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Comparing Pathological Symptoms of Mental Disorder, Personality Disorder of Clusters B and C, and Body Image in Cosmetic Surgery Applicants with Those in Non-Applicants

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ABSTRACT: Nowadays, altering and adapting of one's look and reconstructing its real or imagined flaws and defects by cosmetic surgery are one of the people's concerns in the society. The aim of this study was to compare the pathological symptoms of: a) mental disorders, b) personality disorders of clusters B and C, and c) body image in cosmetic surgery applicants with those in non-applicants. The present study was a comparative survey. The participants were 124 people, applicants (62) and non- applicants (62) in Uromie. The cosmetic surgery applicants were chosen by sampling and the non-applicants were chosen by matching age, sex, job and literary level among the relatives of the applicants. Also, the applicants had referred to cosmetic surgery centers in Uromie during the last three months. The data were gathered by three questionnaires: the SCL-90-R questionnaire, the MCMI questionnaire, and the Physical Self-Description Questionnaire (PSDQ). The data were analyzed by using descriptive statistics, MANOVA and t-test.Analysis of the results showed that from among nine dimensions of pathological symptoms, the two groups showed significant differences among all but two of the dimensions: paranoid thoughts and psychotic. Results also showed that among personality disorders of clusters B and C, there was a significant difference between the two groups except for Borderline Personality Disorder and Avoidant Personality Disorder. In addition, the applicants of cosmetic surgery had a negative Body Image of themselves. Conclusion: Like other specialties in medicine, cosmetic surgery should be under exact clinical examinations before being applied to the patients. Also assessing and motivating the patients to consult and see a psychiatrist before cosmetic surgery is important.

Key words: Psychological disorders, personality disorders of cluster B, Personality disorders of cluster C, Body Image, Cosmetic surgery.

ORIGINAL ARTICLE

INTRODUCTION

A) Mental disorder:

In DSM-IV-TR, each of the mental disorders are conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one. Whatever its original causes, it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual (American Psychiatric Association, 1999).

1. Somatization: As defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), four pain symptoms, two gastrointestinal symptoms, one sexual symptom, one pseudo neurological symptom, the criteria for Somatization Disorder in this manual are (American Psychiatric Association, 1999).

2. Obsessive-Compulsive: As defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)1- recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress2- the thoughts, impulses, or images are not simply excessive worries about real life problems 3- the person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action 4- the person recognizes that the obsession thoughts, impulses, or images are a product of his or her own (American Psychiatric Association,1999).

3. Interpersonal sensitivity: Underestimating their lack of comfort, lack of comfort and discomfort felt during the communication of specific protests are impaired.

These people are very aware of your relationships with others and have negative expectations of them (Derogatis and Lipman, 1973).

4. Depression: As defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) 1- loss of pleasure in all, or almost all, activities 2- lack of reactivity to usually pleasurable stimuli 3- early morning awakening 4- marked psychomotor retardation or agitation 5- significant anorexia or weight loss 6- excessive or inappropriate guilt (American Psychiatric Association, 1999).

5. Anxiety: The apprehensive anticipation of future danger or misfortune accompanied by a feeling of dysphonia or somatic symptoms of tension. The focus of anticipated danger may be internal or external (American Psychiatric Association, 1999).

6. Aggression: The aggression, specifically in the context of revised diagnostic and Statistical Manual of Mental Disorders is not defined. The definition used in DSM-IV, the behavior of others can be hurt physically described aspects are. Although many of the behaviors associated with physical damage, but they are aggressive. The importance of behavior in everyday life, social status and happiness to the recipient shall be limited (Sadock and Sadock, 2003).

7. Social phobia: As defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)1-A marked and persistent fear of one or more social or performance situations 2-The person recognizes that the fear is excessive or unreasonable 3-The feared social or performance situations are avoided or else are endured with intense anxiety or distress 4- The fear or avoidance is not due to the direct physiological effects of a substance or a general medical condition and is not better accounted for by another mental (American Psychiatric Association, 1999).

8. Paranoid ideations: Paranoid ideation, of less than delusional proportions, involving suspiciousness or the belief that one is being harassed, persecuted, or unfairly treated(American Psychiatric Association, 1999).

9. Psychostic: The narrowest definition of psychotic is restricted to delusions or prominent hallucinations, with the hallucinations occurring in the absence of insight into their pathological nature. A mental disorder was termed psychotic if it resulted in "impairment that grossly interferes with the capacity to meet ordinary demands of life." Based on their characteristic features, the different disorders in DSM-IV emphasize different aspects of the various definitions of psychotic (American Psychiatric Association, 1999).

B) Personality and personality disorders: Enduring patterns of perceiving, relating to, and thinking about the environment and oneself. Personally traits are prominent aspects of personality that are exhibited in a wide range of important social and personal contexts. Only when personality traits are inflexible and maladaptive and cause either significant functional impairment or subjective distress they do constitute a Personality Disorder (American Psychiatric Association, 1999).

1. Histrionic Personality disorder: As defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR):

- Is uncomfortable in situations in which he or she is not the center of attention
- Interaction with others is often characterized by inappropriate sexually seductive or provocative behavior
- Displays rapidly shifting and shallow expression of emotions
- Consistently uses physical appearance to draw attention to self.
- Has a style of speech that is excessively impressionistic and lacking in detail
- Shows self-dramatization, Theatricality, and exaggerated expression of emotion
- Is suggestible, i.e., easily influenced by others or circumstances8- considers relationships to be more intimate than they actually are (American Psychiatric Association, 1999).

2. Narcissistic Personality disorder: As defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR):

- Has a grandiose sense of self-importance
- Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
- Believes that he or she is "special n and unique
- Requires excessive admiration
- Has a sense of entitlement
- Is interpersonally exploitative
- Lacks empathy
- Is often envious of others or believes that others are envious of him or her
- Shows arrogant, haughty behaviors or attitudes (American Psychiatric Association, 1999).

3. Borderline Personality disorder: As defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR):

- Frantic efforts to avoid real or imagined abandonment
- A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
- Identity disturbance: markedly and persistently unstable self-image or sense of self
- Impulsivity in at least two areas that are potentially self-damaging
- Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior

- Affective instability due to a marked reactivity of mood
- Chronic feelings of emptiness
- Inappropriate, intense anger or difficulty controlling anger
- Transient, stress-related paranoid ideation or severe dissociative symptoms (american psychiatric association, 1999).

4. Antisocial Personality disorder: As defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)

- Failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
- Deceitfulness, as indicated by repeated lying
- Impulsivity or failure to plan ahead
- Irritability and aggressiveness
- Reckless disregard for safety of self or others
- Consistent irresponsibility
- Lack of remorse (American Psychiatric Association, 1999).

5. Dependent Personality disorder: As defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR):

- has difficulty making everyday decisions without an excessive amount of advice and reassurance from others
- needs others to assume responsibility for most major areas of his or her life
- has difficulty expressing disagreement with others because of fear of loss of support or approval
- has difficulty initiating projects or doing things on his or her own
- goes to excessive lengths to obtain nurturance and support from others
- feels uncomfortable or helpless while being alone because of exaggerated fears of being unable to take care of himself or herself
- urgently seeks another relationship as a source of care and support when a close relationship ends 8- is unrealistically preoccupied with fears of being left to take care of himself or herself (American Psychiatric Association, 1999).

6. Avoidant Personality disorder: As defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR):

- avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection
- is unwilling to get involved with people unless certain of being liked
- shows restraint within intimate relationships because of the fear of being shamed or Ridiculed
- is preoccupied with being criticized or rejected in social situations
- is inhibited in new interpersonal situations because of feelings of inadequacy
- views self as socially inept, personally unappealing, or inferior to others
- is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrass in (American Psychiatric Association,1999).

7. Obsessive-Compulsive Personality disorder: As defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR):

- Is preoccupied with details, rules, lists, order, and organization. Or schedules to the extent that the major point of the activity is lost
- Shows perfectionism that interferes with task completion
- Is excessively devoted to work and productivity to the exclusion of leisure activities and friendships
- Is over conscientious, scrupulous, and inflexible about matters of morality, ethics, or values
- Is unable to discard worn-out or worthless objects
- is reluctant to delegate tasks or to work with others
- Adopts a miserly spending style toward both self and others
- Shows rigidity and stubbornness (american psychiatric association, 1999).

C) Body Image:

Body Image is the internal image of one's external appearance which encompasses physical, perceptual and attitudinal dimensions (Brozekoeski and Bayer, 2005). Chief dimensions of this attitude consist of elements of assessing and investing of the person in dealing with schemas of appearance and affect which show the importance of the internalized appearance (cash et al., 2004).Physical appearance is an important part of Body image since it is the first source of information which people use for social interactions with the others (Sarwer et al., 2003).

D) Applicant cosmetic surgery:

Who is said to improve the appearance of your application in the absence of any abnormality have surgery on their body (Jourabchi. 1999). The main purpose of cosmetic surgery is improving one's appearance which has an abnormal appearance. When human beings perceive that their appearance is not compatible with those norms they may be depressed and choose surgery as the ultimate solution (Hillhorst, 2002). Nowadays cosmetic surgery is one of the most common surgeries in the world which its use is increasing every day (Hwang, 2004). The first

psychiatric studies on that wanting beauty were reported in 1940s and 1950s. These studies were mostly reflecting psychoanalysis tendencies in America's psychiatry (Hill and Silver, 1950). In one of these studies, 70 percent of the applicants had psychological disorders the most common ones being depression, neurosis and passive-aggressive personality (Edgerton, 1960). Green and Pritchard (2003) claimed that grievance and care about body and wanting to change it was more observed among the youth seeking cosmetic surgery. It seems that satisfaction with Body Image among the youth is dependent on 5 body factors: fitness and beauty, physical health, health and skin beauty and finally the ability to control weight (Marsh, 2000). In the Way that dissatisfaction with this body image has consequences such as anxiety, depression, social isolation, psychological disorders, weak self-concept and weak self-esteem (Bronell, 1991). Also (Whitaker's, 2005) study on the measurement of depression, anxiety and body Image in woman seeking cosmetic surgery and those not seeking it at Pennsylvania University showed that there was not a significant difference between the two groups. However, dissatisfaction with Body Image was reported to be less among those seeking cosmetic surgery compared to the normal group. In a study on patients seeking cosmetic surgery reported a kind of psychological disorders in those patients. 47.7 percent of these patients were suffering from Body Deformation Disorder, Narcissist Personality disorder, and Hysteric personality Disorder (Malick and Howard, 2008). In another study (Fredrick et al ., 2007) in a study on cosmetic surgery, Body image and women and men's lifelong attitude concluded that those people who were interested cosmetic surgery had a weaker Body Image than those who were not interested in cosmetic surgery. In addition, fat people had more interest in cosmetic surgery of liposuction and had a weaker Body Image compared to others (Fredrick et al., 2007). (Sarwer, 2005) stated that people reported a better Body Image after cosmetic surgery. In another study, people seeking cosmetic surgery showed a better recovery in interpersonal sensitivity, depression, compulsion, assertiveness, self-esteem, and social adjustment (Cash and Labarge, 1996). However, it should be kept in mind that sound psychological state is a key factor in determining after-cosmetic surgery satisfaction which is more important than surgical techniques (Darisi et al., 2005). (Sclafani ,2003) stated that those suffering from depression, anxiety and personality disorders of schizoid, paranoid, and hysteria, were not good candidates for cosmetic surgery(Sclafani ,2003).Since the psychology of cosmetic surgery is not yet well-known and the studies done on the psychiatric characteristics of those seeking cosmetic surgery is few, and mostly consists of clinical reports, and also due to the increasing number of people seeking cosmetic surgery which can have bad psychiatric characteristics, More studies are needed in this regard. Therefore, this study was done with the main aim of comparing pathological symptoms of mental disorder, personality disorder of clusters B and C, and body image in those seeking plastic surgery with the others**.**

METHODS AND MATERIALS

The present study is comparative and cross-sectional. The participants in this study were all the applicants and non-applicants of cosmetic surgery in Uromie. These were 124 people, (62 applicants) and (62 non-applicants) who were chosen non-randomly from among those who had the conditions to be included in the study. Stating satisfaction and cooperation, determined date for the cosmetic surgery, having no emergency and medical reason for the surgery, and conducting the cosmetic surgery in the surgery room were the criteria according to which the people were qualified for the study. And the non-applicant participants were chosen by matching age, sex, job and the level of literacy among the relatives of the applicants.

Instruments:

A. SCL-90-R: The SCL-90-R questionnaire is one of the most common used in psychiatry. This questionnaire was developed by (Derogatisn and Lipman, 1973). The reliability of the questionnaire was assessed by (Truma and Levitt, 1972) and investigated the internal reliability of the questionnaire by computing Chronbach alpha coefficient. They reported the domain alpha coefficient for a ten scale between 83 percent and 94 percent which shows the internal reliability of the questionnaire. This questionnaire has 90 items which measure nine dimensions of psychological disorders such as physical complaints, compulsion, and sensitivity in interactions, depression, anxiety, aggressiveness, phobia, paranoid thoughts, and psychosis. Questions are answered based on a scale ranging from 0 to 5. Therefore, domain changing in scores ranges from 0 to 360. Scoring and interpretation of the test is based on three indexes of Global Severity Index (GSI), Positive Symptom Total (PSDI) and Positive Symptom Distress Index (PSDI) (PSI) (Levitt and Truma, 1972).

B. The physical self-description questionnaire. (PSDQ): This questionnaire was developed by (Marsh , 1996).It is consisted of 70 questions and is used to measure 9 specific elements of body self-concept (health, coordination, body activity, body fat, athletic ability, appearance, strength, flexibility and endurance) and two general elements (body self-concept and self-esteem). Each item on the questionnaire is a simple declarative sentence and are answered based on Likert gradation from 1 to 6. Therefore, the lowest score is 56 and the highest score is 336. Marsh investigated the validity and reliability of the questionnaire with two groups (315 and 395) of Australian students and concluded that this test has enough

validity to measure self-concept elements and estimated the reliability of the test by Alfa chronbach to be 0.80 percent (Marsh, 1996).

C. The MCMI-111 questionnaire: This is a self-assessment scale with 70 Yes. No items which measure clinical model of personality and 10 clinical symptoms and is used for over 18 adults and was introduced in American Psychological Association conference in 1994. This questionnaire is one of the most important instruments used in objective assessment of clinical symptoms represented in axis one and personality disorders of axis two of DSM-IV-IR. The diagnostic validity of all the scales was computed in relation to the predictive ability of positive and negative. The reliability of this questionnaire for personality disorder scales with the correlation coefficient between 58 and 93 and with the average of 78 was computed by test-retest method and for scales of clinical symptoms with correlation between 44 and 95 with the average of 80 (Sharifi, 2006). The data were analyzed by descriptive test, MANOVA and t-test. The critical value $p<0.05$ was established for the significant difference between the two groups.

RESULTS

Based on the results of table one, in applicants seeking cosmetic surgery the highest mean is related to sensitivity (M=1.57) and the lowest mean is related to Psychotic (m=0.91). While in non-applicants the highest mean is related to psychotic (m=60) and the lowest mean is related to phobia (m=0.63).

Based on the results of Table 1, in applicants seeking cosmetic surgery the highest mean is related to sensitivity (M=1.57) and the lowest mean is related to Psychotic (m=0.91). While in non-applicants the highest mean is related to psychotic (m=60) and the lowest mean is related to phobia (m=0.63).

Based on the results of Table 2, among the applicants seeking cosmetic surgery the highest mean is related to narcissistic personality disorder (M=69.58) and the lowest mean is related to avoidant personality disorder (M= 49.48). While among the non-applicants, the highest mean was related to borderline personality disorder (M=43.86) and the lowest mean was related to Histrionic personality disorder (m=28.69).

The results of Table 3 show that in the group of applicants seeking cosmetic surgery, the mean of Body Image is 93.59 while in the group of the non-applicants it is 63.04.

Based on Table 4, among nine dimensions of pathological symptoms of personality disorders in applicant and non-applicant groups, in seven dimensions Somatization (F=4.40 and P=0.03), compulsion (F=26.96 and P= 0.00), Interpersonal sensitivity (F=26.53 and P=0.00), Depression (F=29.18 and P=0.00), anxiety (F=33.03 and P=0.00), aggression (F=15.07 and P=0.00) and phobia (F=26.68 and P=0.00) there were significant differences between the groups. However, in Paranoid thoughts (F=0.45 and P=0.50) and Psychotic (F=1.48 and P=0.22) dimensions, significant statistical differences were not observed.

As it is shown in the Table 5, among personality disorders of cluster B in the two groups, significant differences were observed in histrionic personality disorder (F=93.55 and P=0.00), Narcissistic personality disorder (F=77.57 and P=0.00) and antisocial personality disorder (F=40.37 and P= 0.00). However, there was not a significant difference in borderline personality disorder (F=1.59 and P=0.20).

As it is shown in Table 6, among personality disorders of cluster C in the two groups, significant differences were observed in Dependent Personality Disorder, (F=61.02 and P=0.00), Obsessive –compulsive Personality Disorder (F=39.75 and P=0.00). However, no significant difference was observed between the two groups in Avoidant Personality Disorder (F=2.50 and P=0.11). Groups so people as it is shown in table 7, applicant and non-applicant groups, (t=4.50, $p<0.00$) there were significant differences between the have a more negative body image are applying for cosmetic surgery.

Table1: Mean and standard deviation of pathological symptoms of mental disorder in applicants seeking cosmetic surgery and non-applicants

Variable	Applicant		Non-Applicant	
	Mean	Std.Deviation	Mean	Std.Deviation
Somatization	1.16	0.83	0.89	0.61
Obsessive-Compulsive	1.57	0.64	0.97	0.63
Interpersonal sensitivity	1.40	0.77	0.75	0.61
Depression	1.46	0.69	0.80	0.65
Anxiety	1.41	0.62	0.74	0.66
Aggression	1.28	0.81	0.89	0.66
Phobia	1.28	0.80	0.63	0.57
Paranoid thoughts	0.95	0.71	1.05	0.84
Psychotic	0.91	0.61	1.06	0.63

Table 2: Mean and standard deviation of personality disorders of clusters B and C in applicants seeking cosmetic surgery and non-applicants

Variable	Applicant		Non-Applicant	
	Mean	Std.Deviation	Mean	Std.Deviation
Histronic	69.58	26.96	33.25	18.08
Narcissistic	69.19	29.24	28.69	15.21
Borderline	49.59	24.47	43.87	25.92
Antisocial	64.46	28.14	35.74	21.78
Dependent	65.66	27.69	36.79	23.08
Avoidant	49.48	23.14	42.62	25.06
Obsessive-Compulsive	68.37	24.44	35.96	21.65

Table 3. Mean and standard deviation of Body Image in applicants seeking cosmetic surgery and non-applicants

Variable	Applicant		Non-Applicant	
	Mean	Std.Deviation	Mean	Std.Deviation
Body Image	93.59	43.60	63.04	30.90

Table 4. Results of MANOVA in applicant and non-applicant groups for pathological symptoms of mental disorders

Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Eta
Somatization	2.35	1	2.35	4.40	0.03	0.03
Obsessive-Compulsive	11.04	1	11.04	26.96	0.00	0.18
Interpersonal sensitivity	13.03	1	13.03	26.53	0.00	0.17
Depression	13.43	1	13.43	29.18	0.00	0.19
Anxiety	13.76	1	13.76	33.03	0.00	0.21
Aggression	8.32	1	8.32	15.07	0.00	0.11
Phobia	13.07	1	13.07	26.68	0.00	0.17
Paranoid thoughts	0.27	1	0.27	0.45	0.50	0.004
Psychotic	0.58	1	0.58	1.48	0.22	0.01

Table 5. Results of MANOVA in applicant and non-applicant groups for personality disorder of cluster B

Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Eta
Histrionic	50847.750	1	50847.750	93.55	0.00	0.434
Narcissistic	40899.226	1	40899.226	77.57	0.00	0.389
Borderline	1016.33	1	1016.33	1.59	0.00	0.013
Antisocial	25580.331	1	25580.331	40.38	0.00	0.24

Table 6. Results of MANOVA in applicant and non-applicant groups for personality disorder of cluster C.

Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Eta
Dependent	32549.040	1	32549.040	61.02	0.00	0.33
Avoidant	1456.653	1	1456.653	2.50	0.11	0.02
Obsessive-Compulsive	25839.516	1	25839.516	39.75	0.00	0.246

Table 7. The difference between the applicant and non-applicant groups component of body image

Variable	T	d.f	Sig
Body Image	4.50	122	0.00

DISCUSSION

The first finding of the present study showed that applicants seeking cosmetic surgery were suffering more from pathological symptoms related to Somatization compared to the non-applicants. This finding is consistent with the findings of (Masoudzadeh et al., 2009; Totonchi et al., 2008). It seems that applicants seeking cosmetic

surgery have more Somatization because of relating their psychiatric and internal problems to their physical body. It is probable that these people pay more attention to their body compared to the non-applicants and for them is a device to solve their internal and external anomalies and by acquired beautifying like cosmetic surgery they want to attract those around them. Another finding of the study showed that pathological symptoms of compulsion were more evident in applicants than non-applicants. In a study which was done by a collection of tests like Eysenck Personality Inventory, (Philips, 1998) concluded that the applicant group seeking cosmetic surgery was suffering more from compulsion and neurosis compared to the non-applicant group. One possibility is that this finding is related to Perfectionism in people having pathological symptoms of compulsion. This perfectionism may cause the person to seek cosmetic surgery in order to reach his or her ideal appearance. On the other hand, a great deal of grievance after cosmetic surgery is related to this people and even the depression and despair which come after cosmetic surgery is a psychological consequence in those suffering from obsession. The third finding of the study showed that applicants had more interpersonal sensitivity. This finding is consistent with the findings of Alamdarsaravi and Khalbndi (2004). The most important characteristic of interpersonal sensitivity disorder is the feeling of inadequacy and personal inferiority especially in comparison to others. Because of such inferiority in interpersonal affairs, these people are very sensitive to the judgments people make of them and this psychological situation in a social frame can cause the person try to decrease the negative judgments and values and hence turn to cosmetic surgery. Another finding of the research showed that pathological symptoms of depression are more evident in cosmetic surgery applicants than in non-applicants. This finding is consistent with the findings of (Gabouri and Devon's, 2003; Moss and Harris's, 2009) studies. People who have depression tendencies have more negative attitudes toward themselves compared to normal people. They often feel valueless and often imagine themselves being inadequate in psychological and physical dimensions. Another finding of the study showed that anxiety symptoms are more evident in applicants of cosmetic surgery than in normal people. (Moss and Harris, 2009) found that the level of anxiety was 7.4 more in applicants of cosmetic surgery before the surgery and also they were suffering from maladjustment and disorder in other aspects of social life . Another study by (Gabouri and Devon, 2003) showed the same results. Their study on 133 patients seeking cosmetic surgery showed that 70 percent of these patients had anxiety. In those suffering from anxiety disorders, social disorder is more common. In this kind of anxiety, the patient is scared of the negative judgments of those around him and for this reason experiences severe fear and anxiety. Fearing from bad appearance, deficiency and unpleasant appearance are the common fears in these patients which makes them qualified for cosmetic surgery. The sixth finding of the study showed that there is a difference between the two groups of the study in having pathological symptoms of aggression. In addition in a study by (Totonchi et al., 2007) it was found that among 151 applicants of Rhinoplasty cosmetic surgery 9.9 had pathological symptoms of aggression. One of the main reasons of aggression is the feeling of frustration. Maybe the feeling of having deficiency and lack of physical and facial coordination or the feeling of having no beauty in one's body affects our emotional and affective goals in life which may lead to frustration and hence increase aggression in these patients who have a negative image of themselves. The other finding of the study showed that pathological symptoms of phobia are more evident in applicants of cosmetic surgery than the others. In study of Totonchi et al. (2007), it was found that 70.1 of the applicants had positive psychiatric symptoms. However, 7.3 of the applicants had pathological symptoms of phobia. Those suffering from phobia are afraid of the negative assessments by those around them about their appearance. They are also afraid of being humiliated by others in specific social settings and therefore avoid being in public settings. On the other hand, because of this mental preoccupation and stress they try to decrease these feelings by acquired beautifying like cosmetic surgery. Another finding of the study showed that among nine dimensions of pathological symptoms, only in paranoid thoughts and psychosis there were not significant differences between the two groups. Maybe the reason of the inconsistency of these two findings with the others is that the cultural factors or using different methodologies. The other finding of the research showed that applicants of cosmetic surgery are more prone to Histrionic personality disorder (Alamdar Saravi and Ghalebandi, 2005). In a study With 107 applicants of cosmetic surgery by using MMPI questionnaire concluded that Histrionic personality disorder ranked second among common personality disorders in applicants of cosmetic surgery. People who are suffering from Histrionic personality disorder need more praise and attention than the others since self-centeredness and being seductive are two specific characteristics of this kind of personality disorder. Another finding showed that applicants had more Histrionic personality disorder. In (Malick et al., 2008) study, Histrionic personality disorder was observed in most applicants of cosmetic surgery. Cosmetic surgeries are nowadays luxurious actions for most society's specially developing ones and people having Histrionic personality disorder have more tendencies to be more important than and distinguished from the others and therefore have more tendencies toward cosmetic surgeries. One of the findings of the study showed that there was no significant

difference between the two groups regarding Borderline personality disorder. About people having Borderline personality disorder it can be said that these people are suffering from mind involvement and extreme fluctuations in emotions and affections and also instability in their self-concept can be the main distractive obstacle in concentrating on their appearance and therefore reduces their tendency toward cosmetic surgery. The other finding of the study showed that applicants of cosmetic surgery had more antisocial personality disorder than non-applicants. People suffering from antisocial personality disorder because of no regretful feelings and being indifferent to most behaviors apply for cosmetic surgery without considering its consequences and side effects. It was also one of the findings of the study that there was no significant difference between the two groups regarding Avoidant personality disorder. In a study done on Rhinoplasty applicant in Amiralam hospital by using MMPI form, Avoidant personality disorder was observed among most applicants of cosmetic surgery (Rohani as cited in Saravi and Ghalebandi, 2005). This finding is inconsistent with the finding of the present study. People suffering from avoidant personality disorder avoid getting engaged in new activities and it may be because of this reason that they are not interested in cosmetic surgery fearing their appearance may get worse. Therefore they prefer to be separated from the others and hence do not like to be in the center of attention and this leads to less tendency to do cosmetic surgery. Another finding of the study showed that applicants of cosmetic surgery are prone to dependent personality disorder. People suffering from this kind of personality disorder are badly in need of protection and submission. These people because of unrealistic metal involvement of the fear of being disserted by others try to adjust their behavior and appearance with others' will. Therefore, these patients have more tendencies toward cosmetic surgery. Results of the study also show that there was a significant difference between the two groups in compulsive personality disorder. In a study by (Zojaji et al., 2007) on 66 applicants of Rhiniplasty surgery by MMPI test, it was shown that compulsive personality disorder was the most common personality disorder among the applicants. In these patients there is a focused perfectionism on self with the aim of increasing physical beauty. And therefore, mental involvement and extreme attention to the details of their body and face to gain a more beautiful appearance leads them toward cosmetic surgery. Another finding of the study was that between the two groups there was a significant difference regarding body image. It was shown that applicants of cosmetic surgery had a negative body image of themselves (McCabe and Ricciardelli's, 2001) study showed that most people in the society especially female are wants to change their body image. (Rubinstein, 2005) stated that because of feelings of dissatisfaction a negative self-concept one wants to change his or her body image so that he can change his real body image to his ideal body image . Dissatisfaction with the body and also body image leads to a dissatisfaction with the whole physical body which in turn may lead to patient-like behaviors such as: nutritional disorder (Petrie and Rogers, 2001; Richardson and Arison, 2006; Drangshold et al.,2006), Depression (Alkhader, 2004; Aramats, Moran and Sands, 2003), Anxiety (Richardson et al., 2006), Social phobia (Freda and Gamze, 2004), sleep disorder and mental derangement (Jones et al., 2001; Webster and Tiggeman, 2006).

CONCLUSION

People who are seeking cosmetic surgery to make changes in their appearance have lost the way in forming a real picture of themselves. Doing cosmetic surgery on patients suffering from psychological disorders and having unrealistic expectations and also insisting too much for cosmetic surgery can have bad consequences for both the patient and the surgeon. Therefore, having knowledge about the psychological state of the patient and making sure of patients' mental health seems necessary for cosmetic surgeons. In addition, it is suggested that cosmetic surgeons take precaution in admitting patients with psychological and personality disorders and also those who have had frequent surgeries. Moreover it is suggested that surgeons encourage these patients to refer to psychiatrists and consultants so that prevent the unpleasant consequences of the surgery.

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