BODY IMAGE AND EMOTIONAL MATURITY HISTRIONIC DISORDER RELATIONSHIP IN WOMEN AGED 20-35

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ABSTRACT

This study has been conducted to investigate the relationship between body image and emotional maturation with histrionic personality disorder (HPD) in women seeking plastic surgery. This was a descriptive-correlational study. The population included all 20-35 years old women who applied for plastic surgery in Abadan in 2017 and referred to these centers for cosmetic surgeries. The sample included 111 women who were selected through the convenience sampling method and answered to Multidimensional Body-Self Relations Questionnaire (MBSRQ), Social Maturation Scale (SMS) and Millon Multidisciplinary Inventory (MMI). The collected data were analyzed by Pearson's correlation coefficient and regression analysis (ENTER) using SPSS20. The results indicated that satisfaction with body image positively and lack of emotional maturity negatively were associated with HPD and predicted it (P<0.01). The results of this study have important implications for the planning of therapeutic interventions for women applicants for plastic surgery.

Keywords: Plastic surgery, HPD, Body Image, Emotional Maturity.

INTRODUCTION

Plastic surgery, used to improve the appearance, is a specialty dealing with restoration, preservation or improvement of the physical appearance of a person through surgical and medical techniques that has increased drastically in the past decade (Swami et al., 2009). In recent years in Iran, the sensitivity of women and girls to their body and facial features has provided the context for the development of a variety of cosmetic and plastic surgeries. Many women spend precious time, money and emotional force to adjust their body to some criteria (Zarif and Zanjanizadeh, 2016). Indeed, when the culture of a society emphasizes the attractiveness of the body especially for women, the context is provided for the growing concern over body image leading to decrease of self-concept in people (Pourmohseni and Shir Mohammadi, 2016). In this regard, the results have indicated that Iran ranks first of the world in the proportion of plastic surgery done to the whole population (Ehyayi et al., 2013), and this high prevalence show this in Iran. Thus, it seems that these cases contribute to the tendency towards plastic surgery. Gullibility, being excitement by others and personality deficiencies can increase this high demand even further. Another factor contributing to this increase can be the lack of supervision by the Ministry of Health over this; this supervision weakness has made this market bloom (Ferraro et al., 2005).

From another perspective, one of the psychological disorders seeming to be highly related to these problems is HPD. In discussing personality, the psychologists focus on individual

differences - features differentiating one from the others - rather than anything else. There is no definitive and concrete definition of operational definition for personality as with many of the other abstract psychological constructs. Moreover, it is very difficult to determine its quantity and quality as a psychological construct because it is very diverse and wide, and it is very difficult to determine its effect on thoughts and emotions (Just, 2011). The significant features of these people are prominent signs of extended and excessive self-excitement, extreme excitement and attracting attention American Psychiatric Association (APA) (2013).

The prevalence of this disorder in the general population is 2% to 3%, and in the clinical population 10% to 15%. Moreover, the results of various studies have shown that this diagnosis is more common in women compared to men, and some studies have shown a correlation between this disorder with somatization disorder and alcohol consumption disorders (Ganji, 2016). One of the manifestations of this disorder is in relation to the concept of physical self-presentation.

One of the most influential factors confirmed in various studies is the body image (Ashikali et al., 2017; Goodman et al., 2016). Regarding this, body image is a multi-dimensional, complex, dynamic, unstable and social construct composed of a complex combination of attitudes, emotions and values consolidated in the representations and the frameworks that society has valuedand transmited over time (Sediqi Arfaai et al., 2011). Body image is a multifaceted psychological experience encompassing thoughts, beliefs, feelings and evaluative behaviors related to the physical appearance (Barone et al., 2017). In this regard, having a realistic and desirable mental image is essential to gain a healthy and satisfactory life and adapt to oneself and others. If the person feels physically good about himself, he has a greater chance of having a positive body image. However, sometimes stress and anxiety, self-criticism or low value of the person affect what feeling to have towards one's own body, making many people have changes in appearance and move towards plastic surgery (Stwart, 2006). In other words, it seems that those without a proper boy image look for plastic surgery to create a positive image of self. As the appearance is an inseparable part of the person's identity and show up immediately in dealing with others in social situations, the importance of this personal construct is evident.

Besides body image, emotional maturity can also be a relevant factor. Emotional maturity is defined as the ability for self-control, shaped because of thinking and learning. Emotionally mature person is the one whose emotional life is well-controlled (Chamberlain 1960, quoted by Gayatridevi & Vincent, 2016). Emotional maturity means how a person can respond properly to a situation, control his emotions and behaviors and treat maturely with others. People with high emotional maturity can tolerate unpleasant emotions better, and respond reasonably, wisely and sensibly when face a disagreement with others in situations rather than merely trying to behave based on stress, excitement and impulsiveness. The most significant sign of emotional maturity is the ability to withstand stress and indifference to some stimuli affecting the person and making him experience emotion (Mansournejad et al., 2012). Emotional maturity is often considered a practice through which the person responds to a situation appropriately and controls his emotions and behavior when facing others. In fact, emotional maturity refers to controlling emotions rather than being control by hem. However, this does not mean that we hide our emotions or suppress those (Kapri & Rani, 2014).

Given the high demand for plastic surgeries in Iran and its complications and the high prevalence of HPD, examining the role of related variables, such as body image and emotional

maturity is necessary. In addition, although most applicants for plastic surgery are middle-aged women, few studies have identified effective factors in this regard (Dunaev et al., 2016). In addition, the studies conducted in this regard have not examined the relationship between body image and the emotional maturity with HPD. However, numerous studies have shown that body image is an important component in the tendency toward plastic surgery (Khosravi and Khalkhali, 2016; Asadi et al., 2015; Pasha et al., 2011; Yin et al., 2016; Goodman et al., 2016). Furthermore, some studies show that applicants for plastic surgery have some symptoms of HPD (Zojaji et al., 2015; Saba and Khanjani, 2012). Previous studies have identified some of the factors affecting the tendency of individuals towards plastic surgery. Considering these, the question of the present study is whether there is a significant relationship between body image and emotional maturity with HPD in women aged 20-35 applicants for plastic surgery in Abadan.

METHODOLOGY

The study was applied regarding the purpose, descriptive-correlational and predicting regarding data analysis, and survey (non-experimental) considering data collection. The population was all women aged 20 to 35 applicants for plastic surgeries in Abadan who had referred to beauty centers from October to December 2017. They were 160 people. For determining the sample size according to variables, at least 15 people should be considered for each variable. In the present study, 113 people were considered as the sample. In addition, as the population was 160 people, 113 people were selected as the sample according to Cochran formula. The sampling method was convenience in this study. According to this method, the scales in question were completed after visiting the plastic surgery centers. For conducting the study, according to the previous coordination with physicians and officials of the plastic surgery clinics of Abadan, the questionnaires, which will be described below, were distributed among the volunteers with the inclusion criteria (being female and aged 20 to 35) and willingness to participate. In sampling and implementation of the questionnaires, the researcher gave the necessary explanations and assured that their information would not be given to anyone and that it was not necessary to mention their names. Then the questionnaire was completed by samples.

Some questionnaires, as listed below, were used to collect data.

A: Multidimensional Body-Self Relations Questionnaire (MBSRQ)

This tool is a self-evaluation scale with 46 items that was developed by Cash et al. in 1986 and 1987 to evaluate the body image. The present study used the final version formulation prepared by Cash in 1997. This tool has six sub-scales: 1) evaluation of the appearance, 2) appearance orientation, 3) fitness evaluation, 4) fitness orientation, 5) extreme tendency towards overweight or subjective weight, and 6) satisfaction with body organs. The scoring of the questionnaire is according to the Likert scale scored from fully disagree (5) to fully agree (1). Regarding the reliability of this scale, in a study by Nejat et al. in 2014, its Cronbach's Alpha for the whole and the sub-scales was in the range from 57.0 to 0.88. Moreover, the correlation coefficients between the scores of 67 subjects in this sample at two times with a two-week time interval were 0.78 for the evaluation of appearance, appearance orientation 0.75, fitness evaluation 0.71, fitness orientation 0.69 and subjective weight 0.84 and physical satisfaction 0.89 .

Concerning the scoring methods, the first step is to reverse the scores of items 6, 11, 12, 15, 17, 21, 22, 23, 26, 28, 29, 31, and 33. After reversing the score of these items, the score of each

sub-scale is calculated and summed up. The questions for evaluation of the appearance were 5, 7, 13, 19, 25, 28 and 31, appearance orientation 1, 2, 8, 9, 14, 15, 20, 21, 26, 27, 32 and 33, fitness valuation 16, 22, 34. Fitness orientation questions were 3, 4, 6, 10, 11, 12, 17, 18, 23, 24, 29, 30 and 35, subjective weight 36 and 37, and satisfaction with body organs questions were 38, 39, 40, 41, 42, 43, 44, 45 and 46.

B: Emotional Maturity Scale (EMS)

Emotional maturity scale (EMS) was used for measuring emotional maturity. EMS was developed by Mahesh Bhargava (1974) with 48 items. Karami, Ghorbani and Rezaeifard (2010) validated this scale. EMS is a five-option scale, each question of which is answered with a five-option scale rated from never to very high. The validity of this questionnaire was obtained against external criteria, i.e. adaptation scale by Signha and Singh as 0.64. This scale has five subscales of emotional instability (items 1-10), emotional return (11-20), social incompatibility (21-30), decline of personality (31-40), and lack of independence (41-48). The validity of this scale is determined by the external criteria i.e. the field adaptation questionnaire for college students by Signha and Sing, which is 0.6 (Singh and Bhargava, 1990). The reliability was measured using test-retest on students, which included girls and boys of 20-24 years of age. The interval between these two tests was 6 months and the momentum correlation between these two was 0.75. The internal consistency of this scale was determined by calculating the correlation coefficient between the total scores and the scores of each of the 5 sub-scales. Emotional instability was 0.75, emotional return 0.63, social incompatibility 0.58, decline of personality 0.86, and lack of independence 0.42 (Singh and Bhargava, 1). In the study by Esnaashari and Sheikhalsalmi (2015), the correlation of subscales with total score and with each other was investigated which showed a good validity. In addition, they obtained a total reliability of 0.89.

C: Milon Clinical Multidimensional Inventory (MCMI-III)

Theodore Milon, a personality theorist and his colleagues developed MCMI-III in the 1970s. The scale measures 14 personality disorders and 10 clinical symptoms in form of 175 items that as yes or no. This scale is used for adults 18 years of age and on referring to mental health centers for treatment or psychological evaluation. The reliability of this scale, using Cronbach's alpha coefficient was from 0.67 to 0.89, and the coefficient of re-test from 0.88 to 0,93 in various studies.

In Iran, this scale has been validated by Sharifi (2002). The results showed that its re-test coefficients ranged from 0.82 to 0.98 and Cronbach's alpha coefficients ranged from 0.85 to 0.96. Sharifi et al. (2007) showed that the Millon scales could predict clinical positive, negative, and total scales. The power for predicting positive scales was in the range from 0.92 to 0.98, negative scales from 0.93 to 0.99, and all scales from 0.58 to 0.83. The reliability of the scales in Millon's standardization study with time interval of 5-14 days has been reported to be from 86% for body image to 96% for pseudo-physical with an average of 90% for all scales. Moreover, Sharifi et al. (2007) calculated the reliability of the test by internal consistency method and the alpha coefficient of the scales is in the range from 85% for dependence on alcohol to 97% for post-traumatic stress disorder. It should be noted that in the present study, the items related to HPD have been used.

After collecting data, statistical processes were performed using SPSS-20. In doing so, descriptive statistics including frequency, percentage, mean, standard deviation, minimum and maximum

were used. Then, in the inferential statistics, the data was analyzed using multivariate regression method by simultaneous entry method.

RESULTS:

According to demographic results, the mean age of women applying for plastic surgery was 27.41 with a standard deviation of 4.26 and a minimum and maximum of 20 and 35. Moreover, 68 (60.2%) of the applicants were single and 45 (39.8%) were married. In addition, 86.72% were applicants for nose surgery and 28.13% body surgery. Table 1 shows the descriptive statistics (mean and standard deviation) related to variables of HPD characteristics, body image satisfaction, and lack of emotional maturity.

Table 1: Mean and standard deviation of research variables

Variable		Mean	SD	Min.	Max.
Satisfaction with body image	HPD	10.44	2.33	5	20
	Appearance evaluation	24.99	4.02	17	33
	Appearance orientation	43.33	5.59	27	55
	Evaluation of fitness	11.26	2.62	3	15
	Fitness orientation	41.62	6.34	26	56
	Subjective weight	6.59	1.63	2	10
	Satisfaction with body parts	34.71	6.003	19	45
Lack of emotional maturity	Total	163.66	15.71	116	192
	Lack of emotional stability	25.35	8.25	10	46
	Emotional return	24.09	8.73	10	40
	Decline of personality	22.59	6.59	11	37
	Social incompatibility	21.45	7.26	10	39
	Lack of independence	18.54	3.72	10	28
	Total	112.03	24.79	64	175

Pearson correlation test was used to examine the relationship between the components of satisfaction of body image with HPD in women aged 20 to 35 years old, applicants for plastic surgery. As Table 2 shows, there is significant positive relationship between HPD with appearance evaluation (p=0.0001 and r=0.36) appearance orientation (p=0.0001 and r = 0.0001), fitness evaluation (p=0.01 and r=0.24), r = 0.24), fitness orientation (p=0.04 and r=0.19), satisfaction with body parts (p=0.01 and r=0.23). However, there was no positive and significant relationship between subjective health and HPD (p=0.39 and r=0.08). Moreover, there was a significant positive correlation between total score of satisfaction with body image and HPD (p=0.0001 and r=0.43).

Table ٢: Pearson correlation test to examine the relationship between body image satisfaction and HPD

Variable		Appearance evaluation	Appearance orientation	Fitness evaluation	Fitness orientation	Subjective weight	Satisfaction with body parts	Satisfaction with overall body image
HPD	Regression coefficient	0.36**	0.38**	0.24*	0.19*	-0.08	0.23*	0.43**
	Sig.	0.0001	0.0001	0.01	0.04	0.39	0.01	0.0001

*Significance level=0.01, ** Significance level=0.05

As the results show, HPD has a positive and significant relationship with appearance evaluation (p=0.0001 and r=0.36) appearance orientation (p=0.0001 and r = 0.0001), fitness evaluation (p=0.01 and r=0.24), r = 0.24), fitness orientation (p=0.04 and r=0.19), satisfaction with body parts (p=0.01 and r=0.23). However, there was no positive and significant relationship between subjective health and HPD (p=0.39 and r=0.08). Moreover, there was a significant positive correlation between total score of satisfaction with body image and HPD (p=0.0001 and r=0.43).

Table 3: Pearson correlation test to examine the relationship between lack of emotional maturity and HP

Variable		Lack of emotional stability	Emotional return	Social disorder	Decline of personality	Lack of independence	Total lack of emotional maturity
HPD	Regression coefficient	0.40**	0.40**	0.29**	0.33**	-0.09	0.46**
	Sig.	0.0001	0.0001	0.002	0.0001	0.36	0.0001

*Significance level=0.01, ** Significance level=0.05

As the results in Table 3 show, HPD significant and positive correlation with emotional instability (p=0.0001 and r=0.40), emotional return (p=0.0001 and r=0.40), social incompatibility (p=0.002 and r=0.29) and decline of personality (p=0.0001 and r=0.33). However, there was no correlation between lack of independence and HPD (p=0.36 and r=-0.09). Moreover, there was a significant positive correlation between the total score of lack of emotional maturity and HPD (p=0.0001) (r=0.46).

Multivariate regression analysis with simultaneous entries was used for determining the contribution of these variables in the prediction HPD, according to the establishment of linear regression analysis presumptions (continuity of owner, normalization of data distribution, and so on). Before entering the variables, all the predictor variables were examined for the probability of multiple linear relationships. As none of the correlation coefficients was higher than 0.90, the tolerance of all variables was higher than 0.01 and VIF was less than 10, the probability of multiple linear regression is nullified (Tabachnick & Fidell, 2007). The results of regression analysis method are summarized in Table 4.

Table 4: Analysis of regression variance of body image satisfaction components in predicting HPD

Model	Sum of squares	Degree of freedom	Mean square	F	R	R^2	R^2adj	Sig.
Regression	150.78	6	25.13	5.75	0.50	0.25	0.20	0.0001
Residual	458.78	105	4.37					
Total	609.56	111						

The summary of the fitting statistics of the model in Table 4 shows that the multiple correlation coefficient between the sum of the independent variables (components of satisfaction with body image) and the dependent variable (HPD) is 0.50. Furthermore, the coefficient of determination (R^2) is 0.25, which shows the degree of variance analysis and changes in HPD scores of the women applicant for plastic surgery by independent variables. According to the results of the

above table, F value obtained is 75.5, which is significant in the alpha level smaller than 0.01 and shows that the sum of independent variables can explain the changes in HPD in women who apply for plastic surgery. T test was used to determine the contribution of each variable, whose results are summarized in Table 5.

Table 5: Standardized regression coefficients for the components of body image satisfaction components in predicting HPD

Predicting variable	B	SD	β	t statistic	Sig.
Appearance evaluation	0.18	0.06	0.30	3.08	0.003
Appearance orientation	0.13	0.04	0.31	3.39	0.001
Evaluation of fitness	-0.02	0.09	-0.02	-0.18	0.86
Fitness orientation	0.03	0.04	0.08	0.78	0.43
Subjective weight	0.05	0.13	0.03	0.39	0.69
Satisfaction with body parts	0.02	0.04	0.06	0.62	0.54

As shown in Table 6, the standardized regression coefficients of predictive components appearance evaluation (p=0.003, β=0.30, and t=3.08) and appearance orientation (p=0.001, β=0.13, t=-3.39) are significant, so the evaluation of appearance and appearance orientation are positively predictive of HPD in female applicants of plastic surgery. Multiple regression analysis with simultaneous entries were used to examine the role of lack of emotional maturity components in predicting HPD. The results are summarized in Table 6.

Table 6: Analysis of regression variance of lack of emotional maturity components in predicting HPD

Model	Sum ofsquares	Degreeof freedom	Mean square	F	R	R2	R²adj	Sig.
Regression	156.41	5	31.28	7.38	0.51	0.26	0.22	0.0001
Residual	453.46	107	4.24					
Total	609.88	111						

The summary of the model fit statistics in Table 6 shows that the multiple correlation coefficients between the sum of independent variables (lack of emotional maturity components) and the dependent variable (HPD) is 0.51. Moreover, the value of coefficient of determination (R^2) is 0.25 showing the expressing level of variance analysis and changes in HPD scores in women applicant for plastic surgery by the components of lack of emotional maturity. According to the results of the above table, F value obtained is 7.38, which is significant at alpha level smaller than 0.01, indicating that the sum of independent variables can explain the changes in HPD in women who applicant for plastic surgery. T test was used to determine the contribution of each variable, whose results are summarized in Table 7.

Table 7: Standardized regression coefficients of lack of emotional maturity components in predicting HPD

Predicting variable	B	SD	β	t statistic	Sig.
Lack of emotional stability	0.07	0.03	0.24	2.44	0.02
Emotional return	0.05	0.03	0.21	2.001	0.05
Social incompatibilities	0.01	0.04	0.04	0.36	0.72
Decline of personality	0.08	0.03	22	2.21	0.03

Lack of independence	-0.06	0.06	-0.10	-1.001	0.32

As shown in Table 7, the standardized regression coefficients of the predicting components emotional instability (p=0.02, β=0.24, and t = 2.44), emotional return (p=0.05, β=0.21, and t=-2.001) decline of personality (p=0.03, β=0.22, and t=-2.21) are significant. Thus, emotional instability, emotional return and decline of personality predict HPD in women who applying for plastic surgery.

DISCUSSION

The purpose of the present study was to examine the relationship between satisfaction of body image and lack of emotional maturity with HPD in women applicant for plastic surgery in Abadan. The results showed a significant positive correlation between the components of appearance evaluation, appearance orientation, fitness evaluation, and fitness orientation with satisfaction of body parts, and appearance evaluation and appearance orientation predict HPD in women applying for plastic surgery. According to the researcher, there were no studies regarding the role of body image satisfaction in HPD in women applying for plastic surgery. Most of the studies in this regard have shown that body image is an important component in predicting the tendency for plastic surgery among people. According to these results, the results of the present study were inconsistent with the results of Khosravi and Khalkhali (2016), Danesh (2016), Pasha et al. (2011), Goodman et al. (2016), and Damati et al. (2015), but consistent with the results of Sohrabi Et al. (2011), showing that those seeking plastic surgery have higher scores in personality disorder scales. In explaining the inconsistency of this result with other studies in this field, one needs to have a brief review of HPD and its features. As previously mentioned, people with this disorder are attractive, intimate, and socially appealing, but the others consider them as hypocritical and superficial. They seem to be looking for admiration by performing to anonymous audiences. The reason for the positive relationship between satisfaction with the body image and a HPD can be explained by the fact that these people show themselves in such a way to be admired by others. It is evident that they express their satisfaction with the body image in self-evaluation scales. In fact, it is shown that these people are annoyed when they are not at the center of attention, so on this scale, they have tried to show themselves the best way possible. Moreover, if they are asked to admit the existence of a specific feeling like sadness, anger, and hopelessness, they feel surprised, discontent, and deny it.

In explaining the role of the components of appearance evaluation and orientation, the study of the regular phrases with these components is useful. For example, in connection with these components, the phrases like "I like the fit of my clothes" and "I always pay attention to myself before going out" are used and given the inherent tendency of these people to show themselves to others and their reluctance to be judged improperly, they score high on these scales.

In fact, they try to place themselves at the center of the attention of others. They tend to be in the best position to attract the attention of others, so plastic surgery seems to be one of the best ways to make them more beautiful to others and attract more attention.

Moreover, the results showed a positive and significant relationship between the components of emotional instability, emotional return, social incompatibility of decline of personality with HPD, and these components predict HPD in women applying for plastic surgery in Abadan. This is

consistent with the results of Mahmoudi (2017), Aghighi (2016), Maleki Tavana (2016), Qodsi and Mardompour Shahrekordi (2013), Khanjani et al. (2012), and Mohammad Panah Ardekan et al. (2012). These studies have shown that applicants for plastic surgery use inappropriate coping and emotional regulation methods. For example, Aghighi (2016) showed a significant relationship between the components of emotional intelligence and personality disorder Mohammad Panah Ardekan et al. (2012) showed that those who apply for plastic surgery use more undeveloped defensive styles.

Concerning emotional instability and its relationship with HPD in women applying for plastic surgery, one can state that emotional instability refers to a set of inabilities to solve problems, irritability, needs, need for help in everyday life, vulnerability, tenacity, and anger. Furthermore, this result can be explained as people with HPD are irritable people and vulnerable in interpersonal relationships. The emotional return refers to factors such as humiliation, restlessness, hostility, aggression and self-control. In this regard, women with HPD characteristics always feel humiliated and in a childish way dependent on others, and are always waiting for others to decide for them, and this disability is reflected in the form of deficits. When they are not the focus of attention, they become aggressive and excited in most cases. In fact, their feelings and emotions are variable and superficial, so that their feelings on a subject constantly change from one state to another and have a very low depth. In addition, they are self-centered. In fact, their dependence on others and begging attention and affection do not mean to consider others as respectful people, but rather to make them concerned about their own status, which is a kind of respectful colonialism of others. In addition, social incompatibility was a predictor. As already stated, these people do not have the proper social skills. This can partly be due to their self-centered dependence on others. Their purpose of communication is to exploit others, and mostly for their own sake. The decline of personality was another predictor of HPD in women applying for plastic surgery. The decline of personality includes all the symptoms that show the collapse of the personality, such as reaction, fear, rationalization, pessimism and unethical behavior. However, it should be noted that the symptoms of HPD are considered as a personality trait of the individual as long as they do not cause in the person's life, but when these characteristics go beyond the balance state, they are called disorder.

Thus, in explaining the role of lack of emotional maturity in predicting HPD, one can state that these individuals have characteristics that directly conflict with emotional maturity. In fact, emotional conflict includes respecting differences, solving problems and establishing and maintaining good relationships with others, whereas a person with HPD always considers himself superior to others, does not have balance in showing his emotions, acts reactively, and is influenced by others soon. They also constantly strive to increase their attractiveness, and this makes them turn to plastic surgeries and try to achieve emotional balance in this way. Thus, lack of emotional maturity can positively predict the desire for plastic surgery in women.

Finally, this research, as other studies in humanities, had some limitations, some of which were under the control of the researcher and some not. The participants in this study were normal women, the diagnostic characters of HPD had not been studied about them, and self-report scale had been used to collect the data. As HPD people tend to show them better than, the results may be affected by this feature. Moreover, the study was on women applying for plastic surgery in Abadan, so the generalization of these results to other people should be done with caution.

Although it was possible to collect accurate data through clinical interviews, as the samples were so many, it was not possible for the researcher.

Besides the limitations, this study has important suggestions as well. Considering the results of the study, which showed a positive relationship between satisfaction of the body image and lack of emotional maturity and performance impairment in the women applying for plastic surgery, it is suggested that psychotherapists focus on self-evaluation, emotional and feeling factors in these women in the treatment of this disorder. Moreover, given the high prevalence of plastic surgeries among young women, it is suggested that the role of emotional, personality and cognitive characteristics of these women be analyzed. Furthermore, the role of psychological and personality profiles of plastic surgery applicants can be considered as a factor in determining interventional methods. In addition, the results provided empirical evidence for the importance of the personality-psycho-emotional model in understanding the tendency of women towards plastic surgery. Considering this, it is recommended that the interventions designed in this field include a psychologist, a psychiatrist and a doctor to provide effective interventions.

Finally, it is suggested that women with HPD, whose disorder is confirmed, be studied in future studies. Additionally, other data collection methods along mixed quantitative and qualitative method should be used in future research for evaluation of body image in women applying for plastic surgery.

References

Aghighi, A. (2009). Determining the Relationship between Emotional Intelligence and Clinical Patterns of Personality Spacing B. M.Sc. Thesis, University of Tabriz.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (DSM-5®). American Psychiatric Pub.

Asadi, M., Salehi, M., Sadoughi, M., Ebrahimi, A.A. (2015) Self-esteem and physical appearance before and after nose plastic surgery Journal of Psychiatry and Clinical Psychology of Iran (1) (19, 28-33)

Ashikali, E. M., Dittmar, H., & Ayers, S. (2017). The impact of plastic surgery advertising on women's body image and attitudes towards plastic surgery. Psychology of Popular Media Culture, 6(3), 255.

Barone, M., Cogliandro, A., Di Stefano, N., Tambone, V., & Persichetti, P. (2017). A Systematic Review of Patient-Reported Outcome Measures Following Transsexual Surgery. Aesthetic Plastic Surgery, 1-14.

Di Mattei, V. E., Bagliacca, E. P., Lavezzari, L., Di Pierro, R., Carnelli, L., Zucchi, P., & Sarno, L. (2015). Body image and personality in aesthetic plastic surgery: a case-control study. Open Journal of Medical Psychology, 4(02), 35.

Dunaev, J. L., Schulz, J. L., & Markey, C. N. (2016). Plastic surgery attitudes among midlife women: Appearance esteem, weight esteem, and fear of negative appearance evaluation. Journal of health psychology, 1359105316642249.

Ehyayi, F.A., Latifi, A., Bakhtiari, M., Hosseinpour, S.E. (2013) Epidemiologic study of the causes of tendency to plastic surgery, psychology, 3 (22, 10-19)

Esnaashari, N., Sheikhalsalmi, R. (2015) The role of mediators of emotional maturity in the relationship between self-esteem and social anxiety in female adolescents. Psychological methods and models, (22) (6, 35-52)

Ferraro, G. A., Rossano, F., & D'Andrea, F. (2005). Self-perception and self-esteem of patients seeking plastic surgery. Aesthetic plastic surgery, 29(3), 184-189.

Ganji, M. (2016) Psychological Pathology Based on. DSM5 Volume II. Tehran. Savalan Publishing.

Gayatridevi, S., & Vincent, M. A. (2016). Influencing Factors of Social Anxiety and Emotional Maturity among Adolescents.

Gazizeh, S., Khanjani, Z. (2012) Comparison of cluster personality disorder C and B among applicants for plastic surgery with non-existent individuals. Urmia Medical Journal, (5) (23, 492-497)

Ghodsi, A.M. Mardompour Shahrkordi, E. (2013) The Relationship between Components of Social Capital and Symptoms of Drama Personality Disorder in Students. Two Quarterly Journal of Contemporary Sociology Research (2) (1, 51-69)

Goodman, M. P., Placik, O. J., Matlock, D. L., Simopoulos, A. F., Dalton, T. A., Veale, D., & Hardwick-Smith, S. (2016). Evaluation of body image and sexual satisfaction in women undergoing female genital plastic. plastic surgery. Aesthetic surgery journal, 36(9), 1048-1057.

Just, C. (2011). A review of literature on the general factor of personality. Journal of Personality and Individual Differences, 50(6), 765-771.

Kapri, U. C., & Rani, N. (2014). Emotional Maturity: Characteristics and Levels. International Journal of Technological Exploration and Leasrning, 3(1), 359-361.

Khosravi, A., Khalkhali, V. (2016) Comparison of the physical image of female applicants with a history of normal plastic surgery, Third National Conference on the Development and Promotion of Educational Sciences, Psychology, Counseling and Education in Iran, Tehran, Foundation for the Promotion and Development of Basic Sciences and Technology

Mahmoudi, A. (2017) The role of diagnostic self-concept, social cognition and emotional regulation in cluster personality disorder B. PhD thesis. Kharazmi University.

Maleki Tavana, H. (2016). The Alexithymia structural relations and emotional maladaptation with personality traits borders and HPD characters. Master thesis. Tabriz University.

Mansournejad, Z., Pourseyed, S.R., Kiani, F., Khodabakhsh, M.R. (2013) Effectiveness of Education Communication Skills on Emotional Maturity Development of Girl Students on the Eve of Marriage. Principles Magazine Mental health, 15 (3,) 170 - 158

Mohammadpanah Ardakan, O., Yaghubi, H., Yousefi, R. (2012) Personality traits and defensive styles in volunteers in plastic surgery, Journal of Dermatology and Cosmetic, 2 (3, 72-82

Pasha, G.R., Naderi, F., Akbari, Sh. (2009) Comparison of physical image, body mass index, general health and self-concept among people who performed plastic surgery. New findings in psychology, 62-80

Pourmohassani, F., Shir Mohammadi, S. (2016) Comparison of self-concept, inefficient scales and emotional processing in patients undergoing cosmetic and non-existent surgery. Quarterly Journal of Psychological Development, (2) (5, 165-51)

Sedighi Arfaie, F., Tamananifar, M.R., Mansouri Nik, A. (2011) The relationship between Body Image, Adjustment and Academic Achievement of High School Students, Journal of Educational Innovation, (38) (10, -66 .51

Singh, Y., & BhargaQa, M. (1990). Manual for Emotional Maturity Scale. Agra: National Psychological Corporation.

Sohrabi, F., Mahmoud Alilou, M., Rasooli Azad, M. (2011) Psychological Pathology Profit Scale for Plastic Surgery Applicants, Journal of Principles of Mental Health, (3) (13, 260-269

Stwart. (2006). Work on the Anxiety associated with Negative body image, Simmonds publcations, Vancover Available.

Swami, V., Chamorro-Premuzic, T., Bridges, S., & Furnham, A. (2009). Acceptance of plastic surgery: Personality and individual difference predictors. Body image, 6(1), 7-13.

Tabachnick, B. G., & Fidell, L. S. (2007). Using multivariate statistics. Allyn & Bacon.Pearson Education.

Yin, Z., Wang, D., Ma, Y., Hao, S., Ren, H., Zhang, T., ... & Fan, J. (2016). Self-esteem, Self-efficacy, and Appearance Assessment of Young Female Patients Undergoing Facial Plastic surgery: A Comparative Study of the Chinese Population. JAMA facial plastic surgery, 18(1), 20-26.

Zarif, N., Zanjanizadeh, H. (2016) Qualitative Study of Women's Decisions on Plastic surgery (with Basic Theory Approach). (1) (7, 179-202).

Zojaji, R., Arshadi, H.R., and Golzari, F. (2015) A survey of personality profiling in 30 patients referred for cosmetic nose surgery (rhinoplasty) using Milon questionnaire, Journal of Medical Sciences, 2 (5, 11-11).