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Comparison of early maladaptive schemas and psychological well-being in women undergoing cosmetic surgery and normal women

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Abstract

Literature review shows that cosmetic surgery demand is often a consequence of psychological distress. The purpose of this study was to compare early maladaptive schemas and psychological well-being in women who undergo cosmetic surgery versus normal women. This was a causal-comparative study in which, the statistical population included all individuals intended to have cosmetic surgery reffered to private clinics of the city of Arak for six months in late 2014 and early 2015 (N=1000). Among them, 40 women was selected as the experimental group. A control group matched with the experimenta group consisted of 40 women of normal subjects was also selected according to the convenience sampling. Data were collected using scales of early maladaptive schemas and psychological well-being. The results indicated a significant difference between the two groups of surgical patients and normal participants in terms of maladaptive schemas .In addition, there was a significant difference between the two groups in terms of psychological well-being. The women who undergo cosmetic surgery had more early maladaptive schemas probably deu to psychological problems and negative attitudes toward their physical conditions. They had low levels of psychological well-being because of the attitude toward their appearance.

Keywords: Cosmetic Surgery, Maladaptive, Schemas, Psychological

Introduction

Tens of thousands of people annually undergo cosmetic surgery to improve their appearance. For instance in 1994, American Society of Plastic and Reconstructive Surgeons (ASPRS) reported 390000 cosmetic surgery cases commonly including liposuction, breast augmentation, rhinoplasty, and rhytidectomy [1]. In recent years, physical, social, and cultural factors along with the progress in surgical techniques have led to an increasing demand for cosmetic surgery. Literature review shows that this demand is often a consequence of psychological distress [2]. The cosmetic surgeries such as liposuction, breast augmentation, and facial surgeries are done in order to alter people's faces, increase happiness, as well as improve self-esteem [3].

Some researches in recent studies have indicated that the prevalence of mental disorders among individuals who request for cosmetic procedures is high [4-5]. In

short-term follow-up studies, the majority of individuals indicate an improvement in indices of anxiety, medical symptoms, and social relations after cosmetic surgery [6-8].

Psychological assessments on people willing to have cosmetic surgery were reported first time in decades of 1940 and 1950. These reports were mostly reflective of psychoanalysis approaches in psychiatry in the United States in which, these people were recognized neurosis or narcissism [9].

One of the psychological factors influenced by beauty is early maladaptive schema. The cognitive structures organize the basis of thoughts and behaviors and other related factors have probably a mediating role [10]. The deepest cognitive structure is schema [10]. Yang calls those schemas leading to the development of psychological problems "early maladaptive schema". These schemas are self-damaging emotional and cognitive patterns, which are developed since the early ages and may continue during the life time [11].

These schemas can be influenced by the factors like physical growth, interaction with social environment, accidents, injuries, and scars which all can make them worried about body image [12]. Maladaptive schemas pave the way for creating negative body image in many people especially the youth. As a result, they may spend large amount of time and money to make changes in the appearance [13]. In this way, the individuals obsessed with their body image try to hide their defects using a variety of makeup, clothes, and so on [14]. The dissatisfaction with body image will offer consequences such as anxiety, depression, social isolation, mental disorders, and low self-concept and self-esteem [15]. Hence, the person may seek the cosmetic surgery in order to change the schemas.

Another variable influenced by beauty is psychological well-being. Psychological well-being includes attempts to attain perfection for fulfilling the individual's potential and abilities [16]. Various studies have indicated that people who undergo cosmetic surgery suffer low life satisfaction and low psychological well-being [17]. Lavoie argues that disability in social skills and social well-being is the most important problem facing these people because this disability affects different areas of their life [18].

A relationship has been provn between early maladaptive schemas and psychiatric symptoms such as somatization, obsession-compulsion, anxiety, depression, paranoid ideas, and negative self-concept [1].

The results of a study showed that 14 female participants seeking cosmetic surgery stated their motivation for surgery as increasing self-confidence and altering their appearance to an ideal view. Based on the results of previous researches, there is a positive significant relationship between cosmetic surgery and over vigilance/inhibition schema [13], high disagreeableness and low self-confidence [9], defectiveness/shame schema, insufficient self-adjustment, vulnerability, incompetence/ inferiority complex [14], unfavorable body image, and low psychological well-being [19]. Also, it has been observed that there is a negative relationship between unfavorable body image and psychological well-being [13] and sociability [10]. There has also been detected a relationship between maladaptive schemas about body and cosmetic surgery [17].

The cosmetic surgery can influence mental health, schemas, and psychological well-being, as people undergoing cosmetic surgery suffer disorder in body image, schemas, and psychological well-being. Todays, more people seek cosmetic surgery as the statistics indicate the ever-increasing tendency toward cosmetic surgeries [19]. On the other hand, females as an important part of the society have perceptions, feelings, and imaginations that should be examined. For instance, woman's image of her body can bring about consequences that would have a big effect on family and society's health. Since a few studies have been conducted on the change in individuals' psychological evaluations after having cosmetic surgery, more researches seem to be necessary. So far in Iran, a few

studies have investigated the individuals' motivation for cosmetic surgery and its effect on individuals' psychological factors. Therefore, considering large youth population, the spread rate of cosmetic surgeries, and the significance of psychological factors in the trend of health problems, identifiying early maladaptive schemas among these individuals and comparing their features with those of normal people can lead to the reformation of schemas and reduction of stress and depression in these people. So, such a study not only seems necessary, but also may contribute in the existing knowledge and it is important regarding both theory and practice. The present study is an attempt to respond if there is a significant difference between women pursuing cosmetic surgery and normal women with respect to early maladaptive schemas and psychological well-being?

Method

This was an ex post facto (casual-comparative) study. The early maladaptive schemas and psychological well-being were dependent variables with interval scales. The individuals (N=1000) referred to the private clinics of Arak city, the center of Iran to have cosmetic surgery in late 2014 and early 2015 (for six monthes) were considered as statistical population. 40 women experiencing cosmetic surgery and 40 matched normal women participated in the study. The women with cosmetic surgery were selected using available sampling method during 2 months of reffering. Since the minimum number of 15 members for each group is required for casual-comparative researches [20], 40 participants for each group were selected in order to increase external validity. To collect the needed data, the following tools were used:

A) *Young Schema Questionnaire–Short Form (YSQ SF):* this questionnaire was designed by Young and its longer form includes 205 items [21]. However, the short form was created to facilitate the researches [22]. The 205-item questionnaire was customized to measure 15 early maladaptive schemas namely emotional deprivation, abandonment, mistrust/abuse, social isolation/alienation, defectiveness/shame, dependence/incompetence, vulnerability to harm or illness, undeveloped self/enmeshment, subjugation, emotional inhibition, self sacrifice/ devotion, unrelenting standards, insufficient self-control/self-discipline, entitlement, and failure to achieve [23]. Each of 75 phrases is scored in Likert 6-grade scale. In each schema, the participant's score is calculated by summing the score of each statement belonged to the given schema. The higher score indicates more ineffective schema. Velbern et al. [23] calculated cronbach's alpha of all schemas ranging from 76% to 93%. Abbasian and Fatehi zadeh reported the reliability of the questionnaire as 94% using internal consistency through cronbach's alpha [24].

B) *Ryff psychological well-being questionnaire:* this questionnaire was designed by Ryff in Wisconsin Medicine University in 1998 and was revised in 2002. This questionnaire has 54 questions and each one is responded using a 6-grade scale (from completely agreed to completely disagreed). It measures the Ryff's psychological well-being facets including: autonomy, environmental mastery, 3. personal growth, 4. positive relations with others, 5. purpose in life, and self-acceptance. Meanwhile, all these 6 factors are used to calculate the general score of psychological well-being [25]. Ryff reported the internal consistency of this questionnaire as 91% using cronbach's alpha [26]. Zanjani Tabasi translated this questionnaire into Persian in 2005 and reported cronbach's alpha of 94% for the whole questionnaire and 63% to 89% for the subscales [27]. Mikaili reported the coefficient of 81% for the questionnaire's reliability in his research [28].

40 females with cosmetic surgery meeting the inclusion critria and 40 matched normal individuals (with respect to age, gender, education, and marital status) were selected according to available sampling method. After explaining the objectives of the study and receiving signed consent forms, the

demographic data such as age, gender, education level, marital status, and disease history were collected. Then, the Young early maladaptive schemas questionnaire and psychological well-being questionnaire were distributed and the participants were asked to fill out the questionnaires as instructed. The questionnaires were administered person to person within one session. Finally, the data were collected and analyzed. The analysis of descriptive features was carried out using descriptive statistics. In order to analyze the hypotheses of the study, multivariate variance (MANOVA) in SPSS 17 was applied.

Results

The mean age of participants with cosmetic surgery was 25.14 (standard deviation of 4.61) years and the mean age of control group was 25.49 (standard deviation of 5.08) years. About 55% of participants with cosmetic surgery were single, 37.5% married, and 7.5% divorced. Also, 10% had education level under diploma, 22.5% diploma, 52.5% bachelor degree, and 15% master degree. Mean and standard deviation of both groups considering the features of early maladaptive schemas and psychological well-being are provided in Table 1.

Table 1 *Mean and standard deviation of two groups considering the features of early maladaptive schemas and psychological well-being*

	Normal women		Women with cosmetic surgery	
	Mean	SD	Mean	SD
Emotional deprivation	12.53	3.13	25.63	3.13
Abandonment	25.07	3.37	20.22	3.69
Mistrust/abuse	19.32	3.38	24.63	3.46
Social isolation/alienation	15.22	2.54	15.31	2.42
Defectiveness/shame	19.49	3.16	19.55	3.21
Dependence/incompetence	14.04	4.70	7.84	0.89
Vulnerability to harm or illness	16.43	1.88	11.00	1.62
Undeveloped self/enmeshment	8.47	0.92	15.75	2.31
Subjugation	10.15	1.38	22.15	3.28
Emotional inhibition	14.10	3.29	26.28	4.04
Self sacrifice/devotion	15.15	2.47	19.90	3.35
Unrelenting standards	14.15	2.81	25.11	2.80
Insufficient self-control/self discipline	22.15	3.23	13.50	3.24
Entitlement	15.84	1.60	23.35	3.50
Failure to achieve	23.67	4.42	24.77	3.22
Psychological well-being	118.54	21.22	104.7	25.49

Table 2 *Leven test results on examining the assumption of equality of group variances in aspects of maladaptive schema*

	F	df1	df2	Sig.
Emotional eprivation	2.16	1	78	0.14
Abandonment	3.55	1	78	0.06
Mistrust/abuse	0.03	1	78	0.85
Social isolation/alienation	0.35	1	78	0.54
Defectiveness/shame	0.03	1	78	0.34
Dependence/incompetence	5.76	1	78	0.12
Vulnerability to harm or illness	0.76	1	78	0.15
Undeveloped self/enmeshment	37.62	1	78	0.11
Subjugation	6.75	1	78	0.62
Emotional inhibition	6.52	1	78	0.40
Self sacrifice/devotion	10.02	1	78	0.08
Unrelenting standards	15.81	1	78	0.26
Insufficient self-control/self discipline	0.77	1	78	0.37
Entitlement	8.27	1	78	0.32
Failure to achieve	8.75	1	78	0.56

Before using the parametric test of multivariate variance to examine the hypotheses, Box and levene tests were employed. Based on the Box test, which was not significant for any variable, the homogeneity of variance/covariance matrices was considered (Box=532.11, F=4.65, p=0.68). Also, based on the Levene test (Table 2), which was not significant for any variable, the equality of group variances was met. Therefore, the multivariate variance analysis was allowable.

The results obtained from the multivariate variance analysis on the aspects of maladaptive schemas in two groups indicated that the significance level of all tests permits the application of multivariate variance analysis. These results show that in the studied groups, there is a significant difference at least in one of dependent variables (Lambdai Vilkez=0.03, F=563.98, p<0.001).

Table 3 *Results of multivariate variance analysis on the aspects of maladaptive schemas in two groups*

	SS	df	MS	F	Sig.
Emotional deprivation	10248.70	1	10248.70	1173.81	0.001
Abandonment	565.72	1	565.72	45.11	0.001
Mistrust/abuse	1976.91	1	1976.91	168.63	0.001
Social isolation/alienation	0.51	1	0.51	0.08	0.773
Defectiveness/shame	0.28	1	0.28	0.02	0.866
Dependence/incompetence	2690.80	1	2690.80	234.76	0.001
Vulnerability to harm or illness	2062.85	1	2062.85	664.19	0.001
Undeveloped self/enmeshment	3701.15	1	3701.15	1194.77	0.001
Subjugation	9477.28	1	9477.28	1494.58	0.001
Emotional inhibition	10394.41	1	10394.41	763.00	0.001
Self sacrifice/devotion	1574.62	1	1574.62	181.55	0.001
Unrelenting standards	8404.12	1	8404.12	1046.53	0.001
Insufficient self-control/self-discipline	5228.92	1	5228.92	480.95	0.001
Entitlement	3945.00	1	3945.00	529.71	0.001
Failure to achieve	83.60	1	83.60	5.58	0.001

As can be seen in Table 3, there is a significant difference in early maladaptive schemas between women with cosmetic surgery and normal women (p<0.001). This means that women who undergo cosmetic surgery had more early maladaptive schemas than normal women.

Table 4 *Leven's result on examining the assumption of equality of group variances in aspects of psychological well-being*

	F	df1	df2	P
Autonomy	10.66	1	78	0.18
Environmental mastery	7.00	1	78	0.57
Personal growth	7.66	1	78	0.34
Positive relations with others	19.44	1	78	0.44
Purpose in life	37.23	1	78	0.86
Self-acceptance	11.08	1	78	0.12

Before using the parametric test of multivariate variance to examine the hypotheses, the Box and levene tests were employed. Based on the Box test, which was not significant for any variable, the homogeneity of variance/covariance matrices was confirmed (Box=323.41, F=6.45, p=0.58). Also, based on the Levene test, which was not significant for any variable, the equality of group variances was met. Therefore, the multivariate variance analysis faced no difficulty.

The results obtained from the multivariate variance analysis on the features of psychological well-being in two groups indicated that the significance level of all tests permits the application of multivariate variance analysis. These results show that in the studied groups, there was a significant difference at least in one of the dependent variables (Lambdai Vilkez=0.037, F=41.48, p<0.001).

Table 5 *Results of multivariate variance analysis on the aspects of Psychological Well-Being in two groups*

	SS	df	MS	F	Sig.
Autonomy	7010.53	2	3505.26	237.39	< 0.001
Environmental mastery	3801.63	2	1900.81	191.23	< 0.001
Personal growth	2132.80	2	1066.40	164.46	< 0.001
Positive relations with others	4722.43	2	2361.21	158.84	< 0.001
Purpose in life	2040.23	2	1020.11	55.66	< 0.001
Self-acceptance	4908.63	2	2454.31	121.61	< 0.001

As can be seen in Table 5, there is a significant difference in psychological well-being between women with cosmetic surgery and normal women ($p<0.001$). This means that women who had cosmetic surgery suffer a lower psychological well-being than normal women.

Discussion

The findings indicated that there is a significant difference in the mean scores of early maladaptive schemas between two groups composed of women undergoing cosmetic surgery and normal women. This means that women who undergo cosmetic surgery had more early maladaptive schemas than normal women. This finding was consistent with the results of similar researches [29,30], indicating the existence of maladaptive schemas in people with cosmetic surgery. To explain this finding, low satisfaction with life in people with cosmetic surgery compared to normal people can be discussed; in fact, since early maladaptive schemas can determine the individuals' reaction toward life situations and intrapersonal relationships, they are related to life satisfaction [31]. Young argues that the maladaptive schemas can lead to negative experiences in life and finally cause extreme stress and dissatisfaction with the appearance [32]. Such problems like early trauma, parent-child interactive patterns, biological factors, and life events challenging depressed people can hinder the development of efficient schemas and appropriate social skills [33]. These factors hold true about people with cosmetic surgery because they experience high levels of negative body image which can be another justification for the difference between this group and normal group with respect to maladaptive schemas. Finally, it can be said that maladaptive schemas are originated from childhood and awful experiences of that time [32]. Indeed, the negative schemas are led to negative body image in individuals who have troublesome childhood experiences and people who have positive schemas are unlikely to suffer this problem because these people experience more positive excitement and enjoy more ability to cope with the stress in case of any trouble [32]. Therefore, it can be concluded that people with cosmetic surgery probably have had more awful experiences than normal people and this has made them to apply maladaptive schemas and consequently, they would have negative self-image leading to the cosmetic surgery.

The people who have emotional deprivation and social isolation/alienation schemas owing to sympathy deprivation and lack of support and guidance may develop such schemas and likely suffer psychological problems. It seems that people with cosmetic surgery feel deprivation considering affection and excitement due to their health problem's symptoms. These patients probably find themselves unable to establish good relationships with family members and communicate with others so that, they feel they are an odd person in the society. To explain the results with respect to abandonment and mistrust/abuse schemas, it can be stated that people with these schemas have an unstable and unrealistic perception about being supported and communicated with others. Such people believe that the important people in their life will break up and do not trust in them and consequently they are always afraid of being left. Perhaps, it may be said that they are worried to be ignored because of their appearance.

Also, the individuals with defectiveness/ shame schemas believe that they are valueless

and have low self-steam. Since selfrespect is the core of difference in individuals' health [34] and the determinant reason for cosmetic surgery [35], people who have cosmetic surgery develop this kind of schema and use it more than normal people because of low selfrespect. These people find themselves unlovely because of the problems originated from their body image, leading to an increase in defectiveness/ shame schema.

People with cosmetic surgery suffer some early maladaptive schemas due to pessimistic attitudes toward life; for example they feel that others do not feel sympathy with them and do not understand them; the others will not meet their needs, bother them or lie to them; or they feel that they are a looser and sustain a defeat in every field. The schemas increase negative excitements and decrease the ability to cope with the problems.

Based on the results of the present study, there is a significant difference between people with cosmetic surgery and normal people considering psychological well-being. People with cosmetic surgery had lower psychological well-being, which confirms the findings of similar researches [36,37]. To explain this finding, the investigation of difference in psychological patterns of rhinoplasty volunteers before and after the nose job can be discussed. The results of the present research showed that mental health (somatic problems, anxiety, and social dysfunction) improved after the operation.

The researches about the relationship between mental health and tendency to cosmetic surgeries suggest that people who pursue cosmetic surgery have lower mental health and higher anxiety and physical problems [38]. Therefore, it can be argued that people with cosmetic surgery suffer lower psychological well-being.

There is always a gap, although in varied extent, between the image of ideal self and the image of perceived self [39]. However, this gap is more observed in people with cosmetic surgery which can lead to dissatisfaction with perceived self and body image. Tigman argued that dissatisfaction with body image increases after looking at pictures of slimness and ideal beauty. Despite this fact that all people are influenced by these messages to same degree, the people who seek cosmetic surgery face such feeling completely in a different way [39]. After facing with the gap between perceived self and ideal self and experiencing an embarrassment, these people seek a change in personal features to approach the ideal image, that is, they deny these feelings rather than facing them [40]. The present study suggested that there is a relationship between body image and mental health.

This research showed that there is a negative correlation between mental health and depression evaluating the appearance and satisfaction with body aspects in cosmetic surgery volunteers before and after the operation. Also, a positive correlation between mental health and anxiety with appearance obsession and weight mental occupation was found; after the surgery, there was a positive correlation between mental health, depression, physical problems, and appearance obsession and a negative correlation between depression and appearance evaluation. also, findings confirmed the third hypothesis. This finding echoes the results reported by Mc gert and Makergy who argued that women less satisfied with their body purchase more beauty products. They stated that degree of satisfaction with body fitness is less in people who pursue cosmetic surgery; so, it can be concluded that these people cannot solve their problem originated from the distance between perceived self and ideal self. The cosmetic surgery can affect psychological well-being based on a variety of explanations [40].

The main limitation of the study is related to the questionnaires employed. Also, the results were obtained only from the data collected by the used measure tools. The present research studied women with cosmetic surgery in Arak city; so, it should be carefully generalized to other communities. This study should be repeated in other areas to reevaluate the results. Regarding this point that the participants were only women, it is suggested to conduct

a similar study on both men and women with cosmetic surgery to compare the results.

Conclusion

This research suggested that there was a significant difference between two groups including women with cosmetic surgery and normal women considering early maladaptive schemas and psychological well-being. The women with cosmetic surgery used early maladaptive schemas due to psychological problems and negative attitude toward their physical conditions. Hence, they suffer less psychological well-being. Instructing about the schemas and their development and interventions as well as psychological treatments like treating approaches in order to reform early maladaptive schemas leading to a decrease in depression and negative feelings and finally, investigating people tendency to surgery after the interventions are points that should be considered.

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Contribution

Study design and idea: MA
Data collection and analysis: MD
Writing, compiling, and editing article: AA,PP

Conflict of Interest

"The authors declare that they have no competing interests."

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