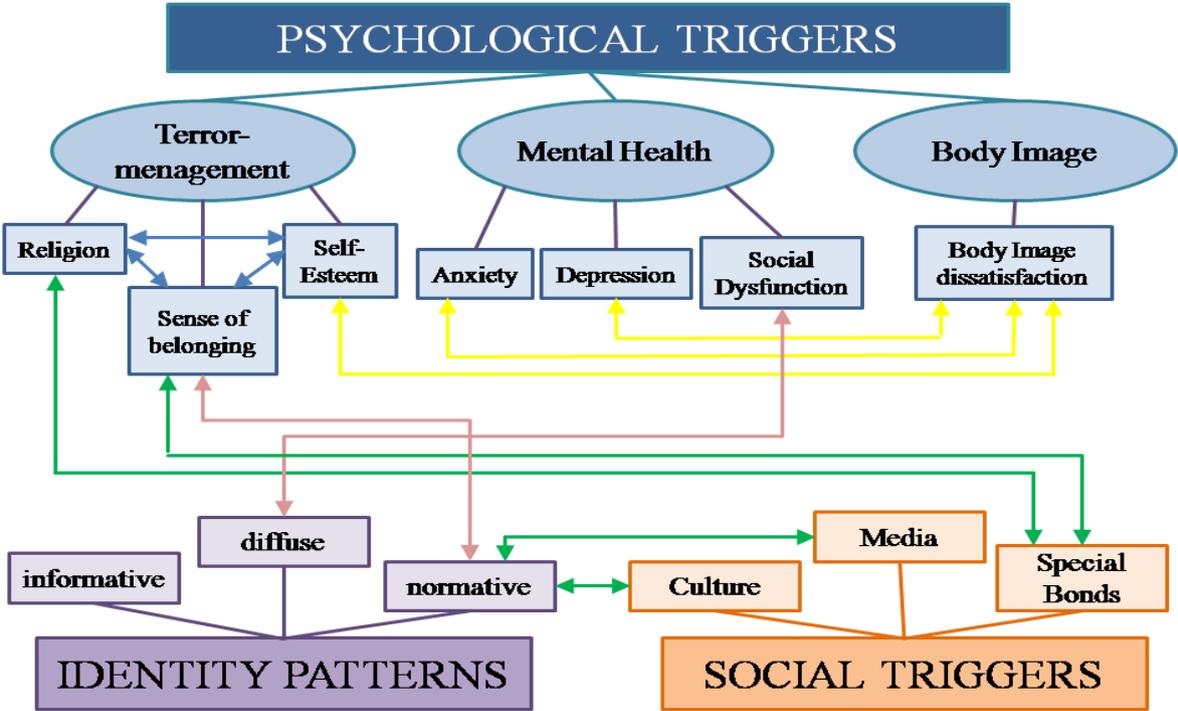
People who have natural attitude about themselves (i.e. who have a clear sense of self and identity) are less interested in conformity than others (Vartanian, 2009). In addition, Vartanian (2009) showed that conformity was positively related to internalization thus there is evidence that conformity might be a risk factor for internalization. On the other hand internalization affects the body image.

Socio-cultural theories have stressed the influence of social norms on both the etiology and maintenance of body image disturbance (Heinberg, 1996). As a whole, these theories emphasize the interaction of the mass media and cultural ideas of appearance (which frequently portrays unrealistic, exaggerated or unattainable body image models) with tenants of both self-ideal discrepancy (Thompson, 1992) and social comparison theory (Festinger, 1954). According to this theory people compare their appearance to that of fashion models, holly wood celebrities or super star athletes and find that they come up short by comparison, resulting in increased body image dissatisfaction (Heinberg, 1996) and hence, there is more demand for cosmetic surgery. As such there is belief that the socio-cultural influences on body image maybe the most relevant to understanding the role of body image and society in cosmetic surgery (Sarwer et al., 1998).

Terror management is another psychological factor that is integrated with mental health. If an individual develops a healthy body image, hence a good mental health, these can help to have a high self-esteem. As it was discussed before, terror-management is related to self-esteem and feeling secure as well. It is hard to say if self-esteem from having a good body image will affect the fear of mortality or the self-esteem that comes from relating to a higher energy and managing the terror of death will affect the body image. It can also be said that these two factors can have influence on each other and there is no causal relationships.

The integration of the factors discussed are shown in Figure 2 for a better understanding of how all these factors are interrelated in rising the probability of undergoing cosmetic surgery.

Figure 2: *Integration of the factors: Psychological Triggers of Motivation to undergo Cosmetic Surgery*



**7.2 The predictors of the study**

Cosmetic surgery and identity patterns; since there has been no direct research on identity patterns of individuals who undergo cosmetic surgery, the study is needed to investigate the relationship between the three identity patterns of Berzonsky; Informative, Normative, and Avoidant/Diffuse and the demand for undergoing cosmetic surgery.

Cosmetic surgery, body image and culture; There have been some studies that include all these factors and their relationship with cosmetic surgery demand. Further study will be done to understand the relationship between body image and socio-cultural influences on cosmetic surgery specially the influence that culture, media and society have on body image of individuals, the reason that why looks and appearance come first and are the priority for some individuals and why body and it's modifications is getting more and more important for all the people around the world hence the increase of cosmetic surgery.

Cosmetic surgery and mental health; Some studies have shown that women with cosmetic surgery are more depressed or showing some psychotic symptoms more than the normal population, as some have actually shown that there is no significant difference among women with and without cosmetic surgery regarding mental health. This difference between the results of varied studies brought up the urge to examine it once again.

There are many other psychological factors such as personality disorders, and many social factors such as , education, age, gender, economic level and so on that can be influential on having cosmetic surgery that should be studied along other bold factors in future studies.

The question still remains that why in some cultures and countries the rate of cosmetic surgery is significantly higher than other cultures. Does it have anything to do with people's motivation, education, and sense of belonging or identity patterns in different parts of the world? The researcher is intended to study and investigate this by comparing volunteers and non-volunteers for having cosmetic surgery in Iran which is considered the number one country for having rhinoplasty and Germany in which cosmetic surgery is not very common and the reason behind this much difference between people's attitude towards having cosmetic surgery.

For writing the hypothesis and questions of the study some individual and social factors must be taken into consideration to enable me to write my hypothesis based on them. The individual factors can be the ones that are explained through having a distorted body image, specific kind of identity patterns, having a specific kind of psychopathology. On the other hand this study is cross-cultural and therefore, the social aspects must be questioned as well.

### ***7.3 Hypotheses and questions***

Regarding the individual factors the first assumption that comes to mind is the identity patterns of women. In my opinion the women who undergo cosmetic surgery are likely to

have a normative identity pattern because when an individual has a normative identity pattern she/he tends to follow the norms and trends in the society. In Iran as it was mentioned before having cosmetic surgery among women is a common trend. Therefore, the hypotheses will be:

- Iranian women with cosmetic surgery should have a higher normative identity pattern compared to Iranian women without cosmetic surgery.
- Iranian women without cosmetic surgery should have a higher informative identity styles compared to women with cosmetic surgery.
- Iranian women with cosmetic surgery should be more normative than German women with cosmetic surgery.
- German women on the whole should be more informative than Iranians on the whole.
- Iranians with surgery are more diffused/avoidant than Germans with surgery.

Regarding the body image and the studies that show individuals who undergo cosmetic surgery normally have a distorted body image and according to these patients themselves the main reason for undergoing cosmetic surgery is body dissatisfaction (Mulken et al., 2011) the hypothesis will be:

- Iranian and German women who undergo cosmetic surgery should have higher body dissatisfaction compared to women who don't have cosmetic surgery.

Attitude towards cosmetic surgery is also an important thing that can predict having cosmetic surgery, therefore the hypothesis will be.

- Women who undergo cosmetic surgery should have a more positive attitude toward cosmetic surgery than women who don't.

According to the studies, individuals with cosmetic surgery are more depressed, have more anxiety and show more dysfunction compared to the normal subjects (Meningaud et al., 2003), regarding this:

- Women with cosmetic surgery should have less mental health than women without cosmetic surgery.

Regarding the cultural differences between the two target countries, some differences between different aspects are speculated.

The reason I assume that German women should have an overall better body image than Iranian women is based on my speculations since, the range of undergoing cosmetic surgeries in Germany is much less than Iran. My research questions are:

- Is the body image of German women better than the body image of Iranian women?
- Do Iranian women have a more positive attitude toward cosmetic surgery than German women?
- Do German women have stronger informative identity patterns than Iranian women?
- Is the mental health among German women higher than the mental health among Iranian women?

## **8. General Notes about Empirical Procedure**

This part provides the reader with the methodology of all three studies that were conducted. You will read about each study separately and its design, material, procedure, results, discussion, and limitations of each study at the end of each section.

### ***8.1 Description of data collection***

This research is a 3 part study, combining the quantitative and qualitative methods. In the quantitative part, questionnaires were distributed to 99 participants (German and Iranian women) with and without cosmetic surgery (study 1). Qualitative method was selected to be used for study 2 and 3 and the reason is that it has been suggested that the mixture of methods can help researchers eliminate or reduce the limitation of a single method (Creswell, Clark, Gutmann & Hanson, 2003).

Study 2 was designed at the same time that study 1 was in progress, and the second interview (study 3) was designed after the hints that study 2 gave me. Bringing the two methods (qualitative and quantitative) adds value to a study and enables you to understand your problems and questions. A mixed method is useful more than just one method according to Creswell (2014). Here are the reasons why I chose the mixed methods instead of using qualitative or quantitative method only.

### ***8.2 Mixed Methods***

Random sampling permits a confident generalization from a sample to a larger population. What we should remember here is that what would be considered as bias becomes the strength and focus in a qualitative sampling, the power of a purposeful sampling in a qualitative method is to have “information-rich” cases. These cases are the ones that one can understand a great deal of information about the important variables that are to be studied. For a qualitative study, the information-rich cases can give more genuine and close to real understanding of an issue rather than generalizing sometimes even carelessly through statistical result of a quantitative study. Sometimes studying a small rich sample can give us much more needed information than a large quantitative sample (Patton, 2015).

Mixed method is an approach to research in the social, behavioral, and health sciences in which the investigator gathers both quantitative (close-ended) and qualitative (open-ended) data, integrates the two and then draws in interpretations based on the combined strength of both sets of data to understand research problems. A core assumption of this approach is that

when an investigator combines statistical trends (quantitative data), with stories and personal experiences (qualitative data), this collective strength provides a better understanding of the research problem than either form of data alone (Creswell, 2014) , he also talks about the mixed method with four main characteristics which are the collection of qualitative and quantitative data to investigate the research question, use of the both methods in the analysis, the integration of both methods and framing the design of study within a theory.

Study 2 approaches the questions with qualitative methods: It is an interview regarding and elaborating on the questionnaires in study 1 to find more about the identity styles, body image, and mental health among women with and women without cosmetic surgery in Germany and Iran (the same variables that were already measured in the quantitative part of the research but this time more elaborated and detailed).

Study 3 is also another interview that was designed after the first interview. In the first interview some hints were given by the participants that could explain the hidden and untold motivations to undergo cosmetic surgery. Motivations that had not been explained or studied as much as common reasons like body image were tracked during the first interview that led me to make and conduct the second interview (study 3). In the last study of the dissertation the aim was to dig deeper and address only women who had done cosmetic surgeries.

All the studies and their methodologies are explained with tables and figures in the following pages. Each study is explained separately with interpretation of the tables.

## 9. Study 1

### *9.1 Design, sample and setting*

There were 2 main study groups consisted of 52 Iranian and 47 German females. Women between ages 18-40 were randomly recruited in both Iran (Tehran) and Germany (Essen).

The 2 groups also had 2 subgroups consisting of women with cosmetic surgery and women without any cosmetic surgery and it was made sure that they had no intention of having cosmetic surgery in future. The design and sample of each country is separately explained as follows.

The Iranian participants for Study 1 (quantitative) were chosen in two different settings which were a small beauty clinic in Teheran and an English language school in Tehran central. The beauty clinic finally agreed to cooperate with me for half a day after insisting and asking to give out the questionnaires to its patients who had already done this surgery. After visiting 5 clinics in Tehran there was only 1 day for the researcher to find females with at least one cosmetic surgery ( $N=26$ ) and ask them to fill in the questionnaire. The number of females with cosmetic surgery was a few at the clinic, so I had to search other places for them and it was an easy task to find them. Females without cosmetic surgery ( $N=26$ ) were found and chosen randomly in an English language school and out of 6 different classes 3 to 4 individuals were chosen who agreed to cooperate. The participants at this language school were mostly students at universities or teachers who taught English there.

The German participants without cosmetic surgery ( $N=25$ ) were randomly chosen in a student dormitory and some non-students who were introduced by them. The participants with cosmetic surgery ( $N=24$ ) were not seen everywhere and in public places as clear as in Iran. Therefore, with the help of one Professor and a doctor at a beauty clinic in Essen, Germany I could finally find them and distribute the questionnaires.

This research studies the mental health, body image and identity patterns of 4 different groups see table 1. This comparative study compares the 3 so-called variables between and within the groups which are German women with and without cosmetic surgery and Iranian women with and without cosmetic surgery. All participants ( $N=100$ ) were chosen randomly and the differences of their scores in 3 different variables were compared to each other both within and among groups, one of the participants among women with cosmetic surgery in Germany did not finish the questionnaire so the questionnaire was eliminated ( $N=99$ ). Table

2 as well shows the data including the mean of the participants' age, monthly income, educational level, and extent of religiousness in 99 participants in both Iran and Germany. In table 2 the abbreviation of SD is the representative of standard deviation, "df" is the abbreviation of degree of freedom, and "sig" is the significant difference. It should also be mentioned that in all tables the significant difference is calculated by the probability of ( $p < .05$ ).

Table 1: *Study 1 Design and participants*

Cosmetic Surgery Status	Country	
	Germany	Iran
With	N=22	N=26
Without	N=25	N=26

Table 2: *Level of cases*

Co-variables	Country	Mean	SD	DF	Sig.
Education level	Iranian	3.04	0.94	1	<.00
	German	2.26	0.82		
	Total	2.67	0.97		
Age	Iranian	2.77	0.83	1	<.00
	German	2.11	1.18		
	Total	2.45	1.06		
Monthly income	Iranian	2.88	0.78		

	German	2.89	1.16		
	Total	2.89	0.98	1	<.96
<b>How religious are you?</b>	Iranian	3.38	0.77		
	German	3.26	0.84		
	Total	3.32	0.80	1	<.42

## **9.2 Material**

In general there were 3 compact questionnaires which assessed the body image/attitude toward cosmetic surgery, identity patterns and mental health of the participants separately. These questionnaires were translated in German and Farsi and through translating back to original language and by checking the German translation by German colleagues, the validity of the translation was checked. The compact questionnaire has 4 pages in Farsi language and 7 pages in German language. All the questionnaires are separately explained as follows.

### **General Health Questionnaire-28**

The General Health Questionnaire (GHQ) designed by Goldberg (1978) is a screening device for identifying minor psychiatric disorders in the general population and within community or non-psychiatric clinical settings such as primary care. This test is suitable for all ages from adolescent upwards; it assesses the respondent's current mental state and asks if that differs from his or her usual state. The self-administered questionnaire is an ideal screening device for identifying non-psychotic and minor psychiatric disorders to help inform further intervention. The fundamental assumption of the GHQ construction is the conviction that there are many traits and characteristics which discriminate psychiatric patients as a class from individuals who considered themselves to be healthy. The questionnaire concentrates on two fundamental groups of problems: inability to carry out one's normal "healthy" functions and the appearance of new phenomena of a distressing nature. It focuses on break in normal functioning and not on permanent traits. The main version of the questionnaire contains 60 questions; shorter versions are derived from the main one, e.g. 12-item GHQ-12 and 28-item – GHQ-28 (the latter is also called Scaled

GHQ). GHQ-28 consists of four 7-item scales: somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. It allows for mental health assessment on four dimensions corresponding with these four scales. The structure of all questions is always the same, regardless of a type of version. The patient is asked to assess changes in his/her mood, feelings and behaviors in the period of recent four weeks. The patient evaluates their occurrence on a 4-point response scale. The scale points are described as follow: “less than usual”, “no more than usual”, “rather more than usual”, and “much more than usual”. The standard scoring method recommended by Goldberg for the need of case identification is called “GHQ method”. Scores for the first two types of answers are “0” (positive) and for the two others – “1” (negative). Another way for scoring is “0” for the first choice, “1” for the second, “2” for the third and “3” for the last choice. If the score of each subscale was high and closer to “3” the participant’s mental health problem is more severe, and if the score in this questionnaire is closer to 0 then it indicates a healthy and non-problematic mental state. Since the research is questioning the difference between the mental health of women with and without cosmetic surgery, the GHQ-28 was chosen for measuring this aspect.

### ***Identity Style Inventory***

The identity style questionnaire was first introduced by Berzonsky (1989) for measuring social-cognitive processes in adolescence when encountering the issues that are related to their identity. This questionnaire measures three styles of identity: Informational (adaptive style), Normative and diffuse/avoidant style (maladjusted identity style) and includes 40 questions in general. There is a 5 degree range for each answer (1=completely disagree, 2=disagree, 3=almost agree, 4=agree, 5=completely agree). White (1989) used internal consistency method to study the reliability of this inventory. For calculating the correlation coefficient he used the revised questionnaire of identity styles with 361 items on graduate students and calculated the Cronbach's alpha coefficient of the results. The Cronbach's alpha coefficient of the questionnaire was calculated as: informational style=0/59, normative style=0/64, diffuse/avoidant style=0/78. There are 10 items that calculate the commitment of the participant; this item was not the target of the research so the 10 items measuring the commitment scale were omitted. Also Berzonsky (1997) calculated the reliability as the questionnaire was revised (the revised version was used in the research) and the reliability of each style of identity was informational=.70, normative=.64 and diffuse /avoidant =.76 the reliability of the 3 groups of identity styles is not very high but the reason to choose this

scale was that it fit with one of the goals of the research which was understanding the identity styles of women with cosmetic surgery and comparing them with normal subjects. In the literature part different identity styles that Berzonsky (1989) introduced were clearly mentioned. It should also be mentioned that this scale has 4 subscales and the subscale of “Commitment” was removed from the questionnaire in the research. The reason to remove this subscale was that it was not the target to be measured and was unnecessary for the purpose of the research.

### ***General Appearance Image Inventory***

For assessing the face and body image of women, a new inventory was created by the researcher, measuring both face and body image (general appearance image) and also attitude toward any cosmetic surgery. This questionnaire has 20 items that measure two different aspects, a. items that measure the participants’ body image and the participants’ attitude toward their face such as “I adore my body without my clothes on, I have an attractive body shape, I am good-looking related to my age, and I really like my face, etc.” and 6 items which measure the participants’ general attitude towards cosmetic surgery such as “I believe that natural beauty is nice, I do not like faces with cosmetic surgery on them, etc.”. The attitude toward cosmetic surgery part was included to see if women have a positive or a negative idea about going under the cut to become attractive the reason to put this part was first to compare the difference between the attitude of German and Iranian women toward having or not having cosmetic surgery and another reason was to compare it within the groups which means women with and without cosmetic surgery. This questionnaire focuses on participant’s attitude toward their faces and bodies and not their general attitude toward an ideal body and face. The reliability of the test was examined by a pilot study with German and Iranian women and it showed a high reliability of ( $0.9 > \alpha \geq 0.8$ ) in the self-appearance satisfaction which consisted of both satisfaction with face and body figure and the reliability of the attitude towards cosmetic surgery part was also ( $0.8 > \alpha \geq 0.7$ ) which is almost a good reliability and no items had to be removed.

The Appearance Schemas Inventory (ASI) was designed by Cash and Labarge (1996), this inventory measures core beliefs or assumptions about the importance, meaning, and effects of appearance in one’s life although this inventory could have been more reliable and easier to use and score in the SPSS, I chose to use and score a self-made inventory since the goal for having the body image questionnaire was to see a general image of the appearance of women of their own appearance including both their body and face. The research is about all

kinds of cosmetic surgeries including and specially the facial ones, therefore a part for measuring the cosmetic surgery attitude was also added. Normally when it comes to body image what is important will be only the body regardless of the face but in this inventory the face was also important and specifically had separate items to measure the satisfaction with the face.

Table 3 shows all 3 questionnaires in a glance and what they actually measure.

Table 3: *Questionnaires in a glance*

<b>3 Separate Questionnaires (70 Items)</b>	
<b>General Health Questionnaire</b>  (GHQ-28, Goldberg, 1978)	Measures general health of women : 4 Subscales including: Anxiety ( $\alpha \geq 0.72$ ), Depression( $\alpha \geq 0.82$ ), Social Dysfunction, ( $\alpha \geq 0.71$ ) and Somatic Problems ( $\alpha \geq 0.81$ )
<b>Identity Style Inventory</b>  (Berzonsky, 1992)	40 items :Measures the 3 main Identity Patterns including: Normative ( $\alpha \geq 0.64$ ), Informative ( $\alpha \geq 0.72$ ), and Diffuse/Avoidant ( $\alpha \geq 0.76$ )
<b>General Appearance Inventory (self-designed)</b>	2 Subscales including: a. Attitude toward the Body and the Face ( $\alpha \geq 0.83$ ) b. Attitude toward Cosmetic Surgery ( $\alpha \geq 0.74$ )

### 9.3 Procedure

The questionnaires in Iran were filled in by participants in a small, well-ventilated and quiet classroom in the English language school with the presence of the researcher. I randomly asked the students if they would like to participate in a research about women. Women who volunteered were gathered in the so-called classroom. Before distributing the questionnaires instructions were given: “Thank you for participating, please answer all the items and fill in the first page about your information, and note that your information will remain

anonymous, there is no need to write your names but you can write your emails for further contact. Remember that there is no right or wrong answers and the best answer is the one that comes to your mind first; please do not hesitate too much on the questions about yourself. If you have any questions regarding the content of the questions please raise your hands and I will immediately come to answer you.” The same procedure was done in the beauty clinic but the room was not as quiet and it was visited by the secretary sometimes.

In Germany the questionnaires were distributed personally by the researcher and all the instructions were given carefully and verbally to participants without cosmetic surgery in the dorm. Some participants had filled the questionnaires in my room and some filled the questionnaire without the presence of the researcher. The participants with cosmetic surgery were introduced by acquaintances of the researcher and they filled the questionnaires without the presence of the researcher, however, the instructions were all written on the first page of the questionnaire. Overall the range of time to fill in the questionnaires was between 5-10 minutes.

#### ***9.4 Results***

The multivariate analysis of variance was done and table 3 shows the means, standard deviations and the significant difference of the variables that were measured in the questionnaires. The comparison had been done regarding nationality, having or not having cosmetic surgery and the combination of the two variables. Before reporting the data in the table it should be mentioned that the range of each sub groups of the questionnaires for the identity patterns inventory are 5 maximum and 1 minimum, for General Appearance Image Inventory are the same and for the GHQ-28 the maximum score is 3 and minimum is 0. Differences regarding nationality and having or not having surgery can be seen in all 3 inventories.

#### ***Table of Results (Iran and Germany)***

The results for the quantitative part of the research are shown below. After the multivariate analysis of data the comparison of nations and having or not having the surgery is shown in table 4 below. The three last columns are abbreviations. “Sig. C”, indicate the difference between countries, “sig. CS” indicates the difference between the groups with and without surgery and the last column represents the difference regarding both cosmetic surgery and nationality.

Table 4: Results for the first (Quantitative) Study

Culture				
Iran (N = 52)		Germany (N = 47)		Significance
Surgery		Surgery		
Yes (N = 26)	No (N = 26)	Yes (N = 25)	No (N = 22)	
<b>Identity Pattern</b>				
<i>Informative</i>				
M = 3.50 SD = 0.39	M = 3.72 SD = 0.32	M = 3.23 SD = 0.54	M = 3.44 SD = 0.57	C < .005 CS < .03 C x CS n.s.
<i>Normative</i>				
M = 3.37 SD = 0.62	M = 3.32 SD = 0.54	M = 2.83 SD = 0.57	M = 3.30 SD = 0.60	C < .02 CS < .08 n.s. C x CS < .03
<i>Diffused</i>				
M = 2.90 SD = 0.57	M = 2.64 SD = 0.56	M = 2.66 SD = 0.71	M = 2.94 SD = 0.88	C n.s. CS n.s. C x CS < .03
<b>General Appearance Inventory (GAI)</b>				
<i>Appearance (Face &amp; Body)</i>				
M = 3.70 SD = 0.56	M = 3.86 SD = 0.52	M = 3.61 SD = 0.71	M = 3.42 SD = 0.39	C n.s. CS n.s. C x CS n.s.
<i>Attitude toward Cosmetic Surgery</i>				
M = 2.90 SD = 0.79	M = 2.26 SD = 0.64	M = 3.00 SD = 0.74	M = 2.36 SD = 0.85	C < .02 CS n.s. C x CS n.s.
<b>General Health Questionnaire (GHQ)</b>				
<i>Somatic</i>				
M = 0.75 SD = 0.41	M = 0.94 SD = 0.65	M = 0.88 SD = 0.60	M = 1.00 SD = 0.56	C n.s. CS n.s. C x CS n.s.
<i>Social Dysfunction</i>				
M = 0.93 SD = 0.27	M = 1.00 SD = 0.48	M = 1.14 SD = 0.63	M = 1.60 SD = 0.52	C < .005 CS < .02 C x CS n.s.
<i>Anxiety</i>				
M = 0.77 SD = 0.65	M = 0.95 SD = 0.66	M = 0.67 SD = 0.39	M = 3.37 SD = 0.44	C n.s. CS n.s. C x CS n.s.
<i>Depression</i>				
M = 0.39 SD = 0.37	M = 0.51 SD = 0.57	M = 0.20 SD = 0.29	M = 0.34 SD = 0.52	C n.s. CS n.s. C x CS n.s.

### ***Identity pattern inventory***

The informational pattern in this inventory which represents people who make decisions by depending on their personal information and experience shows a significant difference regarding nationality. To be informative is significantly higher in Iranian women ( $M=3.72$ ) than in German women ( $M=3.44$ ) regardless of surgery and  $p<.00$ . On the other hand the Iranian women with cosmetic surgery are showing to be more normative ( $M=3.37$ ) than German women with cosmetic surgery ( $M=2.83$ ) and  $p<.02$ , the normative identity pattern individuals are the ones who depend on the norms in society to make decisions and in other words are following the what is considered as normal their society (Berzonsky, 1992). This shows us that on the whole and regardless of surgery, German women are less normative than Iranian women  $p<.03$ , and Iranian women with cosmetic surgery are significantly more normative than German women with cosmetic surgery. No significant difference was seen regarding surgery or nationality in the avoidant/diffused identity pattern of the participants.

### ***General Health Questionnaire (GHQ-28)***

There was no significant difference seen regarding the subgroups that measured the psychosomatic symptoms, depression and general anxiety whether between or within groups. The only significant difference was related to social dysfunction that is not being able to do the daily routines at work or not feeling competent at work or in society. Regarding this category German women without cosmetic surgery showed a higher social dysfunction ( $M=1.6$ ) as the Iranian control group showed a lower score ( $M=1$ ), the significant difference with ( $p < .00$ ) is shown in the table, which shows a rather high difference between the means.

### ***General Appearance Image Inventory***

Regarding the attitude toward appearance (face and body), no significant differences were seen regarding nationality or having or not having cosmetic surgery. There was a significant difference seen regarding the positive attitude toward cosmetic surgery.

In general the Germans showed a more positive attitude toward cosmetic surgery than Iranian women. The mean for this category for Iranians with surgery was 2.9 and Germans with surgery was 3 as the mean for Iranians without surgery was 2.26 and for same German group

was 2.36 with significant difference among nationalities ( $p < .023$ ). The attitude toward cosmetic surgery is more positive among Germans despite the hypothesis.

### ***Other findings***

The co-variables; age, income, education and religiousness were measured with the scale of maximum 4 and minimum 1. Overall there are 99 subjects ( $N=99$ ) which include 47 German women ( $N=47$ ) and 52 Iranian women ( $N=52$ ). The income of two groups of Germans was ( $M=2.89$ ) Iranians ( $M=2.88$ ) with no significant difference although overall the income scale has been modified for Iranians since the currency in Iran is Rials and if it were converted to Euros the income of Iranian women would have shown a real big difference.

The educational level were respectively for Germans ( $M=2.31$ ) & ( $M=2.11$ ), with the significant difference,  $p < .00$ . This shows that that overall the educational level of Iranians was higher than Germans however, it should be considered that Iranians on the whole had an older sample regarding their age.

For Iranians the age was ( $M=3.04$ ) and for Germans ( $M=2.77$ ) respectively,  $p < .00$  which shows a significant difference in the age arrange between groups as told above.

Both groups showed the intensity of religiousness as Germans ( $M=3.26$ ) and Iranians ( $M=3.38$ ) with no significant difference.

Iranian women showed a very significant difference regarding religiousness within group. It means that the more religious women were those without cosmetic surgery. Women with cosmetic surgery had a mean of 2.88 and women without had ( $M=3.88$ ), while ( $p < .05$ ). This difference was not seen among German women with and without surgery.

On the other hand German women were significantly different regarding the income. It means German women's income was higher within the cosmetic surgery group than the women without cosmetic surgery in Germany ( $p < 0.05$ ).

The variables age and education seem to have not had any effect on having or not having cosmetic surgery both in Iran and Germany.

## ***9.5 Discussion***

The results showed in table 3 compare 3 major categories which are the Identity patterns (Berzonsky, 1992), General Health Questionnaire (GHQ-28) by Goldberg (1978) and the General Appearance Image Inventory (GAI). Aside from the officially measured reliable tests, 4 other co-variables were also asked from the participants to be answered before they started to answer the main questions, these co-variables were: age, education, their monthly income and finally their religiousness (extent to which they thought they were religious).

### ***Identity Patterns***

As said before individuals who are more concerned about the cultural appearance standards and this means the ones who are more conformists in the society and want to look like the majority, are more likely to undergo cosmetic surgeries and procedures (Henderson-King & Henderson-King, 2005). These individuals are likely the ones with normative identity patterns who adopt the goals and standards that figures in their life promulgate, including family, religion, nation or other relevant communities, they define themselves by their family religion and ethnicity (Berzonsky, 1994) as well as value security and tradition. It was hypothesized by the researcher that there is a significant difference between the identity patterns of women with cosmetic surgery and normal subjects. I assumed that since undergoing cosmetic surgery is an ephemeral fad in Iran, there might be a probability that women with normative identity patterns would be volunteers for these kinds of surgeries. The reason behind this assumption was that individuals with normative identity patterns tend to follow the trends in society more than others. In order to remind the reader, the hypotheses regarding identity patterns were:

1. Iranian women with cosmetic surgery should have a higher normative identity pattern compared to Iranian women without cosmetic surgery.
2. German women with cosmetic surgery should be less normative than German women without cosmetic surgery.
3. Iranian women with cosmetic surgery should be more normative than German women with cosmetic surgery.

4. Iranian women without cosmetic surgery should have a higher informative identity styles compared to Iranian women with cosmetic surgery.

5. German women on the whole should be more informative than Iranians on the whole.

6. Iranians with surgery are more diffused/ avoidant than Germans with surgery.

The results showed very interesting findings about the women without cosmetic surgery in both countries. The difference was found more between German and Iranian women with and without cosmetic surgery.

The first hypothesis was rejected since there was no significant difference regarding normative style seen among the Iranians. The reason for this can be that Iranian women without cosmetic surgery also showed to be more religious than the ones with the surgery. A religious person normally follows the commands and communities of a specific religion which makes them having normative identity patterns as well. It means women in both groups are following a principle; the ones with surgery follow the principle of peers and modern society trends, while the ones without surgery follow the religion and its commands to be simple. This will be discussed elaborately in the later parts of the discussion.

The second hypothesis was accepted since the Iranians with cosmetic surgery also showed a more normative style ( $M = 3.37$ ,  $SD = 0.62$ ), while the Germans with surgery showed ( $M = 2.83$ ,  $SD = 0.57$ ) with the significant difference of  $p < .002$ . It should be mentioned that each person can have a combination of all identity styles; the intensity of each pattern can be different however.

The reason why Iranians showed more of a normative identity patterns among the ones who have done cosmetic surgery maybe the fact that although their families had disapproved of their surgery the most important part of their collective life is their peers. Considering the fact that 90% of Iranian women had undergone surgery in their early twenties Cash and Pruzinsky (2004) say:

“There are many factors that can actually influence the body image of adolescents and that is family and peers, but appearance and attractiveness are especially important topics for girls as they make the transition from childhood to adolescents they talk about weight, shape, and

dieting (...) ., these exchanges provide an intimate , powerful context for learning and consolidating body disparagement, meanwhile male boys are more likely to make critical harassing comments to girls” (Cash & Pruzinsky, 2004, p. 81).

These women are also under the influence of their peers who undergo cosmetic surgery during the university years or at workplaces and also among their family members like siblings, cousins, etc. The will to look like the majority and moving with trends is one of the characteristics that is predicted for a more normative style identity pattern.

Some of the interviewees also mentioned that they were mocked daily by their male peers; this mocking could have been a great motivator for them to undergo surgery in order to be like their peers and being able to blend in and stay inside the unisex student friends group. It also should be mentioned that normally for an average Iranian student; the time to have a group of unisex friends with boys and girls together is when they enter university since in high school they are still segregated. To have contact with the opposite sex especially for girls is considered as bad and disgraceful during school years.

The third hypothesis was also rejected, Iranian women showed neither a higher nor a lower normative style in comparison with Germans on the whole.

On the other hand the fourth hypotheses was accepted, to remind the reader: the identity pattern questionnaire compares the identity forms of being Informative (being dependent on the self and own experiences in making decisions and solving problems), Normative (following the norms of the society, family , or the peers in making decisions), and finally diffused or avoidant pattern which is for the individuals who tend not to take any specific action, effort, or side when facing a problem or making a decision until the situation takes them to directions that were made by others or the environmental situations, (Berzonsky; 1992).

The Iranians without surgery showed a more informative style than the ones with cosmetic surgery in Iran  $P < .03$ . The reason could be that because of the religion, these individuals do not feel the urge to follow what the majority do. Although following the religion also make hem normative to a big extent since the religion is not followed by a majority of young

people, these individuals feel independent of others when it comes to making decisions which is a main characteristic of an informative individual.

The Iranian women who did not undergo cosmetic surgery had the higher informative style ( $M= 3.72$ ,  $SD= 0.32$ ) than Germans without the surgery ( $M=3.44$ ,  $SD= 0.57$ ) in the informative style respectively with  $p <.00$ . On the whole Iranians showed a significantly higher informative style that rejects the hypothesis.

Iranian women who do not undergo cosmetic surgery are more informative compared to German counter parts as they do not move with the wave of cosmetic surgery like their peers in Iran. This result shows that they make their own decisions regardless of what the society is bringing along and suggesting them during their adolescents or young adulthood. In Iran being beautiful is considered as a task for a woman. Undergoing cosmetic surgery is a means to do this task and the informative Iranians do not follow the trends because the informative identity styles follow their own decisions regardless of what the society wants from them. German women are living in a society in which naturalism and being natural is praised while in Iran, having cosmetics on the face is considered as a task for a woman and depending on where women go, the extent and color of the cosmetics can change. In Germany women do it although it is criticized by the society, among peers and the skeptical judgments on women who do it. Since it is looked as a trend which is not very well-received by the majority, women with cosmetic surgeries can give some other accepted reasons why they went under surgery to make it look more acceptable, this will be also discussed in The general discussion.

Women in Iran with surgery follow the peers, listen to the harassments of the dominating male friends and peers and get affected by it. They see their cosmetic surgery faced friends getting picked by richer and more attractive men and they follow the pattern although deep down the might know that this is not the right way to get married or find a good and stable male partner. In a country like Iran where cosmetic surgery is fully available and rather cheap in price, undergoing this procedure is really easy and only needs to get to the closest cosmetic surgeon who can usually be found in each and every corner of Tehran and other big cities in Iran. Feeling inferior among the other girls can lead to following the dangerous and to some extent shallow norms among the peers especially at university. As mentioned above, university is the place where and when for the first time males and females come along

together in an academic atmosphere to sit and study with each other, when they are 18 years old at least.

The last but not least that should be mentioned about the sub-category of the identity pattern inventory (Berzonsky, 1992) is that in the avoidant/diffused identity pattern no significant difference was seen among any of the sub-groups within and among the participants. The hypothesis which was “Iranian women with cosmetic surgery have more avoidant/diffused pattern than Germans with surgery” is rejected. It can mean that in general the avoidant identity pattern is not very common among individuals regardless of their nationality.

### ***Body Image***

The hypotheses regarding body image were:

- Iranian and German women who undergo cosmetic surgery should have higher body dissatisfaction compared to women who don't have cosmetic surgery.

Attitude towards cosmetic surgery is also an important thing that can predict having cosmetic surgery, therefore the hypothesis will be:

- Women who undergo cosmetic surgery should have a more positive attitude toward cosmetic surgery than women who don't.

The control group of the Iranian participants who do not undergo cosmetic surgery think that they are beautiful ( $M= 3.86, SD =0.52$ ) in the sub category of Appearance (face and body) image and the German control group had the ( $M= 3.42, SD = 0.39$ ) in the same sub category with  $p < .06$ . Although no significant difference was seen among any of the groups (within & between), but still the highest difference was seen only among the groups that was mentioned. Feeling pretty can be an assisting means to have more self-confidence and hence being informative in identity patterns. This can explain why the women who do not undergo cosmetic surgery in Iran feel prettier than their German counter participants. After all there is a big difference regarding the feeling of being pretty between individuals who can change but choose not to, because they really feel attractive and the informative identity style had really helped them to be sure about their decision (Iran) and the individuals who might actually want to do some enhancements but choose not to since the procedure of enhancement is not fully accepted in the society (Germany).

Not finding any significant difference in the appearance image among the women with and without surgery in general can be because the subjects who did the surgery had actually reached their goal which is to get pretty and attractive.

The hypothesis for attitude toward surgery was also rejected as no significant difference was seen between the attitude of women with and without surgery. However, this finding was new; generally the attitude toward cosmetic surgery is better and more positive among German women with  $p < .02$  with ( $M = 3.00$ ,  $SD = 0.79$ ) and for the Iranians ( $M = 2.90$ ,  $SD = 0.74$ ). It is somehow surprising that although Germans undergo cosmetic surgery less than Iranians, they still show a better attitude toward cosmetic surgery. This can be due to more societal tolerance of Germany and the diversity in the society in which everybody should be accepted the way they are.

No difference in these two groups regarding their body image can be due to the fact that the distorted body image in women with cosmetic surgery might have become much better and close to a normal due to the cosmetic surgery that they had already undergone. This result can also show that undergoing cosmetic surgery can cause having a better body image in individuals.

Interestingly women with cosmetic surgery were much less religious than the normal subjects especially in Iran. This might be due to different factors and reasons. It is also interesting to mention that women who undergo the surgery focus “on” the body image rather than “with” it (Cash & Pruzinsky, 2004), this cause more than usual attention to body and bringing the body to the main ground instead of having it in the background. The reasons can date back to parental patterns that are not the matter of discussion in this thesis. This can be investigated in future research.

### ***GHQ***

Although literature shows depression, anxiety, and other mental problems related to having or not having cosmetic surgery, there was no significant difference seen among the mental health regarding anxiety and depression of women with and without cosmetic surgery. The interesting finding was that Germans have shown to be more socially dysfunctional ( $p < .005$ ) among women with surgery ( $M = 1.14$ ,  $SD = 0.63$  and without surgery  $M = 1.60$ ,  $SD = 0.52$ )

than Iranians with cosmetic surgery ( $M = 0.93$ ,  $SD = 0.27$ ) and without surgery ( $M = 1.00$ ,  $SD = 0.48$ ). Hecht and Wittchen (1988) mention that social conditions such as "living alone", "having no partner", "being disabled or unemployed" are clearly associated with severe subjective dissatisfaction specially among women in Germany. Establishing a partnership and family seems to play a key role in well-being. In their opinion living alone can be a reason that the social impairment is seen among German women. Unfortunately the marital status of the participants were not asked from them either in Iran or in Germany however, considering this study the result about social dysfunction can be explained. Iranian women are normally and traditionally expected to live with their families before they get married. There is no written law about it but the culture expects females to do it. It might have negative consequences as well as positive. One positive consequence of it can be that not being and living alone can help them overcome the social dysfunction and perform better and with more motivation when at work.

***Religion as a significant finding of the quantitative research:***

Iranian women showed a very significant difference regarding religiousness. In this aspect the more religious women were the ones without cosmetic surgery in Iran. Iranian Women with cosmetic surgery showed ( $M=2.88$ ,  $SD= 0.76$ ) and women without had ( $M=3.88$ ,  $SD= 0.32$ ), while  $p < .05$ . This difference was not seen among German women with and without surgery at all, it can say to us that religion is not playing any role in having or not having surgery among Germans. Religiousness however, was discussed in the literature as a component through which the cultural differences could be explained as well.

Religion is normally part of the culture and tradition. In more religious countries like Iran (the countries in which religion plays a very clear role in individuals' life, sometimes the countries which bring religion in their mainstream of rules and regulations can cause people to base their societal, cultural, traditional and communicative relations on religion. This can cause a lot of consequences as explained before, for instance in a country like Iran where Islam is playing a very strong role in all aspects of people's lives, religion has caused the schools, the buses and public transportation, swimming pools, gyms, and even some parks to get segregated. This segregation can have a lot of results in people's behaviors toward each other especially when it comes to a man/woman theme (topics that include the gender).

On the other hand religion can have positive consequences as well as the negative ones. As the reader might remember, in the literature part there was a part called Terror management and sense of belonging in individuals. Religion in the discussion section will be discussed through its positive and negative consequences. Religion can also help people to have a better well-being as well. According to (Levin & Chatters, 1998) religious involvement is moderately and significantly associated with health status and psychological well-being, these associations can control the effects of constructs such as age, race and gender.

The numbers and statistics in this research have bolded one special thing. The non-religious are so much more interested in having cosmetic surgeries than the religious ones in Iran. This special finding can be explained from a lot of different aspects that will be discussed in the following, but a brief overview is that it has always been said that religion is a factor that can increase well-being, and well-being can bring self-acceptance, religion at some point can also give people a sense of security through the promise of immortality and afterlife. Religion can also bring conservativeness as it has always been associated with conservatism and being risk-averse. On the other hand, religion can give individuals a sense of belonging that can give them a feeling of being accepted by a very large and legitimate group. Therefore, all these aspects can be a reason why religious women do not undergo cosmetic surgery as much as the non-religious ones. All these aspects had been elaborately and separately discussed in the literature part and the results can show its validity.

All the aspects that were discussed can tell us why there was a significant difference between normal subjects and the volunteers regarding their religiousness. Religiousness can affect the followers in different aspects that were elaborately mentioned in the literature part.

Religion can help people satisfy their need to belong (Baumeister & Leary, 1995). Consequently, as it was mentioned in the literature, women who claimed to be more religious feel better about themselves according to the results. The very bold reason for undergoing cosmetic surgery was for the sake of finding or keeping a romantic partner (sense of belonging), and in the women without surgery considering the extent of their religiousness this need to belong is satisfied. Therefore, the urge to undergo cosmetic surgery is not seen in them.

Religion is on the other hand connected to being more conservative. As Wilson (1973), mentions, religion brings the tendency to resist any change and the behaviors that are against the moral codes. Since undergoing cosmetic surgery is physically a risky attempt because it has the dangers of any operation and religious people are more conservative, women without surgery do not undergo the surgery. On the other hand it's a self-enhancement attempt for the appearance, and this is exactly the opposite of what religion in this case "Islam" orders to women to cover their hair, accessories, and beauty from men (Qoran, Ahzab, 59). It can explain why more religious women tend not to undergo cosmetic surgeries that can make their beauty bolder. Another affect that religion can have on its followers is the increase of well-being and self-esteem as Sherkat and Reed (1991) report, self- esteem is enhanced by religious participation.

It is really interesting to know that there has been a study in Germany that investigated 2043 participants aged 14-93 (Strin, Hinz, & Brähler, 2005). In this study the people with tattoos and piercing has been investigated with the GHQ as well. The findings show that normally the volunteers of these permanent changes in appearance are between 14-24 years old and that they have shown less interest in going to church and being religious. In Western societies a major motive for body modification could be uneasiness resulting from fragile social bonding (Strin, Hinz, & Brähler, 2005). We should however, doubt that the self-esteem of Germans might be lower because of being less religious. In Germany the context is totally different from Iran. People of Iran can gain reputation and sometimes even better social conditions if they are religious and having a higher self-esteem for religious people in Iran can be acceptable. In Germany on the other hand people gain no extra reputation and the society does not expect them to be religious. Therefore, having a high or low self-esteem due to being or not being religious is doubtful.

### ***Income***

German women's income was higher within the cosmetic surgery group than the women without cosmetic surgery in Germany ( $p < 0.05$ ). This difference was not seen among Iranian participants. There are two important aspects that can be discussed after this result.

The first aspect is that Iranian women undergo cosmetic surgery even when their income is not higher than the average as the results had shown. This can give us this assumption that

having cosmetic surgery is so important for some women in Iran that despite having an average income they still undergo the surgery. As previously mentioned in the literature some individuals (women & men) actually borrow money from others to have this surgery this fact had been observed in 5 different people that I knew. The question is why is having cosmetic surgery so important for such women. The answer can be not just one reason. A motivation that can be the most significant one is that in the Iranian society, this surgery is associated with prestige and being from a high class or a rich family as well. Kaczorowski (1989) stated that being pretty is associated with wealth. Therefore, in this case cosmetic surgery can be associated with richness in two ways, becoming pretty, and the procedure itself since it is expensive. The chasm between the different socio-economic statuses of Iranians can be the reason for this need that some people feel. This big difference can bring up the upward social comparison (Festinger, 1952) and hence, the effort to fill in this chasm by looking rich will take place.

On the other hand the German women with cosmetic surgery had significantly more income than the ones who did not. It also can be discussed that German women have more important or other priorities than to look pretty. It was also heard from all interviewees in study 2 that this money can be always spent on more important things. As said about the Iranian society, the chasm seems to be much lower in the German society and this can be the reason why the German women do not feel the urge to undergo this surgery although the cost of cosmetic surgery is much higher in Germany. The different mentality of women in Iran and Germany is clearly seen from the comparison of this co-variable.

### ***9.6 Limitations***

Study 1 was conducted with  $N=99$  and SPSS were used to assess the results. However, it should always be considered that a quantitative study could have its disadvantages. The probability that the subjects did not answer the questions honestly must always be considered. On the other hand by using multiple choice questionnaires, the researcher should know that the numbers and results could not be sufficient to generalize the findings especially in studies that are related to humanities.

Another limitation of this study was that the researcher could not be present when the Germans (with and without surgery) filled the questionnaires.

A vital requirement is that for such research, it is always better to be contact with an institute or clinic that can provide a specific place in order to conduct the research. Unfortunately after writing about several emails to beauty clinics in cities like, Essen, Dortmund, Köln, and, Düsseldorf, only one of them replies and asked for a sample of the questionnaires. After sending the sample, I received no replies anymore.

## **10. Study 2**

### ***10.1 Design, sample and setting***

As mentioned above, the design of the present study is a mixed design to gather more detailed and informative data about the deeper motivations of women who undergo cosmetic surgery. To find the sample for the 2<sup>nd</sup> and 3<sup>rd</sup> study I faced a lot of problems especially in Germany as the women with surgery are not abundantly seen in public places and also even if it was possible to find some few cases, they were not willing to do the interview. There are many purposeful sampling strategies, before I started, this question was asked; which sampling method I should use. Patton (2015) mentions that the good sample for a qualitative study is the one which can answer the questions of the study in details. Since this research is to compare and find the differences between the groups, the comparison-focused sampling was chosen.

Case selection is the very fundament of a qualitative study; the findings are determined by the cases that are studied deeply. The type of sample which is selected should cover the questions that we want to ask (Patton, 2015).

Different kinds of purposeful sampling strategies are varied; the study here is a comparison focused sampling that selects cases to compare and contrast, to learn about the factors that explain similarities and differences. The comparison-focused sampling also has varied sub-groups from which I chose the “matched comparisons”.

This study is a matched-comparison study which begins with quantitative data and categorical distinctions (e.g. cosmetic surgery in this study) as the basis for matching and then move to

in-depth case studies to understand what explains the differences behind the numbers (Patton, 2015, p.281).

It should be mentioned that the interviews that I did both in study 2 and 3 were open-ended interviews. The characteristics of these interviews are that the exact questions and sequences of interview are determined in advance. All the questions/ items are asked in a completely open-ended format. This kind of interview has strengths and weaknesses like any type of study. The advantages are that the respondents answer the same questions that can increase the opportunity to compare the responses, for each interviewee data is complete for each topic, the bias is reduced when the questions are asked several times and it facilitates the organization and analysis of data. The weaknesses could be little flexibility in relation to the interview to particular individuals and circumstances, standardize wording of inquiries may decrease and hence, limit the naturalness and relevance of the responses (Patton, 2015).

The interviewees were all Iranian and German women between 18-40 years of age. In Iran after the questions were distributed I asked some of the women with and without cosmetic surgery to participate in a 20 minute interview. Three women were chosen randomly to answer the questions of the interview for the non-cosmetic surgery ( $N=3$ ) group and 3 were asked for the same reason among the women with cosmetic surgery ( $N=3$ ).

The questions of the interview were designed according to the questions in the quantitative part. The main focus was to determine the identity patterns, body image, mental health of these women and their attitude toward cosmetic surgery and beauty. These questions were not trying to find other factors and were specifically written with focus on the so called variables. As Patton (2015) states, for have good questions for the inquiry, there are some steps which are: Framing questions, and after determining the methods going back to questions to see if there should be some changes, the questions should be linked together, the questions should guide our overall inquiry, as mentioned all the questions were based on the variables in the first study. The questions in a qualitative research should also be open ended and the close-ended questions should be avoided. The list of questions should not be very long since it can make the participants tired and also deviate from the purpose that the research has, and last but not least we should know that the questions can evolve according to the answers that the participants give us.

All the interviews were recorded by a Livescribe pen, it works like a voice recorder but it looks like a pen and when the interviewer needs to note very important things or the situations and gestures that took place during the interview, he can write with this pen on the specific record notebook. This way, when the interviewer listens to the voices on the computer through the special program of this pen (Livescribe Desktop) a page is also shown and the notes that were transcribed during the interview will be shown exactly at the time that the notes were written. The voices that are recorded this way can be played slower or faster than the real pace which helps to hear each and every word that is told during the interview with the desired pace. Before starting any interview all the interviewees were told about the process of the interview and were asked if it was ok to record their voice. The anonymity was promised to them before the beginning.

After finding women with surgery in Germany, some disagreed to do the interview with me after filling the questionnaires. To find these women I had to ask all my colleagues and friends to introduce women with cosmetic surgery to me if they knew any. After 2 months of searching, the interview with these women became finally possible but only through phoning. Finally the women with cosmetic surgery for the second study were found through asking other people ( $N=3$ ).

### ***10.2 Reason to conduct the interview***

When the research began, the hypothesis was that women with cosmetic surgery could have a more normative identity patterns, because according to Berzonsky (1989) the normative identity style tends to conform to the norms in society and they are more followers than leaders. In this case one might ask why the hypothesis is that the cosmetic surgery seekers are assumed to be normative, the answer would be since a lot of women are doing this procedure then following the trend would be expected from a normative identity style (the hypothesis that was proven in the quantitative part of this research among the Iranian women). The questionnaires might not tell a lot about this assumption, numbers maybe accurate but words can have more meanings, details and reasons in them. That's the reason interviews were planned. The mental health, body image and attitude toward cosmetic surgery were also targeted at the interview because of the same reason

### ***10.3 Preparation to do the interview***

We live in an interview society (Fontana & Frey, 2000) and each interview can be done well or poorly (Patton, 2015). The interviews can say a lot about the participants but only if the interview is set and conducted appropriately and according to the questions that should be answered.

In order to do an interview we need to know some basic knowledge and the ability to communicate with the interviewee in such a way that they open up and talk with the least censorship. To get to this aim these were the steps I took:

Before I started the second study, my Professor and supervisor, Dr. Gisela Steins had some hours with me to give me the implied instructions to do a cognitive interview with the women. These instructions were not only a material to be studied but they were given to me while I did the interview with her personally. I was trained to do the interview and all the suggestions to improve the flaws I had were given by my supervisor and after I implied the corrections I was ready to lead the interviews alone.

The principles of an efficient interview were also implemented to avoid any complications such as listening with full attention, following up the responses during the interview, observing the interviewees during the interview since every interview is also an observation (Patton, 2015), being both empathic and neutral, helping and guiding the interviewee during the process and being responsible and flexible.

### ***10.4 Procedure***

All the interviews started with some greetings as an ice breaker and small talks to make the atmosphere friendlier and more comfortable for the interviewees both personally and over the phone with Germans with cosmetic surgery. The reason behind these small talks was that the more the interviewees feel comfortable, the more honest their answers could be and the other reason is to prevent them from giving small and short answers and to help them elaborate on the responses they give, as the reason to have these interviews was to go more into details. In Iran the interviews were done in a quiet and well ventilated room.

In Germany the women with cosmetic surgery did not accept to have the interview face to face so that I had to do the interviews with them on the phone. I also asked them if I could record their voice and after their agreement, I started to ask them the questions. Overall the interviews of study 2 took 20-25 minutes in average. With German women who I interviewed the pictures of women were shown to the group that did not have any cosmetic surgery because the interview was done face to face but with women with cosmetic surgery since the interview was done on the phone, the pictures were not shown to them, except for the last person, the pictures were sent to her via WhatsApp. The other 3 interviewees who did not see the pictures however, were asked a question who addressed the direction that the pictures had. This question was “Which one of the women do you prefer to be your colleague to work with you in the project if both have same qualifications?”, “Do you prefer a beautiful woman or an average looking woman?”, and “How would you judge if you see a blond pretty slim woman?”

### 10.5 Level of Cases

The age, types of surgery, the jobs and educational level of the participants are shown in table 5 below. This is for a better understanding of the cases who were interviewed and to compare their status in society as well that my help to later write the discussion part after the results are shown.

Table 5: *Level of cases in the 2<sup>nd</sup> study*

Culture			
Iran (N = 6)		Germany (N = 6)	
Cosmetic Surgery			
Yes (N = 3)	No (N = 3)	Yes (N = 3)	No (N = 3)
Age: 34 Education: B.Sc. Surgery: Nose/ (2x) Job: Civil servant	Age: 38 Education: High school graduate Job: House wife	Age: 26 Education: Abitur Surgery: Nose Job: Make-up artist	Age: 27 Education: Masters Job: Teacher

Age: 36 Education: Masters Surgery: Nose, Lips Job: Teacher	Age: 32 Education: A level Job: English teacher	Age: 27 Education: Abitur Surgery: Nose/ Breast enlargement Job: Nurse for seniors	Age: 24 Education: B.Sc. Job: Unemployed (still a student at the university)
Age: 31 Education: B.Sc. Surgery: Nose Job: Travel agent	Age: 30 Education: A level Job: Sales manager	Age: 30 Education: Abitur Surgery: Breast enlargement Job: Nurse in prison	Age: 21 Education: Medicine Job: Unemployed (still a student)

### ***10.6 The Interview***

The interview consisted of 7 items. Since the research is about cosmetic surgery, identity patterns, body image and general health. Most of the items were written toward these directions. The interview was done using a smart pen to record the voice of the participants. All the things that were said by the interviewees were recorded by the pen and some important answers were also written down on a special record book that specifically belongs to this pen.

*The first question* “What do you think about cosmetic surgery?” it was asked because the researcher was so curious to know about the attitude toward cosmetic surgery in Iranian women since it is very common in this country.

*The second question* “Why aren’t you willing to undergo any cosmetic surgery?” For normal subjects and “why have you undergone cosmetic surgery?” for subjects with cosmetic surgery. The reason behind this question was to realize whether there are any other individual or social reasons for women that can motivate them to do so or prevent them from having cosmetic surgeries.

*The third item* “Please describe your personality” this was because the researcher was seeking some common traits among the women who had undergone such surgeries. Since the General Health Questionnaire (GHQ) was among the 3 questionnaires that had been distributed, the question “tell me a little about your personality” was asked to see if the volunteers report any malfunction in their lives, this item was a general statement because the researcher did not want the subjects to know if they are being asked about their mental health

and during their answers the volunteers were directed toward talking about their unwanted personality traits as well that could lead the researcher to see if they were having somatic, anxiety, depressive or social function problems.

*The fourth item* “How do you describe your face and body?” here of course, the researcher was seeking for the difference between the body image satisfaction and appearance in general. The body image was already measured in the questionnaire but I wanted to get into more details, why they are satisfied/ dissatisfied? and to find out the individual reasons and the social reasons behind it.

*The fifth item* “How do you solve a problem if you encounter one? Are you more of a leader/follower? This question was targeted at their identity patterns. I really wanted to figure out how the volunteers found their way to solve any problem they encounter because the hypothesis was that there is a difference between the identity patterns of women with and without cosmetic surgery. I had the assumption that women who undergo cosmetic surgery might be more of followers and hence have a higher “normative” identity pattern since having cosmetic surgery is really in fashion in Iran. After seeing the results of the quantitative part this hypothesis was proven as said before, but on the contrary German women who underwent the cosmetic surgery showed a rather less normative and more informative pattern than the Iranian counterparts that had been discussed already in the study 1 discussion.

*The sixth item* was pictures of two women in their mid-twenties, one with an average face and the other one with a beautiful face both without any cosmetic surgery. The question that was asked about these two pictures was “what do you think about the personal life, career and intelligence and success of these two?”

Picture 1



Picture 2



The pictures of course were shown separately to the interviewees. This item was to see whether what Dion, Berscheid, and Walster (1972) stated “what is beautiful is good” is actually true among these women or not. Their attitude toward beauty was measured this way to see also if there is any difference in attitude toward beauty among women with cosmetic surgery and women without one. Picture 1 shows the face of the beautiful woman and picture number 2 is the face of the average looking woman.

### ***10.7 Results***

The results of study 2 (the first interview) are summarized in table 5. The results for both countries are shown for women with cosmetic surgery and without surgery respectively. Items 1-5 are in these tables, since item number 6 was answered very elaborately, it is explained separately and not in the table. In order to be able to have a table in which all data could be included, some abbreviations had been chosen. For the word “subjects” you can see S1- S3 as short forms for each 4 different groups in this table. Since there was not enough space all the items asked in this interview are only shown by their numbers following their real order as was explained previously in the content part.

The challenge of qualitative analysis lies in making sense of massive amounts of the raw data. In the analysis of qualitative research only guidelines exists, but no clear recipe and no clear

way to replicate the researcher's thought process exists, applying these guidelines and making sense of data require judgment and creativity. Analysts have an obligation to observe and later report their own analytical processes and procedures as fully, detailed and sincerely as possible (Patton, 2015). Description forms the foundation of all qualitative reporting, in order to give a real and complete picture of the study to the reader, one should not consider that others have the process of thinking as the researcher herself, this can bring misunderstandings. Therefore, a very important step is to analyze and report on the analytical procedure as part of the report of actual findings (Patton, 2015).

Using MAXQDA had helped me do the analysis by coding the important answers through different colors, but what helped to categorize the answers was the result of reading each and every interview 4 times before the coding, reading these interviews for several times gave a complete picture of what the interviewees were expressing. After the coding, each interview was checked again and compared with the other interviews to make sure that the words and sentences which were chosen to be written as the answers of each question, had the richness and value regarding the information that was needed. The answers had to be compatible with the questions asked and eventually different themes were set for the answers that were not addressing the questions asked. As Patton (2015) mentions, the software can facilitate productivity for those who use it but they are not a prerequisite for qualitative analysis. Basically the analysis was done in different steps in each of the interviews, reading the interviews several times and comparing the answers to each other was the first step to gain a holistic view of each question's answers, understanding the important answers from the repeated and sometimes irrelative ones. Next step was to make different categories of the repetitive sentences and words that were heard in most of the interviews and making a set (theme) out of them. The use of MAXQDA especially in the first interview helped me a lot to understand the importance of coding the specific answers.

Later on the amount of the declaration of each answer (the specific and related ones) were counted and the percentage was calculated to give an actual number about the percentage of people who gave such answers in order to have a holistic picture of what women think about the questions in numeric figures.

In the following table the specific and cut to the point answers are written, elaboration of the sentences is avoided in order to place them in a table.

Table 6: Results of the first Interview

<b>Culture</b>			
<b>Iran (N = 6)</b>		<b>Germany (N = 6)</b>	
<b>Surgery</b>		<b>Surgery</b>	
<b>Yes (N = 3)</b>	<b>No (N = 3)</b>	<b>Yes (N = 6)</b>	<b>No (N = 6)</b>
<b>What do you think about having cosmetic Surgery?</b>			
Big fan of cosmetic surgery/ Makes us attractive	Negative/Shallow/ Means to get fake / Hate it	It is ok/ It can give confidence	Rather negative/ / Cannot judge them/ Standards can be /Trivial
Love it/ Will do it again	Fine by me as long as it looks normal	Like it/ Helps people to change the way they want	Skeptical/ Will never do it/ Try not to judge others
Negative/ Must be done only when needed like deformation	Definitely disapprove/Mean to get fake	It is good/ Especially when necessary	Rather negative/ Unless there is malformation/ Money can be spent on charity
<b>Why did/didn't you undergo cosmetic surgery?</b>			
Fashionable/ Attract my partner/Belonging to peers	Accept myself the way I am	Did not like my breasts because they were so tiny	Not socially accepted/ Friends skeptical/Parents say no/Scared/ I accept myself
Fashionable/ Boys at university/ Being like peers	I find myself pretty/Don't need operation to change	My nose was like a witch/ The only person in family with small breasts	Don't want to be like others/ Diversity is good/ Harmful
Wanted to look pretty/ My nose was really big	Fake / Risky / Expensive	Could not breathe/ I also thought why not a little change	I like me the way I am/ I accept myself/ money can be spent on better things
<b>Can you tell me about your personality and how you have been feeling recently?</b>			
Depressed a little / Social tasks are problematic	Mild anxiety/ Depression	Depression to extent of losing 19 kilos/	Mild Anxiety

		Anxiety	
No signs	No Signs	Anxiety/ Depression	Was depressed after therapy I feel good again
Anxiety for my kids	Mild Anxiety	No Signs	Little anxiety for the exams
<b>How do you solve the problems that are new to you?</b>			
Informative/ Sometimes Normative	Informative	Normative	Mostly Normative
Mostly normative	Informative/ Normative	Informative	Both Normative and Informative
Avoidant	Mostly Informative/ seldom Normative	Normative & Informative	Normative
<b>What do think about your appearance (Face &amp; Body)?</b>			
Happy with myself/ Must lose some weight	Totally ok to be an average person	Happy with face and body	Like my appearance/I accept how I look
Like my appearance/ Must lose wright	I am attractive /Wish I was taller but it's ok no	My face and body are both nice/ Must lose some kilos	Totally like my appearance my body and face both
My face is ok/ Not happy with my figure	Face is pretty but I should lose a lot of weight	Pretty after surgery/ Like my body	I feel good about my appearance

As it is clearly seen in the table, the attitude of women with cosmetic surgery toward having this surgery is written in column 1. The first 2 Iranian women had a very positive (66%) attitude toward cosmetic surgery to the point that they said they love to do it and one of them showed very negative attitude (34%) to the point that she mentioned the fakeness of people who do it although she had a nose job herself. On the other hand the German women with surgery showed a rather neutral attitude toward cosmetic surgery (100%). This extremeness of ideas is seen among women with surgery in Iran whereas the same counterparts have a neutral and rather positive attitude toward surgery.

Iranian women without the surgery showed a very negative attitude (66%) toward cosmetic surgery and called it fake: “, I don’t like cosmetic surgeries and the beauty that is not natural;

it is so shallow and unrealistic.” Or “I do not agree with cosmetic surgery and I think it is so fake beauty I” hate” it. I love natural beauty, natural beauty rules, also if I see a person who has gained beauty through these kinds of surgery I don’t like it and that’s it.” their attitude toward the surgery was direct and sometimes roughly negative. This could be a consequence of living in an extremist country. Only one subject had a milder attitude about Cosmetic Surgery (33%).

All German women without the surgery (100%) had a rather negative attitude toward cosmetic surgery however, they showed their disapproval in a milder way. They told sentences like: “I am not sure if it is a good thing for a person to do but I also wouldn’t judge it because people may have different motives and different ideas about life, or, I myself would not do cosmetic surgery because I think it is not necessary”. Or “, I can say cosmetic surgery is not something that is socially accepted, for example my friends would be really skeptical if I told them that I want to get something done on my appearance”. It seemed that the societal norms were really important; it will be discussed in the discussion part of the dissertation.

The reason to have undergone cosmetic surgery for Iranian women was “being fashionable, belonging to peers, and attracting partner/men” (66%) sentences like “when I was with him I really wanted to attract him, you know and I wanted to show him that I am really a fashionable trendy girl” or “At the university boys are there you want to look good” and (34%) just said she wanted to look pretty. For German women 66% said that they did not like the operated parts and 1 subject (34%) said that she could not breathe well so she thought maybe she can change the shape as she corrected the breathing problem. The reason of not going under cosmetic surgery for Iranian women was being pretty the way they are and accepting how they looked (66%) 34% said it was risky, expensive and fake. German women without surgery talked about the society norms (34%), peers being skeptical (34%), diversity (34%), and the money could be spent on charity (66%) and self-acceptance (100%).

For the mental health, German women with surgery complained of mild anxiety along with depression (66%), and 34% claimed to feel good and healthy, while the Iranians (66%) complained of anxiety at work and (34%) claimed to have no problems. Iranian without cosmetic surgery had social dysfunction and (34%) and a little depression lately (34%), anxiety for children (34%) and 34% claimed no signs of the 4 subscales (anxiety, depression,

social dysfunction or somatoform). Germans without surgery claimed anxiety for exams (66%), a little depression (34%) and totally fine (34%) as they claimed.

In Iranians without surgery all showed to have a rather informative style (100%) that is compatible with the results of the quantitative part and Germans without surgery showed a rather normative style (100%).

Finally in the appearance image all women with surgery were 100% happy with their faces while all Iranian women with surgery wanted to lose some weight and this wish was only seen in one German woman (34%) with surgery. In Iranians without surgery all showed satisfaction and acceptance of the appearance except for one person who wants to lose weight and Germans all claimed to be satisfied totally with their appearance (100%).

After showing the pictures to Iranian women without surgery they (100%) said that they preferred picture 2 (the average looking woman) as having her in their lives or as a friend. The traits that they associated with picture 2 were easy going, simple, kind, competent, a good mother and intelligent. The traits given to picture 1 were really pretty, intelligent, mysterious, arrogant, strong, and with self-confident. The attitude toward others' beauty was not positive.

Iranian women with cosmetic surgery (66%) preferred the pretty woman in picture 1 and labeled her as intelligent and picture 2 as simple and kind but 34% labeled picture 1 as sly, cunning and arrogant. The attitude toward beauty was almost positive among Iranians with surgery.

German women with cosmetic surgery also preferred the average looking woman and labeled her as competent and more trustable. Among German women without cosmetic surgery they also (66%) told that the picture 1 woman could be a dumb blonde woman who has only her beauty to show and shallow.

With German women who had cosmetic surgery since the interviews were done on the phone, they were only asked if they preferred a beautiful blonde woman or an average looking woman with same characteristics and all 3 of them said that they prefer average looking women because they are more trustable. The other reasons that German women explained for not picking the beautiful woman was that beautiful people can find opportunities everywhere

so it is better to give average looking people more chances because they normally have less chances to find jobs or friends than attractive people.

All the results can be discussed in order to understand the different aspects of different answers.

## **10.8 Discussion**

The main motivation for doing this part of was to compare the subjects both within and between the categories of nationality in more details regarding the 3 measured variables in study 1.

### ***Attitude toward cosmetic surgery***

As the results showed in the previous part, the first 2 Iranian women had a very positive (66%) attitude toward cosmetic surgery and one of them showed a rather negative attitude although she had a nose job herself, on the other hand the German women with surgery showed a rather neutral attitude toward cosmetic surgery. German women without the surgery all (100%) had a negative attitude toward cosmetic surgery but showed their disapproval in a milder way. However, Iranian women without the surgery showed a negative attitude (66%) toward cosmetic surgery and called it fake: can we say that the tolerance of Germans toward cosmetic surgery is even more than Iranians although the Germans do not do it very often? This question can be answered through other experiments over the tolerance of nationalities for appearance enhancement. On the other hand Iranians seem to be more comfortable with claiming their negative judgments much easier than Germans. And the women who did it tried to defend the side of cosmetic surgery by giving many unnecessary complements over it sentences like: "I really like it", "I would definitely do it again", or "I would always recommend it to people who need it"

Feeling free to make comments without being careful about making judgment or defending the self for what has been done and in this case cosmetic surgery are the two characters that can be easily seen, but can we generalize it , this is actually a hint for further studies in future. On the whole German women seem to be making judgments in a more conservative and milder way but the Iranians made judgments quickly and made labels very easily.

***To have or not have the cosmetic surgery? That is the question:***

The second item who intended to investigate the reasons and motivations of cosmetic surgery was answered by Germans and Iranians differently.

The reason to have undergone cosmetic surgery for Iranian women was “being fashionable, belonging to peers, and attracting partner/men”, and (34%) just said she wanted to look pretty. As mentioned before For German women 66% said that they did not like the operated parts and one subject said that she could not breathe well so she thought maybe she can change the shape as she corrected the breathing problem. The reason for not going under cosmetic surgery for Iranian women was being pretty the way they are and accepting how they looked (66%) 34% said it was risky, expensive and fake, while in German women without surgery the same reason was seen in addition to the society norms, peers being skeptical, diversity, and the money could be spent on charity.

About women without cosmetic surgery, insisting accepting oneself among all Iranians could show us an important thing and that is self-acceptance and self-esteem. The sentence” I am the way I am “was heard several times from these subjects, In Germans without surgery this sentence was also heard but it came with more emphasis on other reasons like spending the money on charity or friends being skeptical. The self-acceptance was also heard from German subjects without surgery but they did not emphasize on it. After all these years of fighting against women’s exploitation over the years in Iran, could have had its effects on self-esteem of some women who apparently accept themselves the way they are and are not willing to change themselves in order to satisfy men or attract them.

Since finding a man in Iran is an issue that a lot of woman has dealt with it and the social status of a woman depends on having or not having a descent husband for a great amount of women the answer to find a partner is felt to be told easier by Iranian women than Germans. While Germans talked about self-enhancement and sometimes might even had told other intentions like not being able to breath (physical problems) that may or may not be because the tendency to hide the real answer because of being scared of being judged as (Hayes, Glynn, & Shanahan, 2005) say “Although people in democratic societies are free to speak without fear(...), this does not always mean that people in free societies will always speak what they think” this might be because of trying to stay in the society as a group that

individuals want to be consistent with it, in other words, respecting the society more than individual tendencies which is contradictory to living in an individualistic society and in this case Germany.

In Iranians freely talking about finding a man is not hard as said elaborately in the literature part; aside from its feminist skepticism, women in Iran are usually born and raised with this way of thinking in their life and achieving it. On the other hand for some women who actually try to look or are actually modern and open-minded, talking about finding a partner can be a little hard. In this interview only one woman says that she did not do it to attract a partner to which we should take it as a genuine answer since this self-censoring is a part of interviews that we should just remember it for further studies and not base the result on our guesses but on what we hear and see after the research.

Another item to be discussed is the identity patterns of the interviewees, since even the quantitative measurement of this concept had shown significant difference among Germans and Iranians we can also see here 100% of Iranians without surgery showed to have rather an informative style while 66% of Germans showed a normative style and 34% showed an informative style. The discussion of this result was also written in the study 1 as the results showed the same outcome with significance.

On the item about satisfaction with appearance all women in Germany and Iran who did not do cosmetic surgery said they were happy with their appearance. In the cosmetic surgery group, 100% Of Iranians said they needed to lose weight as 66% of Germans also said the same. As almost all women without surgery in both countries claimed that they were totally happy with their looks except for one subject who was actually a little overweight. It can be somehow concluded that it does not matter if women undergo cosmetic surgery or not the “FAT talk” as Cash and Pruzinsky (2004) State is still among women regardless of their age and can actually be a predictor of undergoing cosmetic surgery.

The thing to be discussed here is that according to literature and of course common sense, the media had, have and will have its impact on the ideals that a lot of individuals have in their cognition. It does not matter where these women come from, because not being satisfied with the body-self can lead them undergo cosmetic surgery and it shows itself in different masks. The constant dissatisfaction with the body mass and weight can stay even till the fifties and

maybe even more. It seems that there is always something that women (who want to look attractive all the time either for the peers or to find husbands) can find to be dissatisfied with. The very comparison that takes place whether because of media and celebrities or the fashionable peers especially if they have a decent partner will make these women feel the gap between what they are and what they considered as ideal (Festinger, 1959). This comparison can be the trigger to self-enhancement whether it is only a simple make-up or in severe cases individuals who do make-overs just like what happened in programs like the extreme make-over. Satisfaction with the body-self after all seems not to come from outside but from inside and the self-esteem of women or any individual. If the satisfaction was about to come after the surgeries then at some point the volunteers should be really satisfied. The contrary is clearly shown in this research in the interview parts as the women with surgery were willing to do it again and again and were not satisfied with their figures, regardless of the nationality and identity styles, the appearance plays a very important role in their lives, a very important element to live happy with the body that apparently will not get cured by changing the body. The thing to consider is that maybe it is time to really work on the cognition of these women and their definition of perfectionism that should be studied further in upcoming studies. Studies have shown that body or appearance satisfaction among partners can improve relationships (Cash & Pruzinsky, 2004). But the interviews can show quite the contrary which means that the relationships did not improve after the cosmetic surgeries. This can perfectly show that undergoing cosmetic surgery cannot change the perception of our bodies (body image) permanently and if any change takes place it would only be temporary. Interviewees who underwent cosmetic surgery specifically to gain their partners attention back, all felt dissatisfied for their expectation was not fulfilled.

Women with desperate relationships were all uncertain about the assumption that beauty would bring the unfaithful partner back but somehow they did it when they felt endangered and did not achieve what they wished for.

### ***Attitude toward beauty (the pictures)***

One of the Iranian women said that she had very negative feeling about the pretty girl, she labeled the picture as cunning, mean and sly, a woman who gets whatever she wants just by showing her face and being seductive. On the other hand all Iranian women showed that they

liked her face and gave comments like: she might feel alone, she is mysterious and strong. The attitude toward beauty was almost the same among the Iranian women with or without surgery but one thing that they all agreed on was that they prefer to have the average looking girl to work with them or to have as friend the reason was: probably the average looking girl is more sympathetic. Jealousy could be another reason that was not mentioned of course. Attitude of German women (the ones without surgery) was that they would have the average looking girl because the beautiful one has a lot of opportunities.

With German women who had cosmetic surgery since the interviews were done on the phone, they were only asked if they preferred a beautiful blonde woman or an average looking woman with same characteristics and all 3 of them said that they prefer average looking women because they are more trustable. The other reasons that German women explained for not picking the beautiful woman was that beautiful people can find opportunities everywhere so it is better to give average looking people more chances because they normally have less chances to find jobs or friends than attractive people.

## **10.9 Limitations**

Finding women without cosmetic surgery was almost an effortless process, in Germany, women without cosmetic surgery were really willing to participate and they all could speak English. However, doing the interview with women who had the surgery in Germany were all done in German language since they could not communicate in English, this was also another barrier for the research since I also had to wait for my German language to get better to the point that I could do the interview. However, each of the interviews that I had with German women with surgery, were supervised by a German colleague sitting in the room with me to help me whenever I had problems in understanding or communicating with the interviewee. It should also be mentioned that fortunately we could communicate without the help of the colleague and in the beginning of each interview all the interviewees were told about the helping partner and after they agreed the interview had begun. All the interviews in German were later transcribed by an intern who worked with us at the university and then translated into English by me later. For a security reasons the interviews were shown to another German speaking student to check parts of the interview with the translation.

The small sample was also another limitation of this study that I tried to improve and expand for the next study.

We should also notice that in each and every interview there is a high chance of the interviewees censoring themselves for different reasons. In order not to get deviated by this, the whole interview as a whole should be reconsidered to see the integration between the answers and not just focusing on one specific answer to a specific question.

## **11. Study 3 (Deep motivation: Interview 2)**

### ***11.1 Design, sample, and setting***

The age, marital status, education, career, number and kind of cosmetic surgeries of the subjects are shown in the two following tables. All of the participants have had at least one cosmetic surgery and some (28%) had more than one surgery. The interview was designed to find the hidden motivations of cosmetic surgery and it was implemented due to the hints that were given by women in interview 1. As it was already mentioned above, some women mentioned in a very subtle way that they did the cosmetic surgery to attract boys or bringing back their unfaithful partners. Another thing that they insisted on was to get pretty. The second interview maneuvers around the mentioned topics.

The sampling strategy at the second interview is also a comparison focused sampling (that chooses the subjects to compare and see the contrast to understand the factors that can define the common and different factors). However, the second interview has the subgroup of random purposeful sampling to reduce the bias (Patton, 2015).

The interviews in Iran took place at a cosmetic surgeon's office (Dr. X) in a beauty clinic in Tehran. A quiet and isolated room was given to the researcher to have the interviews inside. The beauty clinic is located in the west of Tehran. The doctor and the secretary were really co-operative and friendly. The doctor gave me a list of patients who had already undergone cosmetic surgery and were going to get re-checked after the surgery, the procedure was that when they came to visit the doctor, he told them that a researcher working on cosmetic surgery wants to ask them some simple questions. With their approval I did the interview and

all the patients agreed to have the interview with me. I had to go to the clinic for 5 days and I could interview 6 women. Luckily all 6 women were willing to do the interview with me.

I thought that it would be better to have more participants to have a detailed data, since I had another trip to Iran I managed to interview 4 other women who were introduced by an acquaintance. These four women came to visit me at a personal apartment and we interviewed in a quiet room. It should also be mentioned that the last item of the second interview (choose between a man and a good career for a lifetime) was added after the first part of the third study. The reason to put this last item in the interview was because I wanted to see if women really had men on the main focus of their lives or not, since they talked about partners more than other topics during the interview. It was an item which could make me realize if women really meant that they said about partners. The last item was later asked through the application of “Whatsapp” from the women who were interviewed in the first round. On the whole I interviewed 10 Iranian participants.

In Germany on the other hand, finding women with cosmetic surgery encountered some barriers like not finding such women or even if I found these women, 40% of them were not willing to do the interview. Therefore, I did the second interview with the same people in interview 1 on the phone and also another woman who was later introduced to me. The last woman was willing to do the interview face to face but since she lived in another city we had to do the interview on the phone just like the other 3 participants.

### ***11.2 Procedure***

Each of the interviews took about 20-45 minutes depending on the elaboration of the answers. The researcher did not interrupt any of the interviewees to save time because the intention of the interviews were to find the hidden motivations of undergoing cosmetic surgery, and some of the interviewees needed more time to feel relaxed to open up and talk about their real and deeper motivations for undergoing cosmetic surgery.

### ***11.3 Level of cases***

Ten Iranian women and 4 German women were interviewed for the third study. The reason that there were only 4 German women was that just like the first interview they did not tend to co-operate with me to have an interview with them and when I asked my colleagues and

friends, nobody knew a woman with cosmetic surgery. In the second interview I had to ask the questions from the same women in interview 1. This interview took more than 30 minutes with German women since I had to ask all the questions at the same appointment. You can see the level of cases in table 7:

Table 7: *Level of cases in the second interview*

Subject	Age	Marital Status	Education/Career	Cosmetic Surgery
Iran				
1	36	married	Abitur/Make-up artist	Buttocks/breasts
2	37	Divorced	Abitur/Make-up artist	Nose/Cheekbones
3	29	With partner	A level/Unemployed	Earlobes
4	32	Single	Masters/Business woman	Lips enlargement
5	34	Single	High school/Kindergarten trainer	Chin/ Nose
6	38	Divorced	High school/Housewife	Tummy tuck
7	21	Single	B.Sc. Student/Network manager	Nose
8	20	Single	B.Sc./Teacher	Nose
9	22	Single	B.Sc./Unemployed	Nose
10	22	Married	High school/Unemployed	Nose/ lips
Germany				
11	26	Single	Abitur/Make-up artist	Nose
12	27	Separated	Abitur (Nurse)	Breasts
13	30	With Partner	Nurse in prison	Nose/ Breasts
14	21	Single	Abitur/Unemployed	Breasts

### ***11.4 The Interview***

There were overall 6 items in the second interview that were asked from both Iranian and German participants. The items are as follows:

1- What was the strongest drive for you to undergo cosmetic surgery? Did you achieve what you wanted?

2- Is beauty important? Why (if yes)?

3- Can "beauty" help women to find a good man or to maintain the relationships?

4- Can beauty bring back the faithfulness of men?

5- Please order these from the most to least important: Education, money, marriage, beauty, and family

6- Choose one only: a) A good career with good income b) a good man for life

The 6<sup>th</sup> and the last item was added to the interview later and I had to refer back to the Iranian interviewees, I could only find 4 of the 6 participants that I interviewed with in the first round in Iran and ask them the added item, this part was done also on the phone. On the whole 8 Iranian women were asked the last item in the first and second round of the interview. Each and every item was chosen to dig deeper for the hidden motivations, to encourage the participants to talk more openly about their intentions and to figure out if attractiveness was important to these women, and if yes why? There was the assumption that there are some personal reasons than just having a distorted body image or having a specific kind of identity style, reasons that these women might not have been aware of consciously. Reasons that actually were personal and could not be understood simply by distributing some questionnaires, it felt needed to know about the probable hidden reasons and hear them saying why they chose to do such an expensive and yet risky procedure. Answering openly to the questions gave these volunteers the chance to go deeper in their reasons that had at some point led them to undergo cosmetic surgery. The sixth item of ordering the factors, education, money, marriage, beauty, family and health was chosen to see these women's priorities in life.

Giles (2002) mentions that sometimes the questionnaire constructors and in this case interview, some “trick” items are added to make sure that the participants are giving truthful responses regarding the social desirability. Often people try to respond to the questions in order to show themselves in a good light, rather than true feelings that are the aim of any kind of psychological research. When interviewing German and Iranian women, the motivations that they explained to be the most important ones were very different from each other regarding the culture. The doubt aroused that there is a probability that they could be also following the German societal desirability. In Germany, it is not very well-received and accepted that a woman bases her life on finding a male partner as it is very natural and common in Iran. In order to find an answer to this speculation, another question was added to the items in the second interview and it was “If you had only one choice, which one would you choose; a good partner with average income for a lifetime or a good career with good reputation and money?” The reason to put this question was to see if women really put partners as priorities in their life or not.

### ***11.5 Analysis of Data***

There are different ways to analyze the data in a qualitative research, for the qualitative studies the inductive analysis can be used (Patton, 2015). The purposes for using an inductive analysis are to make clear bonds between the evaluation or research objectives and the summary findings derived from the raw data and develop a framework of the basic structure of experiences or processes that are evident in the raw data (Thomas, 2006). Inductive analysis is searching the qualitative data for patterns and themes without entering the analysis with preconceived analytical categories; it starts with specific cases, generates general patterns, and discovers common themes. The last step of the inductive analysis is done by another type of qualitative analysis which is called cross-case analysis. when the qualitative raw and varied data is searched for patterns as said in the first interview, and then by interpreting and assigning a meaning to a specific pattern by giving it a name that includes and interprets what the pattern is about another step is taken which is called “cross-case analysis”. This kind of analysis is the description of actions, perceptions, experiences and relationships and behaviors that are similar enough to be considered as the manifestation of the same thing (Patton, 2015).

Once the patterns have been established through inductive and cross-case analysis, the final stage of the qualitative analysis is the confirmatory level. That is to deductively test and affirm the authenticity of the inductive analysis like examining the cases and excluding the data that do not fit into the patterns that were already chosen in the inductive level. Strauss and Corbin (1998) mention that the deductive process helps us draw hypothesis from the categorized data.

In order to be able to understand the basis for the analysis of data and to have a deeper insight about the motivations it is better to have a table for the examples.

**Examples in a separate table**

To be able to have a framework for the raw data of this qualitative study, a table for the bold examples is provided to give the reader an insight how these raw data were categorized later in order to get analyzed.

Table 8: *Examples of the interview*

<b>Culture</b>	
<b>Iran</b>	<b>Germany</b>
<b>What was the strongest motivation to undergo cosmetic surgery?</b>	
My boyfriend/ It was also confidence because I wanted to look perfect for my boyfriend Liked to have a beautiful and sexy body/ To get attention wherever I went/ My spouse insisted on having a nose job/ Because all my friends did it/ Getting a nose job was really a dream for me/ I saved money for 3 years to do it/ I did surgery to become slim in order that my husband likes me/ I did it to become like Jennifer Lopez/ Everybody laughed at me/ I wanted to look good in the selfies I took	That makes me happy/ It gives a good feeling to look more beautiful/ I've got self-confidence getting back through the surgery/ Everyone in the family had large breasts except me so I decided to do the surgery/ I did not feel comfortable in my body and was so self-conscious
<b>Is beauty important for women? Why?</b>	
Everybody loves a beautiful appearance/ As long as I am alive I should look pretty, and I would do anything and everything about it/	It is important but doing everything to get pretty is just stupid/ Beauty is only important for first impressions/ Beautiful people have easier lives/

<p>Because men only see the appearance/  It gives you self-confidence/  I prefer to talk to beautiful people than ordinary and average people/  100% important to attract attention/  It has influence on almost everything that we do as women/  If somebody does not look good in my eyes I might not even talk to them</p>	<p>Unfortunately it is because everyone is judged normally by their appearance in society and their work places too</p>
<p><b>Can beauty help women to find a descent partner?</b></p>	
<p>Since the first impression is always important beauty can help/  When women are younger they might think it is right but no it is not/  Close-minded people may think it can/  Yes it can, men are only after beauty they care about attraction so much/  No, only the behavior can/  The first step to begin a relationship is appearance/  Men are also after beauty because if they have choices of different girls, they will definitely pick the prettier ones</p>	<p>It can when the man wants the body and not the heart/  It depends on the characteristics of the man only/  No because it can only change the appearance and appearance is not enough to find an appropriate man</p>
<p><b>Can undergoing cosmetic surgery bring back the loyalty of a cheating man?</b></p>	
<p>Maybe, if my husband asked me to do a surgery, I think I would do it because I want to make him happy and save my relationship/  No, I think if a man really loves a woman he would never cheat on her wife, no matter what/  No, although I went under the cut to make my relationship better it did not work out and I got really disappointed/  No, once a cheater always a cheater</p>	<p>No, if something was cracked, then there is no surgery or beauty that can help it/  No, either the man loves me the way I am, or not, appearance can change nothing</p>
<p><b>Order in Priority: Beauty, Money, Family, Education, &amp; Marriage</b></p>	
<p>Of course family always supports you in any case/</p>	<p>Family is always number one priority/  Family can be skeptical/</p>

I would choose education because it helps me to get independent	Marriage is good because you can have kids
<b>Choose one: A good lifetime partner with average salary or, A superb career with good money and nice social reputation</b>	
If I have money but no man to celebrate my success with then what/ After all women must have a lifetime partner, right?/ A woman should be independent and that is a most important thing so I choose the first one	I would like to have a man than to be alone in my glory/ I wish I could say both but I would pick the man because he gives me babies

### 11.6 Results

The results of both countries are shown in the tables below.

Table 9: Results for Interview 2

<b>The Questions</b>					
<b>Iran</b>					
	<b>What was the strongest motivation to undergo cosmetic surgery?</b>	<b>Is beauty important for women? Why?</b>	<b>Can beauty help women to find a descent partner?</b>	<b>Can undergoing cosmetic surgery bring back the loyalty of a cheating man?</b>	<b>Priority Order :Beauty Money/Family Education/ Marriage</b>
Subject 1	Self-confidence/ Boyfriend/ looking good	Yes/ Clearly seen/ Everyone loves it	No/ Maybe for first impressions only	Not at all	Family Money Marriage Education beauty
Subject 2	Get pretty/ My Husband encouraged me	Yes/ Beautiful is good/ Gives self-confidence/ Makes me feel good	No/ Though it could but my husband cheated on me	No/ A cheater will cheat	Family Money Education Marriage beauty
Subject 3	Self-confidence/ Other	Yes/ Gives social advantages	Yes/ I should be so pretty that my	Not at all/ Men like beauty but	Family Money Education

	people praise me	and self-confidence	husband only looks at me	not faithful for beauty	Beauty Marriage
Subject 4	Self-confidence/ Positive feedback from others	Yes/ 100% necessary for women/ attracts others/ helps to get married	Yes/ It will help to marry rich men	Not at all	Family Beauty Education Marriage money
Subject 5	Get pretty/ Positive compliments	Yes/ Everyone likes beauty / Have self-confidence	No/ I feel sorry for myself to have thought so	Never/ I feel sorry for those who think so	Family Money Education Marriage beauty
Subject 6	My husband to like me/ Attract husband's lost attention	Yes/ Gives confidence/ social success	Yes/ Only for a short time thought so	I don't know/ It did not help me	Education Family Marriage Beauty money
Subject 7	Self-confidence/ Get pretty/ Avoid getting mocked by peers	Yes/ women must be pretty/ Beauty is godly/ Looking good among peers is necessary	100%/ men are only after beauty/ My ex-partner came back after my surgery	To some extent yes/ Men praise beauty	Marriage Family Money Beauty education
Subject 8	Look good in photos/ Get pretty/ Self-confidence	Yes/ Influence on almost everything/ first thing that is noticed	No/ Understanding is important not beauty	I don't think so/ Although men are after beauty but it cannot keep them	Family Marriage Education Beauty Money
Subject 9	Get pretty/ Have a nose like my peers	Yes/ First impression you will be judged better/ I don't like unattractive	Yes/ Men pick pretty ones first/ In the end it will help to get married	I don't think No/ But if my disloyal husband asks to undergo	Family Money Beauty Education Marriage

		people that is noticed		surgery I save my relationship	
Subject 10	Felt ugly/ Avoid getting mocked by friends/ Looking good in photos	Yes/ for positive feedback from others/ Increases self-confidence	Yes/ in this era beauty is the main criterion to get picked by men	No/ A cheater always cheats	Family Education Beauty Marriage Money
<b>Germany</b>					
Subject 11	Not breathing well/ Did not like the shape of my nose	Yes/ It is really helpful in society/ Good for self-esteem	Of course/ Men look for pretty women so it increase the chance	No way/ Beauty can never be the guarantee to keep men's loyalty	Family Education Money Marriage Beauty
Subject 12	self-confidence	Yes/ It is helpful in first impression	Yes/ It can facilitate the process	Not at all/ Either the man loves me or not	Family Education Money Beauty Marriage
Subject 13	Breasts looked really small and my nose was like a witch	Yes of course/ Life is easier in society/ good for well-being	I'm not sure maybe not	It would not help at all	Family Education Money Marriage Beauty
Subject 14	I was dissatisfied with my body	Would like to say no but yes/ You get judged by your looks	To a big extent yes	I don't think so	Education Marriage Family Beauty Money

These interviews with 10 Iranian women and 4 German women who all had undergone at least one cosmetic surgery and were in their 30's and 20's gave the researchers a better insight to the unsaid motivations. A lot of sentences were said and repeated which were mostly like clichés or stereotypes that they actually believed in, and we call them “Mantras”. These Mantras were some key sentences and reasoning that were heard from almost all the

interviewees and gave new insight to get to know the intentions that were never mentioned or talked about. These mantras were repeated for each question that was asked from the interviewees.

The first item “why did you undergo cosmetic surgery?” for Iranian women was approve of others 90%, partners 80% and self-confidence 60% while the motivation was somehow different with German women 75% said that they did the surgery because they were not satisfied with their faces or bodies and 25% said that they did it to have more self-confidence.

The second item “Is beauty important?” 90% of Iranian women and 100% of German women said yes, only 10% of Iranian women said “maybe”. Reasons for Iranians were: Everybody loves beauty 40%, to be beautiful for others (romantic partners) 40%, social advantages/success 40%, self-confidence 40%, and necessary for women 20%. Reasons for Germans were Self- esteem 25%, good for societal reasons 50%, first impressions 50%, and well-being 25%.

The Iranians said that beauty can help women to find a good man (60%) and 40% of them said it cannot help, the Germans agreed that beauty can help (75%). The item “can beauty bring back the loyalty was the item that almost all Germans (100%) and Iranians (90%) were sure that loyalty will not be brought back by cosmetic surgery.

The fifth item which measured the priorities of the women was almost very homogenous in Germans because 75% of women put the family first, education in the second place, and money in the third place. There was one subject (25%) who put education first followed by marriage and then family. Among Iranian women 90% said family first, Education (60%), money 50% beauty and marriage came at the end both having 40% of the answers.

The last item which was added later “Choose between a good man with average income and a good career with good income for yourself) the Iranian women chose the husband (62.5%) and the rest (37.5%) chose the independent career with good money. The German women chose the man with good money (75%), they said “I rather be somebody and happy than being alone in my glory” or “In long term the man can make me happier specially if he gives me children”, the one subject who chose the career over the husband said “I can think about a partner after I settle down and get independent. Independency is my priority”.

The data and the tables for all the studies are to show what happens in Iran and Germany when it comes to having cosmetic surgery and women's motivation. These results are really informative regarding the questions of the study and this is a criterion to say that the research had found what the researcher was looking for. The integration and how the results bond to the literature will be discussed in the discussion part of the dissertation.

### ***11.7 Discussion***

In the following you will read about very detailed information, since it is hard to separate the results and the interpretation of the data therefore, you will read a compact discussion. Just like the analysis in the first interview, all the relevant answers were classified in table 9 to show the responses in a glance. However, some repeated and irrelevant answers were given by these women too. These repeated answers were good signs to make some specific themes, and finding names for these themes or patterns that can interpret what each theme is about, this step is called "Cross-case thematic analysis" followed by undergoing the inductive analysis which is searching the qualitative data in order to find the patterns (Patton, 2015). Later the frequency of the answers was counted separately for Germany and Iran and the percentage was calculated. Each interview was checked and reread more than three times in order to get a holistic view. The repeated answers (Mantras) or as Patton mentions "themes" that were repeated in each group (Iranian, German or both) are also written here and their percentage is shown in table 10. In the following mantras are listed that would be described after this

- *Emotional Attachment/Attracting Attention (Partners)*
- *Self-confidence (Beauty to keep me feel good about me)*
- *Beauty makes life easier in society*
- *Everyone likes beauty/beauty for the sake of beauty*
- *Perfectionism(a woman must be beautiful)*
- *An Image of an Iranian man Stereotype*
- *Not meeting the expectations*
- *I want a good man (to give me kids)*
- *Doing it for the sake of correction*
- *Being praised and positive feedbacks (peers)*

Table 10: *The percentage of the bold themes*

<b>Mantras</b>	<b>Iran</b>	<b>Germany</b>
Emotional Attachment/ Attracting Attention (Partners)	80%	0%
Self-confidence/ Beauty to keep me feel good about me	90%	25%
Everyone likes beauty/ Beauty for the sake of beauty	100%	75%
Approve of others	90%	0%
Perfectionism (a woman must be beautiful)	100%	25%
An Image of men	100%	25%
Not meeting the expectations	40%	0%
I want a good man (to give me kids)	60%	100%
Doing it for the sake of correction	10%	100%

### ***Motivation to do the surgery***

The results showed 90% of Iranian subjects did it to get feedback from others, 80% to find or keep their partners and 60% to have more self-confidence while this was totally different from what the Germans said as 75% did to feel satisfied with themselves and 25% (only one subject) did it to look like her family members. Although the boldest and mostly the first intention to undergo cosmetic surgery which was mentioned by the interviewees was “beauty” or “self-confidence”, when we investigated deeper another motivation which was hidden under, came up, and that was things like “to attract my partner’s attention”, “to be praised”, “being approved” or “being loved (winning back the partners’ heart again)”.

The message that these answers were given by Iranians can be discussed as follows:

### *Emotional Attachment/Attracting Attention (Partners)*

As it was mentioned undergoing cosmetic surgery to get praised by others (peers) and get seen by them was the first motivation for Iranian women (90%).

Interviewee number 1 talks about this intention like this: My boyfriend did not like big breasts and since I did not like my breasts I did the surgery and he became really happy. I wanted to look like Jennifer Lopez because my boyfriend loves her body. I wanted to look perfect for my boyfriend and wanted him to praise me". Another interviewee claimed that the first surgery on her cheeks was her own idea but the second surgery was because her husband asked her to do so and she wanted to make him happy. Regarding this reason it should be mentioned that religion of Islam had literally ordered women to obey their husbands; "Obey your husband in a humble way" which is mentioned in Quran, Sura Alnesa. After all, this command seems to have been internalized in an Iranian women's mind.

Interviewee number 3 clearly stated that she wanted all her partners' attention on her and that she does not want her partner to look at other women and she wants all his attention on her, that's why she always wants to look pretty. Perfectionism can be the reason behind this motivation that is already discussed. Interviewee number 4 stated that beauty is important to attract attention in order to find better partners for marriage. Marriage is the goal for the Iranian participants, marriage help women in Iran to leave their parents' home and have an independent societal prestige. This will be discussed later in the general discussion part as well.

Interviewee 6 started the interview by saying: "I did it in order that my husband likes me, the main reason was to attract my husband's attention because he does not like women with big bellies and he always nagged at me why I had gained so much weight. She also mentioned that she did this surgery to have a slim body in order that her husband would touch her again. She clearly stated that her identity is defined by having a man beside her and also she wanted others to praise her so that her husband would notice her again. The attachment is clearly seen in the sentences that she says. This way of thinking was not seen among the German participants.

Regarding this cognition the effort to seek the attention of the partner would become a very predictable action because when an individual defines her identity or at least part of her identity through the existence of someone else, losing the attention of that specific person may threaten her identity.

Regarding the notion of attracting attention an Iranian participant gave a nice hint: „On the whole I think the main reason for me and others to undergo cosmetic surgery is attracting others attention and to look good in everyone’s eyes to be praised all the time. The intention to gain my husband’s attention was because I think I am nothing by myself and my identity is defined by having a man beside me”.

According to this it is not very surprising why women especially in Iran are trying to please their partners, as Iran is still a country which although women have moved toward independence and working in society in the recent decades but still the concept and internalized culture of “ A man is the protector” strongly exists in the minds of Iranians.

When one’s identity is defined by having a partner beside her, when not being married before 30 years old is considered as something embarrassing among Iranian women and if they do not get married when they are young labels like “The fruit had gone bad” will be heard from others in funny ways and publicly.

### ***Self-confidence and being pretty***

Subject number one who had two surgeries (first one reducing the size of her breasts and second one buttocks augmentation) stated that the main reason for her to undergo cosmetic surgery was that she did not have enough self-confidence. She later explained her lack of self-confidence by not being able to attend the society easily since her breasts were too big. She felt embarrassed to interact with others but now she can actually be present in society without being embarrassed of the size of her breasts. Consequently she claims that her self-confidence has increased. Subject number 2 (with two surgeries first her cheek bones and second her nose) clearly states that being beautiful gives her self-confidence, she also said that she thought her confidence would go higher with the cosmetic surgeries and right after the surgeries for some months she was more confident but after a while everything went back to normal.

Subject number 3 (with one surgery on her earlobes) started the interview by saying that “my self-confidence was really low and I was always worried about my earlobes, I felt sad whenever somebody noticed the flaw in my earlobes”. She stated that beauty is important because it increases self-confidence in general. Subject number 4 stated clearly that the main motivation was enhancing her self-confidence because on the whole she did not believe in herself and contrary to her expectation her self-confidence did not increase at all.

Subject number 5 stated that her self-confidence immediately increased after the cosmetic surgery but it faded after some years. “I think that women undergo the cut because of the lack of self-confidence and not believing in themselves”. She insisted that the hope of getting a high self-esteem is an illusionary reward of surgery that women expect to get but it only lasts for a couple of years. She states that no outer change can help us finding the real self-confidence.

Subject number 6 also states that her self-confidence has increased to some extent and she clearly relates beauty to self-confidence. According to her, beauty increases self-confidence and a high self-confidence can help people succeed in anything and being certain about all the things they intend to do. “Attractive people automatically have this self-confidence and I love it, the fact that I can fit in any clothes I try on gives me more self-confidence”.

Subject 8 said it was to get more self-confidence that actually made me undergo cosmetic surgery. For example I did not take pictures from every angle I was always conscious not to take pictures from my full face or my profile. Just one German participant mentioned the confidence, “I was actually quite self-conscious before, but I noticed: After the beauty surgery, when I felt a bit more comfortable in my body, I was definitely more self-confident and I went even more to people than I have done this before.” She was surprisingly the one who said all her family members had bigger breasts. We can clearly see here that the upward comparison had taken place to take away the self-confidence to the extent that she had 2 surgeries to feel better about herself.

What can be discussed again is that the major influence on body image is via getting feedback from everybody which means family, peers, romantic partners or even strangers. In this case all the 3 main motivation of Iranian women are linked to each other. Therefore, beauty to get self-confidence means, “to be beautiful in order to get positive feedbacks especially from

peers and romantic partners in order to have a higher self-confidence and feeling good inside because of this self-esteem.” What should also be mentioned is that these women come from different age ranges and the more they are mature they said they wished it had never happened, at some points they claimed that they feel shy to go somewhere with cosmetic surgery and they feel so old-fashioned and stupid looking like the way do are. 100% of women over 30 said they would not have done the surgeries if they could go back or that they actually did not get the confidence they needed. This is because the outer confidence that comes from the feedback of others can fade because of not having the feedbacks anymore since habituation takes place and the urge to have more feedback can still stay and this can cause the women to do the surgeries again. Habituation may take place that is a form of learning when an organism decreases or ceases to respond to a stimulus after repeated representations (Boutan, 2007) this characteristic is consistent with the definition of habituation as a procedure.

Reading and listening to all the comments on self-confidence among these women, raises another question that is “Does self-confidence make people feel beautiful or does beauty make people feel self-confident?”

The low self-confidence that directs them to undergo the surgery might be because of the social upward comparison; this comparison introduced by Festinger (1952) suggests that people in society tend to compare themselves with their fellowmen and also with the standards of society and their own standards. Therefore, this comparison can have two directions: the upward social comparison and the downward social comparison. The upward social comparison as it sounds is the process of comparing oneself with higher fellowmen, higher standards of the self and the society. The discrepancy that is felt after the comparison might bring the desire to fill the gap by means like cosmetic surgery that are offered by the society.

### ***Everyone likes beauty/beauty for itself***

100% of the participants said beauty is really important for a woman, whether Iranian or German all agreed on this very matter. The main motivation as mentioned by all the interviewees was to increase their beauty and to become pretty.

According to the interviewee number 1, beauty treats the eyes and no one escapes from a pretty face. She also mentioned: “as long as I am alive I should look pretty and I would do anything about it”.

Interviewee number 2 says that the main motivation to undergo cosmetic surgery was to get more beautiful and having an attractive and happy face, she specifically mentioned that what is beautiful is good and she enjoys looking at anything or anybody that looks pretty and being beautiful is important because it makes people feel better about themselves.

Subject number 3 says that beauty is important because when she talks to a pretty person she enjoys it; she clearly says that she enjoys talking to pretty people rather than average looking people. She also mentions that beauty has always helped her in finding a job and in society it had always been helpful for her to seek better opportunities. Subject number 4 mentions that beauty is 100% important for women because it is necessary to be beautiful especially for women.

Subject number 5, says that the intention of going under surgery was to get more beautiful because she thought that if she were more beautiful she would become happier. She also mentions that beauty is good by itself and everybody simply loves beauty. She had thought that beauty could have helped her have a better situation in society.

Subject number 6 says that beauty is only 50% important in a woman’s life and all the rest is about chance and behavior. Subject number 7 said that the most important motivation was 100% to become more beautiful, and I enjoyed this beauty a lot. The German participants gave reasons like beauty is good because it can help us in society, we feel better about ourselves, we can have better positions, and “So many things are also unconscious, how you are treated. You will, of course, be treated differently if you are beautiful, as if you are not so beautiful. This is unfortunately so.” We reach to the same point that what is beautiful is good (Dion, Berscheid, & Walter, 1972).

### ***Doing it for the sake of correction***

All the German participants with cosmetic surgery mentioned that they underwent the cosmetic surgery because they just wanted to correct the part that was operated. In other words operation for the sake of correction was the only motivation. After getting more detailed in the interview they still did not mention that they did the operation to get pretty. This insist on the pattern of “operation for the sake of correction” was seen till the end of the interview even when the item about beauty was asked. The motivation of correction however, was questioned when the answer to the last item “choose between a man and a career” was the man in all German participants. One of the reasons can be because of the strength of feminism and emphasis on the entity of independent women in western countries.

### ***Being praised and positive feedbacks (peers)***

According to Cash and Pruzinsky (2002), individuals form their body image and even their self-esteem by a lot different groups like family, friends, etc. They especially emphasize that during the puberty through which teenagers go from childhood to adulthood and see the physical changes in their bodies, they get more vulnerable in forming their body image and get influenced by their peers and friends more than other times in their life. It means that a big part of their self-esteem is also dependent on their relation-ships with peers; whether they fit into the groups or not.

In both Germany and Iran this fitting into peers, starts normally in (high) schools. The difference is that harassment and mocking each other’s appearance is probably less in Iranians in those years since they are studying in segregated schools. Therefore, when Iranian women enter university and want to fit into peer groups they face a new phenomenon that is having boys in such groups as well. The excitement of fitting into a totally new kind of peer groups can be followed by changing oneself in order to fit in, with least discomfort. This alteration might range from just changing the color of the outfits or the clothing style to changing the personal ideology in order to fit in. Not being pretty in the perception of others (e.g., having a big or malformed nose) can be a barrier to fit in. Boys in every peer groups can harass the girls who don’t have the beauty standards. The reason that most Iranian participants said that they wanted to get positive feedback might be the fact that they used to get mocked by at least one person in any peer group that they belong(ed) to.

In Germany having other beauty standards and being in unisex schools can lessen the excitement of belonging to peer groups later at universities since it is nothing new to be in groups where the boys are involved in too.

### ***Perfectionism***

Perfectionism increases individuals' likelihood of undergoing cosmetic surgery (Sherry et al.). It was also mentioned in the literature part that a desire to be perfect may involve a desire to appear as perfect. This is what can be seen also in the interviews. Sentences like "I should look the best" or "I will do anything to be beautiful" which were heard more than a couple of times by the interviewees especially among Iranians show that perfectionism (the desire to appear attractive) is clearly seen among these women. To enjoy being beautiful is to appear perfect, the desire to appear pretty and, the urge to be the best can also be because of lack of self-acceptance, a characteristic that was seen among the women who did not go under cosmetic surgery. To remind the reader an earlier result showed that Iranian women who have surgeries were significantly less religious than their Iranian compare group. Self-acceptance is a factor of well-being and well-being is possible when self-acceptance exists in individuals.

According to many studies that were already mentioned religious people show more well-being and self-acceptance. Perfectionism especially when it leads us to look perfect for others is contradictory to self-acceptance.

### ***An Image of an (Iranian) man Stereotype***

The Mantra "Iranian men are so!" was heard a lot of times during the interviews.

Interviewee number 1 stated that beauty is very important for men and normally men like beautiful women. Beauty will not help women to maintain their relationships with men because after a while couples get used to each other's appearance. "My husband cheated on me before the cosmetic surgery and kept on cheating on me even after the surgery and did not show any interest on my body after the surgery".

Interviewee 2 also stated the same thing that "my husband was really happy in the beginning but after a while he got used to it and I was proved that beauty could not save any

relationship, it can never guarantee a man's faithfulness, I got divorced because my husband cheated on me with somebody who did not look as pretty as me".

Subject number 3 clearly said that the behavior of men toward her changed even when she dresses up differently. She stated that beauty is 50% important in relationships ,” I dyed my hair blond because my boyfriend asked me to do so, I think beauty is really important for him because men only see the appearance; and what they see is what they believe, I think their judgment is based only on the appearance of women, and specifically I mean Iranian men are like this; it does not matter which country they live in, I think Iranian men are always like this, but still beauty cannot guarantee a man's faithfulness".

Subject number 4 told almost the same things: “I think finally women who work so hard on their appearance finally will be able to find men who are a bit older but financially in a good situation because men in our country are only looking for outer beauty especially the ones who are a bit older. Beauty cannot keep a man's faithfulness because if it was able to do so, then all beautiful women would have never been cheated on. Beauty can only be effective in the beginning to help us find a man with a good situation, but in the long term, it cannot help any relationship by itself.

Subject number 5 mentioned: “It cannot also guarantee men's faithfulness, and cannot fix anything, but there are a lot of women that have put themselves under the cut because they thought that cosmetic surgery could bring back their partners' attention or faithfulness and I know some of them, I also know that their husbands had not even noticed the change and had kept on cheating on the wife and ignoring the wife even after the surgery, my cousin is one of these poor women".

Subject number 6 over this matter mentions: „I don't know if beauty can help at all or not, it did not help me in my relationship with my husband and although I went under the cut to make my relationship better it did not work out and I got really disappointed so I asked for a divorce after 6 months of my surgery and as you know we are divorced now.”

Subject 8 stated that unfortunately these days most young men care more about the beauty of women and it is not good at all because there are other more important things other than

beauty. Subject 10 in the end added that “but now for lot of men especially in Iran “beauty” is the main criterion rather than other things such as personality or something”.

This labeling of males in the society and having such an image of a German man was not seen in any of the interviews with German participants. It can tell us that such stereotype is not seen or as strong as it is compared to Iran. This can be the result of gender equality and not depending life on a male among German women.

The negative attitude or comments over German men was not heard from any of the interviewees. This can be studied further as the sample was not sufficient to make a conclusion. However, it seems like that women’s attitude toward men in Germany is quite neutral and women do not take extreme sides.

### ***Not meeting the expectations (Iranians)***

All interviewees above 30 stated that their expectation of increasing their self-confidence and maintaining their relationships did not meet.

Interviewee number 2 stated that for a few years after her cosmetic surgery she felt more confident and they had a better relationship specially because her husband knew that she had done her second surgery (nose) for her only , “but beauty could not save my relationship in long term and he went after another woman who was not even good-looking, I was young and naive and I thought that beauty was the key to make me happy but as I aged I realized that beauty was not even slightly as important as I thought it was”.

Interviewee number 5 gave a very direct notion about what she now thinks about the role of beauty in her life. „I am sorry for myself, because I thought beauty could increase my self-confidence, this beauty may be helpful for a couple of months and tops for a year but after a year or so, beauty cannot help at all after a while. And the reason I thought this way was only because I did not have any experience in the society.”

Another noticeable matter which was seen among the interviews was the fact that mostly the families especially the parents of the participants were totally against the idea of their daughters to undergo cosmetic surgery.

Subject number one states that her family told her not to do the surgery and also her husband told her not to do it but she did not listen to them and she underwent the surgery because of her current boyfriend.

Subject number 2 stated that her mother and father told her not to do the nose job but she underwent the cosmetic surgery because of her husband.

Subject number 5 also mentioned that her parents fully disagreed with both of her cosmetic surgeries and they did not even support her financially to do the procedures nonetheless, she did the cosmetic surgery twice. Subject number 6 also stated that her parents were extremely against both her cosmetic surgery but she did it because she wanted to look more beautiful.

The false hope and perception among women can be clearly seen. This result however, was not seen among participants below 25 years old. They were all satisfied with their surgery.

It should be mentioned that the German women also were 100% satisfied with the results of the surgery and they said they achieved what they looked for. The reason can be the difference between the motivations of Germans and Iranians. Individual motivations like I did for myself can be achieved more easily if the surgery is done successfully. However, motivations that concern others like satisfying or keeping the males are just temporarily achieved.

### ***Family***

Almost all participants in Iran and Germany said that their families (parents) were their first priority. Iranian families disagreed with these women to undergo cosmetic surgery by not supporting them emotionally or financially. Families were scared of health risks of their daughters undergoing cosmetic surgery. This obviously has conflict with what they did. Among German participants it seems like there was no conflict with families. The reason behind this difference in the two countries can be being less traditional. The families in Iran had mentioned the worry over their daughters' health but it might be just a surface excuse to hide the traditional thoughts about the daughters in Iran and the preference that they have for daughters which is remaining simple and natural.

German families seemed more tolerant about cosmetic surgery but had a more negative attitude toward it in general. It shows that individualism and respecting individualistic ideas

even for children at home has an effect on respecting the decisions of their children although they might disagree.

### *I choose a man for a life time*

The last item of the last study in this thesis was choosing between a man or a good career. 62.5% of Iranians chose the man but 100% of Germans also chose the man. It can be discussed that desires are the same but the reason and the means to get to this desire is different. Getting married is a very important fact among Iranians; it can be assumed that women want men to feel complete as a society member, a passport to have sex, and get independent from parents. Both women in Iran and Germany said that having a relationship to a good man is more important to them than having a good job with good reputation and good money.

In other words getting married is considered as a social status for women. Germans also desire to marry and have kids but do they want to get married for societal prestige? German women have the life of their own just like men and they are free to leave the parental house after a certain age and being married is not considered as an issue to get independent. Germans on the other hand chose men for a life time that can also mean that getting married to have “love” is also very important to them. Do Iranians prefer love over societal demands? This is a question to be investigated in future.

### *11.8 Limitations*

The main limitation was that almost none of the beauty clinics were willing to participate with the researcher. The surgeons of cosmetic surgeries claimed that they did not feel good to have a psychologist around their patients since they could give the patients some amount of stress. One of the surgeons claimed that he did not want his patients to change their mind on having the cosmetic surgery so he only allowed the researcher to distribute the questionnaires only among the women who had already undergone cosmetic surgery and were visiting the doctor for further checkup. This was also not very welcoming as the researcher was only permitted to be present at the beauty clinic for only one day and later on, the secretary of the clinic asked the researcher not to come any more. Therefore, this study is on women who had already

undergone cosmetic surgery and not the individuals who are volunteers for having such surgeries.

## **12. General discussion**

### ***12.1 General Answers to Research Questions***

The general questions that were asked in the theoretical part of the research can now be answered in the general discussion.

The question about the attitude toward surgery is answered contrary to my expectations; since women undergo cosmetic surgeries so commonly in Iran, I assumed that they should have a better attitude toward cosmetic surgery. However, German women showed a more positive attitude toward cosmetic surgery both in qualitative and quantitative part of the research. During the interview, the Iranian women showed a very biased and negative attitude toward cosmetic surgery and one of them had undergone cosmetic surgery herself. The Germans had a more neutral attitude toward cosmetic surgery. The reason can be that Iranians on the whole have a tendency to judge one another. Gossiping and labeling in Iran is done almost by everybody without having sufficient information. Germans on the whole seem to be more tolerant and open to diversities.

The research showed that there is no difference in body image among German and Iranian women. Both cultures showed a positive body image whether with or without cosmetic surgery. The reason could be that the research was done after undergoing cosmetic surgery and not before it.

The question that asked if Iranians were more informative in identity styles or Germans can be answered this way: Generally Iranian women had shown a higher informative style than German women more informative means to follow the experiences of oneself and not the norms. When the families of Iranian women disagreed with them on having the cosmetic surgery they still did it probably because of what they thought was correct although almost all of them put their families in their first priority answering the fifth item of the second interview.

It means that although families come first but obeying the families is not a part of their love for the family. It can be said that getting cosmetic surgeries is a modern way to fulfil the traditions. Tradition in Iran directly tells young girls: find a husband, get separated from parents and you can have sex with your husband and get rid of all the dos and don'ts

regarding dating a romantic partner. The identity and independence of women is clearly exploited by norms and rules that are in favor of men only. This process seems sexist in the first glance but considering the freedom and independence that marriage may bring, undergoing cosmetic surgery can be a facilitator to achieve this goal.

To achieve this goal (getting married) women try to enhance their beauty depending on their own previous experiences, the experiences of their peers, or depending on their own false perceptions of beauty and at the same time having the idea that beauty can increase their options to find lifetime partners . On the other hand, German women showed more normative styles in both groups which means they are following the norms of society. In the German society, being natural is a cultural value that is praised. One of the reasons can be the fact that women are able to appear in society the way they are, not wearing a hijab helps women to be seen as the whole person and not just the face. The equality of women and men can be also really helpful. When women are not seen as objects who should follow their femininity, and being a human being is the most important component of their being, then the urge to show femininity lessens because of the equality in the society. What the societies expect from women is somehow different in the two countries. It is also interesting to know that German women were ahead of other European counterparts in the 20's and even 30's regarding societal and political positions.

As Stephenson (1975) explains, German women had very important roles in politics in 1926, in this year there were 32 female key politicians as this number was 6 in Austria and 3 in America in the same year. In Iran during the same years women were covered in veils not because of the government but because of the cultural, traditional, and religious norms. At that time in Iran, the doors of the houses had two different handles: one for men to use and one for women or the men who were related to women by blood (see picture 2). This was to help the woman realize who was behind the door in order to wear the hijab before they opened the door for a man who was not a member of family (uncle, father, son, & brother).

Picture 2: *The doors in Iran ca. 1900*



*Tabatabaiee Mansion, Kashan, Iran (With permission of A.h. Roosta)*

The difference between Iran and Germany cannot be explained better regarding the different mentality about women about 100 years ago or more that more or less continues to current times. Unfortunately even in Germany this power was taken away from women in the 30's until the point that they could not travel without the permission of their husbands until early 70's. This is unfortunately still the rule in Iran even 40 years after Germany changed the rule in favor of women. During WWII, when the Third Reich was in power, German women had to bring babies and the 10 commands to women were anti-feminist to the extent that it wanted women to be healthy and natural in order to give birth to more babies. Luckily German women are no more restricted with such rules (Stephenson, 1975). The chancellor of Germany has been a woman for more than a decade, as some say the most powerful woman and the leader of the free world. It can be a means for Germany to have brighter days for women although it seems like a lot of women are still following their maternity requirements rather than being active in the society. Aside from the exceptions that are found everywhere, even the concept of being a woman is different in the two countries.

Undergoing cosmetic surgery in Iran can have a lot of reasons and motivations and some of the hidden motivations will be discussed. Another fact as a reason to undergo cosmetic surgery is to gain a baby-face; this is a motivation that could be unconscious. Some studies have shown baby-facedness as a mean to be judged with good personality traits. These studies have shown that individuals with so-called baby faces are perceived to be less powerful and dominant but more naive, honest, and warm (Berry & McArthur, 1986). In order to reinforce the need to protect in men, this baby-facedness come to help women, small noses, full lips and no wrinkles on the forehead or around the eyes can be a representative of the face of babies.

Women undergo cosmetic surgery to get picked by men at the places with potential (university is one the most important ones as it is officially the first place that women and men study and interact with each other). The tradition of proposal and men asking women for marriage or even partnership is still more common and it can be clearly felt that men choose and women get picked. The mad competition of looking good is also another story that women enhance their beauty because in short-term places like parties or even on the streets (the streets are also places to find partners) the first thing that attracts attention is the beauty and the appearance of the women.

More physically attractive individuals are viewed both more positively and more accurately in first impressions. Specifically, in line with the physical-attractiveness stereotype, more attractive individuals were viewed with greater normative accuracy, which is indicative of being considered to possess more positive characteristics (Lorenzo, Biesanz, & Human, 2010). This fad however, is fading away as said before. Maybe getting familiar with other ways of communicating, being educated, women believing in their abilities as separate entities that not needing men to feel complete, can help women choose and not get picked only. The liberty to have sexual relationship with men before getting married that is seen more nowadays in Iranian society even among women is also helping them to feel more independent. In Iran during the process of getting to know a potential romantic partner, women are passive and wait for men to get close, the urge to be more attractive or beautiful is felt more than before specially in this situations and undergoing cosmetic surgery to get picked or using a lot of cosmetics will increase the chances to meet and talk to men.

On the other hand in Germany, the concept of equality and the fact that men and women are equal, and feminism is seen and felt more than in Iran. This feeling of equality and the concept that woman is an independent entity does not require women to get pretty just to get picked. Women can actively choose the partner and not wait for a man to do the first steps. Another thing in this mainstream that should be mentioned is that getting married is the first and foremost goal for Iranian women as it is not in Germany or at least it seems not to be. In Germany, women also follow other important goals and some may not think of getting married in the end, when a woman trusts herself as an independent and almost free person regardless of her gender, having or not having a rich man would not be the main focus of a woman's life. Instead, a woman tries and achieves her other goals like being successful and helpful in the society as well as in the family and this is what Iranian women should be educated about.

After all, although Germans insisted that they did the surgery because of themselves they all picked a man over a good career, the question arises: are Germans just showing an independent face during the interview or did they really mean what they claimed to be their motivation to undergo cosmetic surgery.

To live as a woman in this Germany gives women the idea that they can work, study and be free almost like males and also the liberty to choose their partners if they want to. However, as the results of the second interview showed, the motivation to have a family and kids is seen more in German participants than women in Iran.

Some woman in Iran told that if the husband tells them to do something with their bodies they would do it as some of them claimed that they had undergone cosmetic surgery because of their partners. The fact that Iran is such a masculine society and women are expected to obey their husbands is not only considered as anti-feminist in this society but also is considered a very normal and desired phenomenon. More important is that being what women are supposed to be according to the culture (being pretty, seductive, & ladylike) , is not considered as embarrassing or bad but in Germany things are different. The younger ones in Iran said that they would do it for their men whereas the older ones (above 30 years old) who had already done it for men admitted that they were wrong about it. If they really meant what they said, this can explain a lot about the changes in the Iranian society about beauty

standards. Now that women are starting to broaden their perceptions due to internet, technology etc., the wave to be natural is starting to get praised as having a lot of surgeries and posting pictures on Instagram or other social networks with such shapes is starting get mocked rather than getting liked or praised in the way they used to be considered as cool and fashionable like before.

This new phenomenon is not still very well-known but is increasing among educated ones. This can be easily seen in social media, there are some associations or NGOs which are advertising and crediting women who are natural, so this is something that can gradually change the norms that are already internalized in peers specially the adolescents. This change can also be due to the fact women are now a little bit freer than the past 20-15 years.

A quick glance at the results of German interviewees will show us that individualism of the German society is perfectly seen and felt in the motivation of cosmetic surgery costumers. Sentences like “I did it for myself”. There was only one person who said she did it because in her family all other women have bigger breasts except for her (upward comparison) Festinger (1952). It is easy to believe that this surgery in Germany is done normally for individualistic reasons and not for reasons like finding a man or keeping the relationship alive or belonging to a specific group as peers. However, the question in the end makes every researcher wonder and that is Iranian women chose the man (62.5%) and German women also chose the man (100%) in the last item of the second interview

Sentences that Germans said: “I do not want to be alone in my glory, or the man can give me babies”. The question occupies the mind again according to the aspect of being individualist or collectivist: Is the society that influential on them to prevent them from telling the real motivation? Is following the norms in society so important for German women?

The aims are the same but the means to achieve it is different based on different processing, perceptions, and of course societal standards and norms that are no more surprising. Women in Germany showed different intentions for undergoing cosmetic surgery in the second interview. They always repeated and emphasized on the fact that they wanted it for themselves. Maybe they wanted it for their own self-confidence and not to satisfy any man, although during the interview they also said that they wanted to have good men and being

single bothered them. I ask this question from myself: Do they really want self-enhancement for themselves or to find good men? Do they feel embarrassed to say that one of their motivations was to look good so that men would pick them? (since the German society wants women to be independent) or did they answer the question unconsciously and without being aware of their real motivation?

We know that Iran is a collectivist country in which a lot of people sacrifice things in favor of groups and the society especially when it comes to respecting the cultural and traditional values (Hofstede & Hofstede, 2005). The result show us that on the whole Iranian women have more informative identity patterns which means that they simply do not follow the norms as much as the women with normative styles. The question is why people are more informative in such a collectivist country? It can be discussed that due to the strict and sometimes harsh rules on females, the limitation that they have been feeling and the pressure that has been applied on women in Iran had made them to start a quiet rebellion through which they can show and express themselves. As discussed earlier, they are even occupying more seats in the universities (65%) than male students and having better jobs in the society than ever (Kouhi-Esfehani, 2014).

We all know that the appearance is something that is easy to manipulate in comparison to real self-enhancement that is to educate oneself and finding a suitable position or career in the society. The surgeon that I interviewed with in the third round of the study mentioned that to study and find a good job for a female is harder than enhancing their beauty. He said women can be categorized to different groups, the ones who just study and work, the ones who just do the self-enhancement and the ones who do both. In his opinion women are always in a competition with other women to keep their partners loyal. The key to have this loyalty depends on a woman. It means that if she wants her husband not to go with other women she should do anything to stay fit, young and pretty, otherwise the risk is always there (Doctor X, 2017). This point of view cannot be generalized but it can be considered as a sample for male Iranian point of view. The reason to take this mentality into consideration is the fact that Iranian women also had this stereotype as well. The masculinity of the country can be seen through such statements as well.

Women in Iran have started from ground zero regarding freedom of women to get here. It means that the limitations that the new revolution brought for them could not keep them away from being active in the society, productive and beautiful. For 25 years before the revolution according to the documents and the history, Iranian women experienced freedom like Europe regarding having good jobs, and being able to wear what they wanted without being forced to wear the hijab. In a small and spontaneous survey with 15 German women; all were asked to wear the hijab to compare their appearance with and without it, except for one participant nobody liked their appearance after wearing it.

Women had always passively fought against the limitations in Iran. They try to find a way to break through the stressful rules implied on women. Appearance enhancement is one of them. It might be interesting to mention that Iranian women had to wear very long and loose dresses in the first ten to fifteen years of revolution and this trend started to get free in style after a while. Dresses got shorter, trousers got tighter, and make-ups got fuller to the extent that streets of Tehran became almost like a fashion runway (the extremeness of Iranian women's behavior is not the matter of discussion here). Resisting the advice patrol (the police responsible for arresting women with inappropriate hijab) in Iran is what women had been facing for almost 40 years. It means that although they know they could be caught and taken to court and get insulted by the moral police sometimes for what they wear, they still keep doing what they think is good for them and not what the society or the government wants from them.

It can all explain why Iranian women had more informative identity patterns rather than normative, the hypothesis that is now rejected can be really investigated more in further studies.

## **12.2 Conclusions**

In Iran the idea that a man is a provider of the family seems to be stronger than in Germany. Regarding this, the women in Iran have a saying “the shade of a man must be over my head”, which means the man who protects me in all aspects and more in a financial way. This was also mentioned in the literature part that women in Iran consider getting married to a rich man as a victory and the goal of life. What remains as a question is that is marriage a “societal

prestige” or a means “to live with your love”. I think that the difference can be found here. The German women want love as the Iranians want a societal reputation.

It is not just the matter of beauty enhancement that can be gained by cosmetic surgery but also all the features that are defined by Iranian culture as “real lady values” are pursued by a lot of women in Iran. Some good examples are not laughing out loud, dancing walking, and talking in a “lady-like” way. There are three different women who search for male partners. 1- The simple women who do not follow cosmetic surgery trends and are more into studies, 2- The ones in search of high-class husbands and enhance their lady-like values such as beauty and manners, 3- The ones who look extreme and seem to be unaware of the risks of undergoing several surgeries.

The third group normally has open social networks accounts and exhibit extreme attention seeking patterns. They post extreme pictures and are blamed and mocked by almost all communities in Iranian society. Unfortunately their accounts and the contributions that they post are full of malice comments from every user and mostly they are swore at. The third group are mostly known and named as “panthers” that have the hidden meaning of “looking extreme and acting rather cheap”. Recently a couple of them have committed suicide in Iran, this can be due to all the humiliation that they get from people in the cyber world.

The identity crisis is seen among the third group. Women who probably do not accept themselves the way they are because of distorted body images. The identity pattern in such women fluctuates depending on the feedback they receive from the outer and mostly cyber world. They are women that undergo the cuts of plastic surgeons who sometimes do not even hold a certificate for any surgery let alone plastic surgery, in order to be praised in cyber world and get famous. The cognition of these women really seems distorted and unrealistic.

In German culture girls and boys get raised together, girls get to know how their male classmates think, and talking or interacting to a boy is not considered as anything strange. A German woman realizes that a female is not different than a male, regarding human rights, she knows that her values are more than just getting married and her identity is not defined by having or not having a male. A German woman lives “by” a man and not “under the shade of a man”. Her worth equals a man and not half a man like Iran, this extreme environmental

variety in both cultures has drastic influence on the cognition and behavioral patterns of its members.

The last word would be that according to different cultural values women act differently. The culture is heavy with values and values bring judgments (Hofstede, Hofstede, & Minkov, 2010). Consequently, values which are sexist make the society very sexist hence, all the judgments will gain the color of sexism. Life would definitely be harder for the exploited sex whether it is male or female and demands will increase from the exploited sex as well. The key to avoid such values lies in changing the cognition of people and this is a process which requires decades of effort if possible at all. All researchers, teachers, parents and almost everybody is responsible to help the crisis of cosmetic surgery or in other words “crisis of identity” specially among the extremists to be solved and it means to see women as human beings and not objects to please men; an idea that now has become a cultural value. I really think that aside from being sexist the importance of beauty should decrease in the Iranian society in order to lessen the judgments on the appearance of other people. In both aspects, Germany can be a good role model to learn about equality of people regardless of their sex, and respecting people regardless of what they look like.

### **13. Outlook**

Further studies to investigate the body image among heterosexual women and lesbians are also suggested. Since women mentioned “men” to be one of the main reasons to undergo cosmetic surgery it should be questioned that if women having female partners feel the urge to modify their bodies or not.

Regarding the attitude of men toward cosmetic surgery a study is also suggested. It should be investigated if men are really looking after the beauty of women especially when it comes to choosing a lifetime partner. The comparison between German and Iranian men regarding their attitude toward cosmetic surgery and women who do this in order to get attractive is suggested to be investigated a well.

Women who volunteer to undergo cosmetic surgery should also be compared to the ones that do not want to do the body modification regarding identity patterns, body image and mental health.

The trend of tattoo and piercing has been increasing in Germany, it will be an interesting idea to study the individuals who have done it and the ones who wish to do it regarding their identity patterns, body image and mental health.

It was also discussed that women had started a new wave of being natural in Iran that is simultaneous with becoming more educated and having more jobs in society. Knowing this can to some extent tell us why undergoing cosmetic surgery is not considered as nice as it used to be before. In order to investigate this assumption a further longitudinal study is required.

## 14. References

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