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**PSYCHOSOCIAL PREDICTORS OF COSMETIC SURGERY  
ACCEPTANCE AMONG YOUNG ADULT WOMEN IN THE UAE. THE  
ROLE OF SELFIE BEHAVIOR, NARCISSISM AND RELIGIOSITY: A  
CROSS-SECTIONAL STUDY**

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**MASTER THESIS NO. 2023: 122****College of Medicine and Health Sciences****Department of Clinical Psychology****PSYCHOSOCIAL PREDICTORS OF COSMETIC SURGERY  
ACCEPTANCE AMONG YOUNG ADULT WOMEN IN THE  
UAE. THE ROLE OF SELFIE BEHAVIOR, NARCISSISM  
AND RELIGIOSITY: A CROSS-SECTIONAL STUDY***Amna Ahmad Alsadani**November 2023*

United Arab Emirates University  
College of Medicine and Health Sciences  
Department of Clinical Psychology

PSYCHOSOCIAL PREDICTORS OF COSMETIC SURGERY  
ACCEPTANCE AMONG YOUNG ADULT WOMEN IN THE UAE.  
THE ROLE OF SELFIE BEHAVIOR, NARCISSISM, AND  
RELIGIOSITY: A CROSS-SECTIONAL STUDY

Amna Ahmad Alsadani

This thesis is submitted in partial fulfilment of the requirements for the degree of Master  
of Science in Clinical Psychology

November 2023

**United Arab Emirates University Master Thesis  
2023: 122**

Cover: Illustrative picture  
(Photo: By Adam England)

## Declaration of Original Work

I, Amna Ahmad Alsadani, the undersigned, a graduate student at the United Arab Emirates University (UAEU), and the author of this thesis entitled “*Psychosocial Predictors of Cosmetic Surgery Acceptance among Young Adult Women in the UAE. The Role of Selfie Behavior, Narcissism and Religiosity: A Cross-Sectional Study*”, hereby, solemnly declare that this is the original research work done by me under the supervision of Prof. Maria Campo Redondo, in the College of Medicine and Health Sciences at UAEU. This work has not previously formed the basis for the award of any academic degree, diploma or a similar title at this or any other university. Any materials borrowed from other sources (whether published or unpublished) and relied upon or included in my thesis have been properly cited and acknowledged in accordance with appropriate academic conventions. I further declare that there is no potential conflict of interest with respect to the research, data collection, authorship, presentation, and/or publication of this thesis.

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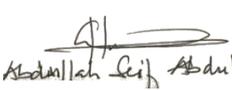
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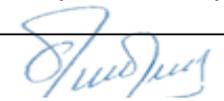
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## Abstract

Cosmetic surgery is prevalent in the UAE and has been linked to negative psychological and physical consequences. The present study investigates psychosocial factors expected to predict an acceptance of cosmetic surgery among young adult women in the UAE. It was hypothesized that high selfie behavior, high narcissism, and low levels of religiosity would have a positive association with an interest in cosmetic surgery. The factors that motivate people to undergo cosmetic surgery were assessed using the 15-item Acceptance of Cosmetic Surgery Scale. Selfie behavior was examined using two questions derived from previous research. Narcissism was assessed using the 16-item Narcissistic Personality Inventory. Religiosity was assessed using the 16-item Mature Religiosity Scale. Questionnaire data was obtained from 350 participants who responded to a survey distributed to females between 18 and 35 years living in the UAE. Data was analyzed using Pearson's correlation coefficient and multiple regression analyses. It was found that selfie behavior has a positive correlation, narcissism showed no significant association, and religiosity showed a negative correlation with acceptance of cosmetic surgery. Moreover, selfie behavior and religiosity were revealed to be possible predictors of the acceptance of cosmetic surgery. The study gives insights into potential psychosocial predictors of acceptance of cosmetic surgery among adult women in the UAE. The findings can contribute to a better understanding of multiple factors that may motivate women in the UAE to accept cosmetic surgery. The study aims to understand the factors associated with cosmetic surgery acceptance to inform the development of enhanced therapeutic and preventive interventions for individuals at risk of engaging in maladaptive behaviors related to cosmetic surgery. The knowledge gained from this research can inform the development of pre-surgical psychological assessments and interventions.

**Keywords:** Cosmetic surgery acceptance, narcissism, religiosity, selfie behavior, social media.

## Title and Abstract (in Arabic)

العوامل النفسية والاجتماعية المتنبئة بقبول الجراحة التجميلية بين النساء البالغات في دولة الإمارات العربية المتحدة. دور سلوك الصور الملتقطة ذاتيا و النرجسية و التدخين: دراسة مقطعية.

### الملخص

تعتبر الجراحة التجميلية منتشرة في دولة الإمارات العربية المتحدة، وترتبط بعواقب جسدية ونفسية سلبية. تبحث هذه الدراسة في العوامل النفسية و الاجتماعية التي من المتوقع أن تتنبأ بقبول الجراحة التجميلية بين الشابات البالغات في دولة الإمارات العربية المتحدة. تم الافتراض بأن ارتفاع سلوك الصور الملتقطة ذاتيا و النرجسية العالية والمستويات المنخفضة من التدخين سيكون لها ارتباط إيجابي مع الاهتمام بالجراحة التجميلية. تم تقييم العوامل التي تحفز الأشخاص على الخضوع لجراحة التجميل باستخدام 15 بنداً من مقياس قبول الجراحة التجميلية. تم فحص سلوك الصور الشخصية باستخدام سؤالين مشتقين من الأبحاث السابقة. تم تقييم النرجسية باستخدام جرد الشخصية النرجسية المكون من 16 عنصراً. تم تقييم التدخين باستخدام مقياس التدخين الناضج المكون من 16 عنصراً. تم الحصول على بيانات الاستبيان من 350 مشاركة استجابوا لمسح تم توزيعه على الإناث اللاتي تتراوح أعمارهن بين 18 و 35 عاماً ويعيشون في دولة الإمارات العربية المتحدة. وقد تم تحليل البيانات باستخدام معامل ارتباطات بيرسون وتحليلات الانحدار المتعدد. وجد أن سلوك الصور الملتقطة ذاتيا له علاقة إيجابية مع قبول الجراحة التجميلية ، ولم تظهر النرجسية أي علاقة قوية مع قبول الجراحة التجميلية ، وأظهر التدخين علاقة سلبية مع قبول الجراحة التجميلية. علاوة على ذلك، تم الكشف عن أن سلوك الصور الشخصية و التدخين من العوامل المهمة التي تنبئ بقبول الجراحة التجميلية. تعطي الدراسة الرؤى حول المتنبئات النفسية و الاجتماعية لقبول الجراحة التجميلية بين النساء البالغات في دولة الإمارات العربية المتحدة. يمكن أن تساهم النتائج في فهم أفضل للعوامل المتعددة التي يمكن أن تحفز النساء في دولة الإمارات العربية المتحدة على قبول الجراحة التجميلية. هدف الدراسة هو الكشف عن هذه العوامل من أجل الحصول على فهم أفضل لدوافع قبول الجراحة التجميلية وإرشاد تطوير التدخلات العلاجية و الوقائية المحسنة للأفراد المعرضين لخطر الانخراط في سلوكيات مفرطة تتعلق بالجراحة التجميلية. المعرفة المكتسبة من هذا البحث يمكن أن تساعد في تطوير التقييمات و التدخلات النفسية قبل الجراحة التجميلية.

مفاهيم البحث الرئيسية: قبول الجراحة التجميلية، سلوك الصور الملتقطة ذاتيا ، النرجسية، التدخين، وسائل التواصل الاجتماعي.

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## **Dedication**

*To my beloved parents and family*

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## List of Abbreviations

|                |  |
|----------------|--|
| CI             | Confidence Interval  |
| P-value        | The level of marginal significance within a statistical hypothesis test  |
| Sig.(2 tailed) | The P-value is significant and reported as $p < .001$  |
| Sig.(1tailed)  | The P-value is significant and reported as $p < .05$   |
| R              | The sample correlation coefficient   |
| SD             | Standard Deviation   |
| SNSs           | Social Networking Sites  |
| <i>M</i>       | Mean   |
| $\beta$        | Beta is a standardized coefficient between -1 to +1 in range and shows the strength of the prediction  |
| B              | is an unstandardized coefficient, which means original units beside the slope and tells if the independent variable is a significant predictor of the dependent variable |
| t-value        | Measure the statistical significance of an independent variable <i>b</i> in explaining the dependent variable <i>y</i>   |
| Adjusted $R^2$ | The corrected coefficient of determination   |
| <i>F</i>       | A test for statistical significance of the regression equation. It is obtained by dividing the explained variance by the unexplained variance                            |



# Chapter 1: Introduction

## 1.1 Overview

Cosmetic surgery is a popular procedure among many individuals, particularly women. The American Board of Cosmetic Surgery defined the distinction between cosmetic and plastic surgery (Morrison et al., 2008). Cosmetic surgery aims to enhance a patient's physical appearance. Plastic surgery, conversely, is concerned with repairing face and bodily abnormalities or restoring malfunctioning areas of the body caused by burns, sickness, or congenital disabilities (Morrison et al., 2008). Cosmetic surgery is when a person undergoes an operation or invasive medical procedure to alter their physical look for cosmetic rather than medical reasons (Alkarzae et al., 2020). Cosmetic surgery has become popular among women who want to improve their physical looks (Lijtmaer, 2010).

Cosmetic surgery has recently grown in popularity and is now prevalent in the United Arab Emirates (Amiri et al., 2021). With regards to Arab countries, the UAE ranks third in terms of people seeking cosmetic procedures, after Saudi Arabia and Egypt, according to projections (Tajmeeli, 2021). Dubai has been named the "cosmetic surgery hub" of the Middle East, with 236 licensed cosmetic surgeons, 386 licensed dermatologists, and 277 facilities recorded in 2018 (Tajmeeli, 2021). Cosmetic treatments are in high demand in the UAE, with cosmetic surgery ranking among the top five health tourism procedures (Gulf News, 2018). Dubai has one of the highest numbers of cosmetic surgeons worldwide per capita (Wisconsin, 2017). According to recent Dubai Health Authority data, the number of people pursuing cosmetic procedures has increased dramatically since the start of Covid-19, rising from 223,507 in 2020 to 583,909 in 2022 (Webster, 2023). In two years, the number of individuals seeking cosmetic surgery in Dubai has increased by 161% (Webster, 2023).

Cosmetic surgery can offer psychological advantages to specific individuals. These benefits may enhance patients' mental well-being and self-esteem, although it is essential to note that these advantages can vary depending on individual motivations and expectations. Cosmetic surgery can lead to a significant improvement in self-esteem and self-confidence. For instance, patients who are satisfied with the results of their surgery

often experience increased self-esteem and a positive body image (Sarwer et al., 1998). Research has shown that cosmetic surgery can increase life satisfaction and psychological well-being. Patients may experience reduced psychological distress and an improved quality of life after surgery (Von Soest et al., 2009). Cosmetic surgery can positively impact a patient's social and emotional life. Patients may feel more comfortable in social situations, leading to improved relationships and overall happiness (Sarwer et al., 1998). In some cases, cosmetic surgery can provide relief from psychological distress related to physical appearance concerns. Patients with visible physical abnormalities or disfigurements may experience significant emotional pain, and surgery can alleviate these feelings (Rumsey & Harcourt, 2012). For some individuals, cosmetic surgery is a motivational factor to adopt a healthier lifestyle. Patients may be more inclined to exercise, eat well, and maintain their results, improving overall physical and psychological benefits (Asimakopoulou et al., 2019). Cosmetic surgery can empower individuals to take control of their appearance and make choices that align with their personal preferences. This sense of empowerment can positively impact mental well-being (Sarwer & Crerand, 2004).

While cosmetic surgery can lead to positive outcomes, it also comes with various psychological risks and implications. Both patients and medical professionals should carefully consider these risks and implications. One of the primary psychological risks associated with cosmetic surgery is the development of unrealistic expectations. Patients may expect the surgery to completely transform their lives, making them more attractive and boosting their self-esteem. When these expectations are not met, it can lead to disappointment, anxiety, and even depression (Sarwer et al., 1998). Body Dysmorphic Disorder (BDD) is a psychological condition characterized by an obsessive focus on perceived flaws in one's appearance. Individuals with BDD often seek multiple cosmetic procedures to correct minor or even imagined flaws. Cosmetic surgery can exacerbate BDD symptoms and lead to a never-ending cycle of dissatisfaction (Phillips, 2009). Studies have revealed that cosmetic surgery may result in mood disorders (such as anxiety and depression) and eating issues in addition to the risk of infection, disfigurement, and chronic pain (von Soest et al., 2011, 2012). Some patients experience post-surgical depression and anxiety, even if the surgery is successful. The recovery

process and adaptation to the new appearance can be emotionally challenging. This can lead to regret and disappointment, mainly if the patient's emotional well-being solely depends on the surgical outcome (Von Soest et al., 2009). Society's emphasis on physical appearance can significantly pressure individuals to undergo cosmetic procedures. The fear of social rejection and the desire to conform to beauty ideals can drive some people to undergo surgery against their better judgment, potentially leading to emotional distress (Castle et al., 2002). Cosmetic surgery can also impact personal relationships. Positive changes in one's appearance may result in improved self-confidence and relationships, but they can also lead to jealousy and insecurity among partners or friends. Relationship dynamics can shift, and these changes can be challenging to navigate (Asimakopoulou et al., 2019). Cosmetic surgery can be expensive, and the financial burden of multiple procedures or the cost of maintaining a post-surgery appearance can lead to financial stress. This stress can have psychological implications, causing anxiety and depression (Sansone & Sansone, 2007). Patients may experience pressure from friends, family, or societal norms to undergo cosmetic surgery, which can lead to feelings of inadequacy. The desire to meet perceived social standards may overshadow personal preferences and result in dissatisfaction (Swami et al., 2008).

Studies on the psychosocial predictors of people's inclination to accept cosmetic surgery are growing. For instance, Javo and Sørli (2009) have studied the psychosocial predictors of an interest in cosmetic surgery among young Norwegian women. They found that body dysmorphic-like symptoms, having children, body image orientation, having a history of being teased for appearance, being recommended for cosmetic surgery, and knowing someone who has had cosmetic surgery were positively correlated with an interest in cosmetic surgery (Javo & Sørli, 2009). However, the relationship quality with parents, agreeability, body image evaluation, and education was negatively correlated with an interest in cosmetic surgery (Javo & Sørli, 2009).

A growing body of studies has started to investigate the psychological factors that influence people's willingness to consider cosmetic surgery. Several recent studies, for example, have found that materialism and sexual objectification affect cosmetic surgery contemplation in Chinese adolescent girls (Ching & Xu, 2019) and young Chinese women (Jackson & Chen, 2015; Sun, 2018; Wu et al., 2020). Given its potential

drawbacks and prevalence among young people in the UAE, it is critical to understand the elements that might affect views toward cosmetic surgery. The purpose of the current study is to investigate the effect of selfie behaviors, narcissism, and religiosity on cosmetic surgery acceptance among young adult women in the UAE.

Because cosmetic surgery has become prevalent, many studies have been conducted to investigate the factors that influence women to undergo cosmetic surgery. According to Gimlin (2007), the lower cost of cosmetic surgery operations, women's greater incomes, and better access to procedures all contributed to cosmetic surgery's growing popularity. Furthermore, today's women see cosmetic surgery as a simple way to regain control of their bodies and improve their appearance. According to Gimlin (2010), many girls were prepared to have cosmetic surgery and forego their natural appearance in exchange for an artificially enhanced face. Women's willingness to improve their appearance is related to their negative previous experiences because females who had experienced insults and humiliation about their physical appearance were more likely to undergo cosmetic surgery (Markey & Markey, 2009; Von Soest et al., 2006). Furthermore, women's consideration of cosmetic surgery was significantly associated with lower levels of self-ratings of physical attractiveness, body satisfaction, and body appreciation (Brown et al., 2007; Jung & Hwang, 2016; Swami, 2009; Swami et al., 2012; Von Soest et al., 2006).

In addition to women's internal motivations to undergo cosmetic surgery, external or sociocultural factors influence women to consider cosmetic surgery by putting much pressure on females, expecting them to conform to social beauty standards, and justifying the pursuit of cosmetic surgery (Furnham & Levitas, 2012). Henderson-King and Brooks (2009) discovered that women who internalized messages from society about materialism and traditional beauty standards were more likely to embrace cosmetic surgery than those who did not. As one of the most critical societal message carriers, mass media has an essential role in influencing women to undergo cosmetic surgery. According to Sarwer et al. (2003), mass media is frequently used to sell cosmetic surgery and plays a vital role in boosting public knowledge of the benefits of cosmetic surgery. Women exposed to more cosmetic surgery commercials and television shows were more likely to absorb media messages and undertake cosmetic surgery (Furnham & Levitas,

2012; Jung & Hwang, 2016; Swami, 2009). Furthermore, women's desire to look more like their favorite celebrities in the media was associated with higher acceptance of cosmetic surgery (Jung & Hwang, 2016).

Although the preceding research established various factors that motivate women to undergo cosmetic surgery, certain variables require additional investigation to determine whether they are predictors of individual acceptance of cosmetic surgery. Selfie behavior, narcissism, and religiosity are three variables that need further examination. Understanding these predictors is crucial for clinical psychologists who may work with individuals considering such procedures. It provides insights into the psychological and social factors contributing to body dissatisfaction and the desire for cosmetic enhancements. The role of selfie behavior and narcissism in cosmetic surgery acceptance relates to the psychological aspects of self-perception, self-esteem, and the influence of social media and self-presentation on self-image. Clinical psychologists often deal with self-esteem and body image issues. The impact of religiosity on cosmetic surgery acceptance delves into the cultural and religious factors that can shape an individual's attitudes toward body modifications and self-image. Clinical psychologists in the UAE may need to consider cultural and religious factors when providing therapy or counseling to clients. Before exploring studies that investigated those variables associated with cosmetic surgery acceptance, it is critical to understand the definitions and the rationale for how they may be related to cosmetic surgery acceptance.

A selfie is a photo of oneself typically captured with a mobile phone camera (Alkarzae et al., 2020). Selfie behavior refers to all behavior concerned with selfies, such as taking a picture of oneself, editing the picture, and posting the picture on Social Networking Sites (SNSs) (Alkarzae et al., 2020). It has become a primary photographic form and is now essential to many people's daily lives (Alkarzae et al., 2020). Such selfies are often uploaded to social media sites, and due to their popularity, the subjects of the selfies are now more conscious of their looks (Alkarzae et al., 2020). Increased demand for cosmetic procedures intended to improve the subject's appearance in upcoming photos results from this (Alkarzae et al., 2020). The practice of posting selfies on social media has spread around the world (Senft & Baym, 2015).

Selfie posting allows users to present themselves selectively (Chua & Chang, 2016), giving them more control over how they appear online. For example, users can control their facial expressions and appearance when taking selfies, edit them to make them look better afterward, and select only the best selfies to post on social media (McLean et al., 2015; Tiggemann et al., 2020). Additionally, after being shared on social media, these selfies frequently get compliments from other users (Y. Wang et al., 2020). When using social media, people are exposed to many altered selfies and accompanying comments and likes (Choi et al., 2017). It is reasonable to assume that investment in such selfies and the associated feedback on social media would influence people's consideration of cosmetic surgery, much like media effects on appearance dissatisfaction and cosmetic surgery (Grabe et al., 2008; Wen et al., 2017).

Narcissism is another variable that has been considered as one of the significant predictors of undergoing cosmetic surgery. According to Emery and Taylor (2006) and Mehdizadeh (2010), the standard definition of narcissism is a pervasive pattern of grandiosity, a craving for admiration, and a hyperbolic feeling of self-importance. In particular, narcissists exhibit a markedly exaggerated, positive but unrealistic self-image, a lack of desire to establish close relationships, and self-regulatory behaviors that serve to validate their positive self-evaluation (Foster & Campbell, 2007; Ong et al., 2011). According to the majority of personality psychology theories, narcissists utilize social interactions in part to validate their delusion that they are attractive (Vazire et al., 2008).

There has already been research on the relationship between narcissism and selfie-posting habits (Fox & Rooney, 2015; Leung, 2013; Sorokowska et al., 2016; Sorokowski et al., 2015). Posting selfies online may serve as a psychological strategy by which people seek to fulfill these self-regulatory goals, given the narcissists' desire to attract others' attention and admiration for maintaining their fragile self-image (Sorokowski et al., 2015; Weiser, 2015). Narcissism does predict more significant levels of self-promotional material across a variety of social networking activities, according to academic research (Buffardi & Campbell, 2008). Self-esteem is a person's total assessment of their value (Rosenberg, 1965; Weiten, 1995). It denotes a specific dispositional characteristic, a positive self-concept that refers to how individuals portray their unique or general sense of self-confidence, according to Judge and Bono (2001).

Personal representations of how people usually feel about their worth, significance, or talents across time and in many contexts may be found in one's degree of self-esteem (Rosenberg, 1965). Self-esteem is the assessment people give themselves and typically uphold (Amirazodi & Amirazodi, 2011).

As several studies have noted (Campbell, 2001), narcissism and self-esteem share some characteristics. Researchers theorized that the substantial association between the two variables can be attributed to the fact that both narcissists and those with high self-esteem have high opinions of themselves (Campbell et al., 2002). However, there is no overlap between the two personality traits. The effects of these qualities on relationships are a crucial point of distinction. While self-esteem may be beneficial, narcissism is more detrimental to interpersonal relationships. Furthermore, narcissism is widely acknowledged in clinical psychology to be deeply ingrained in fragile self-esteem (Mehdizadeh, 2010). High self-esteem is substantially correlated with psychological wellness (Biolcati, 2017), in contrast to narcissism, which is recognized as a risk factor for several types of addiction (e.g., compulsive shopping and pathological gambling) (Biolcati et al., 2015).

Religiosity is the last variable that needs more investigation in aesthetic surgery. According to Hill and Hood (1999), religiosity is the level of religiousness and the manifestation of one's beliefs in everyday life. According to specific definitions of religiosity (Alston, 1975; Burkhart & Solari-Twadell, 2001), religiosity refers to a person's level of understanding of a particular belief system and their frequency of engagement in their religious organizations. The significance of religion is made obvious when it is thought to act as a moral compass in people's lives (Widdows, 2004). Geyer and Baumeister (2005) argued that religiosity and morality sense are closely associated and that many religious individuals see their religion as the primary source of morality for themselves and society. Abortion and euthanasia are two prominent instances of how religion may affect or shape people's opinions on divisive social and ethical problems (Cochran et al., 1996; Wenger & Carmel, 2004). Despite being less dramatic than euthanasia and abortion, cosmetic surgery has gained societal acceptance due to its adverse physical and psychological effects (Swami et al., 2012).

A person's level of acceptability of cosmetic surgery may be significantly influenced by their religious beliefs, which operate as a moral guide in shaping their opinions on societal or ethical concerns. In every part of Muslims' lives, religion has a significant role (Roysircar, 2003). UAE adheres to a conservative understanding of Islam, as is the case for the majority of observant Muslims worldwide. The Qur'an (Islam's holy book), and Hadith (prophet Mohammad's sayings) are the sources used to describe every Emarati's daily life, laws, knowledge, and spiritual experiences (Roysircar, 2003). Islamic law, often known as "Shari'a," is the foundation for UAE family law. As a result, regardless of age, this legislation grants the father or other male family members guardianship over children and women (Roysircar, 2003). In Islam, prayer is performed five times each day at set times with set criteria (Roysircar, 2003). Before each prayer, the person must cleanse themselves through the ritual of ablution (Roysircar, 2003).

## **1.2 Statement of the Problem**

Currently, there is no existing psychological research that has been conducted to identify factors that may possibly predict cosmetic surgery acceptance in the context of the UAE. The only research within Gulf countries that was conducted was to examine the effect of selfies on cosmetic surgery in the context of Saudi Arabia (Alkarzae et al., 2020). This study is essential considering the rise of cosmetic surgery in the UAE among young women and its negative psychological consequences (Amiri et al., 2021; Gulf News, 2018; Tajmeeli, 2021). Research has shown that some individuals experience dissatisfaction with the results of cosmetic surgery. This can lead to increased stress, anxiety, and negative self-esteem (Sarwer et al., 1998). Studies have suggested that cosmetic surgery can be associated with increased rates of depression and anxiety, particularly if the patient has unrealistic expectations or experiences complications (Sarwer, 2019). Cosmetic surgery does not always address underlying body image issues. Individuals may continue to have body image concerns even after the surgery, and this can lead to emotional distress (Cash et al., 2002). Regret is a well-documented phenomenon in cosmetic surgery. Some patients may regret their decision, leading to psychosocial distress and a desire for reversal (Von Soest et al., 2009). Changes in one's

appearance after cosmetic surgery can affect personal relationships. This may involve changes in how one is perceived by family, friends, or romantic partners (Rumsey & Harcourt, 2012). Ethical concerns have been raised about the influence of societal beauty standards and the pressure individuals feel to conform to them through cosmetic surgery. This can lead to moral dilemmas and internal conflict (Evans et al., 2013). There is a need to understand better the factors contributing to the increase in cosmetic surgery acceptance among young females in the UAE (Amiri et al., 2021). By identifying these factors, the study aims to understand the motivations behind cosmetic surgery acceptance better and inform the development of preventative and therapeutic interventions, including more effective pre-surgical assessments and interventions.

### **1.3 Research Objectives**

This study builds on findings from a previous study by Javo and Sørli (2009), which investigated the psychosocial characteristics that predict interest in cosmetic surgery. That study found that being teased for appearance and having children were good predictors. In contrast, education and relationship quality with parents were negative predictors of an interest in cosmetic surgery. Moreover, the current study builds on findings from previous research by Mohammed and Ibrahim (2023), which investigated the factors influencing cosmetic surgery consideration. That study found that level of physical attractiveness, self-esteem, and happiness may all play a part in their decision to get cosmetic surgery. In addition, the current study partially replicates previous research by Han (2017), which investigated collectivism, self-esteem, and religiosity in relation to acceptance of cosmetic surgery. This study revealed that out of the three tested factors, religiosity was the only significant predictor of the acceptance of cosmetic surgery.

The current study investigates the association of psychosocial factors with the acceptance of cosmetic surgery. The current study will examine how selfie behavior, narcissism, and levels of religiosity may be associated with young women's acceptance of cosmetic surgery in the UAE. This study's scope is restricted to young adult women in the UAE. The acceptance of cosmetic surgery refers to assessing a person's views on the advantages of cosmetic surgery, a person's motive for undergoing cosmetic surgery, and the likelihood that a person would consider cosmetic surgery.

The present study sought to answer four main research questions. The research questions are mentioned in Table 1 below. The present study investigated four specific hypotheses using correlation and multiple regression analyses. The study's hypotheses are mentioned in Table 2 below.

Table 1: Research Questions

|       |   |
|-------|---|
| RQ 01 | Is there a relationship between selfie behavior and cosmetic surgery acceptance?  |
| RQ 02 | Is there a relationship between narcissism and cosmetic surgery acceptance?   |
| RQ 03 | Is there a relationship between religiosity and cosmetic surgery acceptance?  |
| RQ 04 | Do selfie behavior, narcissism, and religiosity predict cosmetic surgery acceptance among young adult women in the UAE? |

Table 2: Research Hypotheses

|    |   |
|----|---|
| H1 | There is a significant positive correlation between selfie behavior and cosmetic surgery acceptance.        |
| H2 | There is a significant positive correlation between narcissism and cosmetic surgery acceptance.             |
| H3 | There is a significant negative correlation between religiosity and cosmetic surgery acceptance.            |
| H4 | Selfie behavior, narcissism, and religiosity are all significant predictors of cosmetic surgery acceptance. |

## **1.4 Relevant Literature**

### *1.4.1 Social Media and Cosmetic Surgery*

Social media has developed into a platform where peer influences and one's self-presentation engage, raising standards of beauty (Chua & Chang, 2016). A well-established factor influencing the desire for cosmetic surgery is social media, which is a growing source of knowledge about cosmetic surgery (Lowery et al., 2005). On a cosmetic surgeon's social media page, prospective patients liked to see updates about the practice and before-and-after images (Adams et al., 2017). For instance, Montemurro et al. (2015) found that 46% of the patients had browsed or used social media. Among those, 40% had been significantly affected by its content when selecting a particular clinic or a doctor. Several online studies revealed that 28.2% to 61.9% of American cosmetic surgeons used social media in their practices (Economides et al., 2019; Vardanian et al., 2013; Wheeler et al., 2011). In a different study, Montemurro et al. (2018) discovered that more than half of surgeons believed social media had a negative impact on patients and raised their expectations (Montemurro et al., 2018). This shows that social media is a novel medium increasingly used in cosmetic surgery (Powell et al., 2018). The use of social media could also affect people's opinions about cosmetic procedures (Sarwer et al., 2005).

Markey and Markey (2009) discovered that internalizing media messages could predict young women's wish for cosmetic surgery (Markey & Markey, 2009). Men and women who spend more time on social media have been shown to have more positive views toward cosmetic surgery (Chen et al., 2019; Fogel & King, 2014; Sharp et al., 2014), and adolescents who use social media are more likely to want to have cosmetic surgery (De Vries et al., 2014). In a 2019 study by Arab et al., 48.5% of respondents claimed that social media had encouraged them to think about getting cosmetic procedures (Arab et al., 2019). In two experimental studies (Markey & Markey, 2010, 2012), participants filled out a survey about their interest in cosmetic surgery after viewing a television program about cosmetic surgery or neutral content. They discovered that viewers of a television show about cosmetic surgery were more motivated to undergo the procedure than viewers of neutral programs (Markey & Markey, 2010, 2012). Recent research by Walker et al. (2021) demonstrated how seeing Instagram

pictures of women who had cosmetic enhancements affected young women's desire for cosmetic surgery, mainly if they spent much time on social media (Walker et al., 2021). These results imply that social media influences cosmetic surgery thoughts and raises the frequency of cosmetic surgery.

#### *1.4.2 Selfie and Cosmetic Surgery*

One of the most popular pastimes on social media is taking selfies (Chua & Chang, 2016). In recent years, young people have grown more and more accustomed to taking, sharing, and viewing photos (Wang, 2019). In a significant study on adolescent technology use, more than half of the young people shared and posted selfies on Social Networking Sites (SNSs) (Taylor, 2014). Additionally, several studies have found that gender significantly influences selfie activity. Women were more likely than men to take and share individual and group selfies, crop pictures, and apply photographic filters (Dhir et al., 2016; Slater et al., 2019; Vendemia & DeAndrea, 2018). Women who captured selfies and shared them on social media said they felt less confident and more anxious afterward than women in the control group (Mills et al., 2018).

Several studies indicate that taking selfies can significantly affect how one feels about oneself and raise the risk of developing eating disorders (McLean et al., 2019; Mills et al., 2018; Niu et al., 2020; Shome et al., 2020; van den Berg et al., 2007; Yellowlees et al., 2019). Selfies have also been linked to decreased physical attractiveness (Mills et al., 2018) and increased facial dissatisfaction in previous experimental research (Tiggemann et al., 2020). Studies examining selfie behavior and attitudes toward cosmetic surgery are few. Only a few documented studies on this subject have been released. According to Chen et al. (2019), people who use picture editing filters rate themselves more accepting of cosmetic surgery than nonusers (Chen et al., 2019). Shome et al. (2020) discovered in an experimental study that the desire for cosmetic surgery significantly increased after sharing a selfie on social media (Shome et al., 2020). The psychological phenomenon of patients showing filtered selfies to their surgeons to demonstrate the desired surgical transformations they want to achieve has a new name: "Snapchat Dysmorphia," which describes the effect of selfies on appearance (Ramphul & Mejias, 2018). Selfies could encourage behavior related to

cosmetic surgery, such as rhinoplasties (Özgür et al., 2017; Ward et al., 2018).

Investigating whether young women's use of selfies is associated with their tendency for cosmetic surgery in the UAE would be valuable.

#### *1.4.3 Narcissism and Cosmetic Surgery*

The literature on the relationship between narcissism and various aspects of cosmetic surgery is relatively well-developed. According to several research (Zojaji et al., 2014), candidates for cosmetic surgery have a high prevalence of Narcissistic Personality Disorder (NPD). Narcissistic characteristics and cosmetic surgery were found to be unrelated by Barahmand et al. (2010). Another study on the subject was conducted by Kalantar-Hormozi et al. (2016), who looked at the associations between consideration of cosmetic surgery, self-esteem, self-perceived beauty, and narcissism. The authors found an association between narcissism and Iranian women's acceptance of cosmetic surgery, which was positive but statistically insignificant. In a case-control research, Zojaji et al. (2014) examined the relationship between NPD and narcissistic features. While the proportion of cosmetic surgery patients who were diagnosed with NPD was compared to that of the control group, those patients' levels of narcissistic traits were noticeably higher. In contrast, a case-control research found that patients who underwent cosmetic surgery scored less narcissistically than the control group (Mohammadzadeh, 2014). It is possible to conclude that prior research on the relationship between narcissism and cosmetic surgery acceptance is inconsistent.

#### *1.4.4 Religiosity and Cosmetic Surgery*

Furnham and Levitas (2012) conducted a study by gathering a sample of 204 British volunteers to examine the relationship between religiosity and cosmetic surgery. They discovered that those who scored higher on a religiosity scale also scored lower on their acceptance of cosmetic surgery (Furnham & Levitas, 2012). Based on this data, Furnham and Levitas (2012) hypothesized that those with more conservative religious beliefs and higher degrees of religiosity had lower levels of approval for cosmetic surgery and held more pessimistic views about misleading others. According to van Prooijen & van Lange (2016), most religions people place a high value on honesty as a

fundamental virtue. Honesty is valued by people, especially those who practice their religion sincerely and persistently (Desmond & Kraus, 2014; Storch & Storch, 2001).

Many cosmetic surgery procedures change a person's appearance from the outside or may dramatically change how their face looks. Therefore, it is likely that some religious individuals will regard this alteration obtained through cosmetic surgery as deceiving others (Furnham & Levitas, 2012). Furnham and Levitas (2012) also noted that religious leaders frequently highlight that people should prioritize developing and upholding their religious ideas more than focusing on their outward appearance. Religiousness may influence one's attitude toward cosmetic surgery if it emphasizes honesty as a moral principle, and one's particular religious beliefs decrease the importance of outward beauty. However, even though research on religion and other contentious social issues, like abortion, has been conducted, there is little information on the relationship between religion and cosmetic surgery. Furthermore, one question was used to gauge people's levels of religiosity, which is a limitation of the study done by Furnham and Levitas (2012). The use of a scale with a spectrum reflecting several questions is recommended in order to make up for the limitation. According to Furnham and Levitas (2012), it is logical to assume that religiosity will have a detrimental impact on how accepted cosmetic surgery is.

Another study by Han (2017) explored the possible predictors that may lead women to get cosmetic surgery and revealed a negative relationship between religiosity and cosmetic surgery acceptability. According to this finding, persons who identify as more religious are less likely to be open to cosmetic surgery than those who identify as less religious (Han, 2017). Additionally, it revealed that religiosity was a significant predictor of whether cosmetic surgery would be accepted (Han, 2017). According to a prior study by Furnham and Levitas (2012), there is a negative relationship between religion and cosmetic surgery. The research by Han (2017) was able to explain the fact that being more religious was linked to having a more negative opinion of cosmetic surgery.

According to a study's findings (Geyer & Baumeister, 2005), people's religious convictions serve as their major moral guidelines and frequently impact socially controversial issues. Cosmetic surgery that is performed to improve one's appearance

changes how a person initially appears. This modification is frequently seen as lying to and misleading others, and deception and dishonesty typically conflict with the moral principles that many religious teachings advocate for (Geyer & Baumeister, 2005; van Prooijen & van Lange, 2016).

## **Chapter 2: Methods**

### **2.1 Ethical Considerations**

Before any data collection, this study received ethical approval for its conduct from the Institutional Review Board at United Arab Emirates University (reference number: ERSC\_2023\_2971).

### **2.2 Participants and Sampling**

Participants were invited to participate in the study using several strategies. First, undergraduate and graduate students from United Arab Emirates University were invited to participate in the survey through an email containing the study link sent from both the Clinical Psychology Department and UAEU Surveys. In addition, the study link was posted on social media platforms typically used by young adults. This study specifically targeted the participation of young adult females between 18 and 35 years living in the UAE, given that many previous studies of cosmetic surgery have found that women are more likely to undergo cosmetic procedures as compared to men (Brown et al., 2007; Delinsky, 2005; Hua, 2013). Moreover, selfie behavior, one of this study's primary variables of interest, has also been shown to occur more frequently among young adult women (Dhir et al., 2016; Slater et al., 2019; Taylor, 2014; Vendemia & DeAndrea, 2018).

### **2.3 Procedure**

The survey battery was administered using an electronic portal (Google Forms) (in Appendix B). The first page presented a consent form. The consent form consists of information about the nature of the study, affirming that participation is entirely voluntary, enabling participants to withdraw at any point, and assuring that responses will be kept confidential. In the beginning, participants were informed about the significant components of the study rather than about the tested hypotheses because participants' responses may be influenced by their knowledge of certain relationships. This page also contained contact details for the principal researchers. If participants agreed to participate, they provided their electronic consent by clicking next to proceed

to the next page. On the next page, participants were asked to complete a questionnaire divided into several sections. Each component reflects one of the measures in this study, which consisted of the following: socio-demographic information, the cosmetic surgery acceptance scale, selfie behavior questions, the Narcissistic Personality Inventory, and the Mature Religiosity Scale. The questionnaire takes approximately 15 minutes to complete for each participant. Following data collection, participants were fully informed about the purpose of the study in the debriefing form, with the option to withdraw from the study.

## **2.4 Design and Data Analysis**

This is a correlational study that aims to test the correlation between various variables (selfie behavior, narcissism, and religiosity) and the acceptance of cosmetic surgery. Moreover, this study aims to determine the significance of these variables as predictors of cosmetic surgery acceptance. In addition, this is a cross-sectional study, which means that data were collected at a single point. Selfie behavior, narcissism, and religiosity were considered the independent variables. Cosmetic surgery acceptance was considered as the dependent variable. Statistical analyses were conducted using IBM SPSS statistics, version 28. Descriptive statistics was used to report the frequencies of socio-demographic information, means, standard deviations, and frequencies of the four main variables of this study. The Pearson correlation coefficient was performed to investigate correlations between the independent variables (i.e., selfie behavior, narcissism, and religiosity) and the dependent variable (cosmetic surgery acceptance). In addition, a multiple linear regression was calculated to examine the significance of selfie behavior, narcissism, and religiosity as predictive factors of cosmetic surgery acceptance.

## **2.5 Assessment Measures**

Socio-demographic information. Participants were requested to provide socio-demographic information such as their gender, age, ethnicity, religion, education level, marital status, whether they have children or not, employment status, whether they have a mental health concern or not, whether they have a physical health illness or not.

The Acceptance of Cosmetic Surgery Scale. Participants were asked to complete the 15-item Acceptance of Cosmetic Surgery Scale (Henderson-King & Henderson-King, 2005) to investigate the reasons that encourage people to pursue cosmetic surgery. It comprises 15 items divided into three 5-item subscales: intrapersonal, social, and consideration. Intrapersonal aims to assess a person's views on the advantages of cosmetic surgery. The Social subscale evaluates a person's motive for undergoing cosmetic surgery. The Consider subscale investigates the likelihood that a person would consider cosmetic surgery. The questions are graded on a seven-point scale (1 = strongly disagree, 7 = strongly agree). These three subscales had greater convergent and discriminant validity scores, ranging from 0.84 to 0.95. Furthermore, the cosmetic surgery acceptance measure has high internal validity ( $r = 0.80$  for Intrapersonal,  $r = 0.62$  for Social, and  $r = 0.82$  for Consider). This scale was tested on young adult samples and shown to have high reliability and validity indications (Fan et al., 2019; Jackson & Chen, 2015; Sun, 2018).

Selfie behavior. Selfie behavior was examined using two questions derived from previous research (Dhir et al., 2016; Mehdizadeh, 2010; Sung et al., 2016; Y. Wang et al., 2020), "How frequently do you take individual selfies?" "How frequently do you post individual selfies on SNSs?" The response options ranged from 1 (very seldom) to 7 (very often). The two questions will be summed, with higher scores representing a greater frequency of selfie behavior.

The Narcissistic Personality Inventory. Participants were asked to complete the 16-item Narcissistic Personality Inventory (NPI) (Ames et al., 2006). The NPI is made up of 16 forced-choice dyads. Participants will select either the non-narcissistic response (recoded as 0, for example, "I prefer to blend in with the crowd") or the narcissistic response (recoded as 1, for example, "I like to be the center of attention"). This scale has a high-reliability indication ( $\alpha = 0.71$ ) (Biolcati & Passini, 2018). This scale's total score ranges from 0 to 16, with higher values indicating higher levels of narcissism.

The Mature Religiosity Scale. Participants were asked to complete the 16-item Mature Religiosity Scale (MRS) (Heitink et al., 2008). This scale assesses a person's faith and detects strengths and weaknesses in the person's religiousness. This scale aims to measure one's general religiousness. The participants' religiousness was assessed on

a five-point Likert scale ranging from 1 (totally agree) to 5 (totally disagree). This scale is highly reliable ( $\alpha = 0.92$ ) (Heitink et al., 2008).

## Chapter 3: Results

### 3.1 Descriptive Statistics of the Sample Demographic Characteristics

A descriptive analysis was performed to examine the descriptive statistics of the demographic characteristics of the study sample. Although 465 participants completed the survey, 115 did not meet the study's criteria (Note that the study's criteria are females between 18 and 35 years of age living in the UAE). These participants were excluded from further analysis. The final sample, therefore, consisted of a total of 350 participants, as shown in Table 3 (n=282, 18-25 years, 81%) (n= 68, 26-35 years, 19%), of which the whole sample were females (100%, n= 350). Most respondents were Arabs (n= 307, 88%), were Muslims (n=330, 94%), reported being single (n=316, 90%), reported not having children (n=333, 95%), reported not having mental health concerns (n= 254, 73%), and reported not having physical health concerns (n=300, 85%). Over half of the sample had completed above high school education (n =245, 70%). Table 3 illustrates all descriptive statistics of the sample demographics.

Table 3: Descriptive Statistics of the Sample Demographic Characteristics (n = 350)

| <b>Variable</b>        |              | <b>NO.</b> | <b>%</b> |
|------------------------|--------------|------------|----------|
| <b>Gender</b>          | Female       | 350        | 100      |
|                        | Male         | 0          | 0        |
| <b>Age</b>             | 18-25        | 282        | 80.60    |
|                        | 26-35        | 68         | 19.40    |
| <b>Ethnicity</b>       | Arab         | 307        | 87.70    |
|                        | Asian        | 24         | 6.90     |
|                        | Caucasian    | 10         | 2.90     |
|                        | African      | 6          | 1.70     |
|                        | Indian       | 2          | 0.60     |
|                        | Turkic       | 1          | 0.30     |
| <b>Religion</b>        | Islam        | 330        | 94.3     |
|                        | Christianity | 11         | 3.1      |
|                        | Hinduism     | 5          | 1.4      |
|                        | Agnostic     | 3          | .9       |
|                        | Atheist      | 1          | .3       |
| <b>Education level</b> | High School  | 105        | 30.0     |
|                        | Diploma      | 43         | 12.3     |

Table 3: Descriptive Statistics of the Sample Demographic Characteristics (n = 350)  
(Continued)

|                                      |                    |     |      |
|--------------------------------------|--------------------|-----|------|
|                                      | Bachelor           | 150 | 42.9 |
|                                      | Master             | 49  | 14.0 |
|                                      | Doctorate          | 3   | 0.9  |
| <b>Employment status</b>             | Student            | 267 | 76.3 |
|                                      | Employed           | 43  | 12.3 |
|                                      | Employed & Student | 21  | 6.0  |
|                                      | Unemployed         | 19  | 5.4  |
| <b>Marital status</b>                | Single             | 316 | 90.3 |
|                                      | Married            | 29  | 8.3  |
|                                      | Engaged            | 1   | .3   |
|                                      | Divorced           | 3   | .9   |
|                                      | Separated          | 1   | .3   |
| <b>Has children</b>                  | Yes                | 17  | 4.9  |
|                                      | No                 | 333 | 95.1 |
| <b>Has mental health concerns</b>    | Yes                | 96  | 27.4 |
|                                      | No                 | 254 | 72.6 |
| <b>Has physical health illnesses</b> | Yes                | 50  | 14.3 |
|                                      | No                 | 300 | 85.7 |

### 3.2 Correlational Analysis Between All Study Primary Variables

Bivariate correlations were calculated for all key variables, as shown in Table 3. Results revealed that SB positively correlates with the total ACS score ( $r=0.199$ ). The correlation is weak in magnitude ( $r=0.199$ ) but is statistically significant ( $p < 0.001$ ). In addition, Results revealed that R was negatively correlated with the total ACS score ( $r = -0.297$ ). The correlation is weak in magnitude ( $r=-0.297$ ) but statistically significant ( $p < 0.001$ ). Moreover, results revealed a positive association between the N score and the total ACS score ( $r = 0.090$ ). The correlation is weak in magnitude ( $r=0.090$ ) and statistically insignificant ( $p= 0.093$ ). Furthermore, results revealed that SB is positively correlated with N ( $r= 0.245$ ). The correlation is weak in magnitude ( $r= 0.245$ ) but is statistically significant ( $p < 0.001$ ). Table 4 illustrates these bivariate correlations.

Table 4: Correlational Analyses Between All Study Primary Variables

| Variables | 1        | 2       | 3      | 4 | M (SD)        |
|-----------|----------|---------|--------|---|---------------|
| 1. ACS    | —        |         |        |   | 51.80 (21.78) |
| 2. SB     | 0.199**  | —       |        |   | 6.34 (3.15)   |
| 3. N      | 0.090    | 0.245** | —      |   | 4.68 (3.22)   |
| 4. R      | -0.297** | -0.086  | -0.034 | — | 67.95 (10.43) |

Note. N= 350. ACS= Acceptance of Cosmetic Surgery; SB= Selfie Behavior; N= Narcissism; R= Religiosity.

\*\* p < 0.001 (99% Confidence Intervals (2-tailed)).

### 3.3 Correlational and Regression Analyses of the Study's Primary Variables and other Demographic and Primary Variables

A correlational analysis was performed to reveal any significant associations between the study's primary variables and the other demographic and primary variables. At the correlational level, Age was the only demographic variable with a significant association with a primary variable. Results revealed that age was negatively correlated with selfie behavior ( $r = -0.133$ ). The correlation is weak in magnitude ( $r = -0.133$ ) but statistically significant ( $p = 0.013$ ). Table 5 illustrates this bivariate correlation.

Table 5: Correlational Analysis of other Variables Significantly Associated with the Study's Primary Variables

| Variables | Pearson Correlation | Sig. (2-tailed) | 95% Confidence Intervals (2-tailed) <sup>a</sup> |        |
|-----------|---------------------|-----------------|--|--------|
|           |                     |                 | Lower  | Upper  |
| SB & A    | -0.133              | .013            | -0.235   | -0.029 |
| SB & N    | 0.245               | <0.001          | 0.143  | 0.341  |

Note. N=350. SB= Selfie Behavior; A= Age; N= Narcissism. \*\* p < .05 (95% Confidence Intervals (1-tailed)).

A linear regression analysis was conducted to determine if age and narcissism are predictors of selfie behavior, as shown in Table 5. At the regression level, age was found to be a significant predictor of selfie behavior,  $\beta = -0.118$  (b is a coefficient that

calculates the exact change in the DV when the IV is increased by one unit while keeping all other IVs constant, i.e., controlling for all other IVs),  $t = -2.280$ ,  $p = 0.023$ . Moreover, the regression level, narcissism, significantly predicted selfie behavior,  $\beta = 0.232$ ,  $t = 4.579$ ,  $p < 0.001$ . Results revealed a variance inflation factor value for all variables of (VIF= 1), which is less than ten and indicates moderate collinearity, and a tolerance of 0.99, which is more than 0.25 and indicates that there are no multicollinearity problems (absence of multicollinearity assumptions are met). A normal probability scatterplot was drawn to illustrate that homoscedasticity, normality, and linearity assumptions are met. Figure 1 illustrates this assumption. A significant regression equation was found  $F = 13.81$  (effect size),  $p < 0.001$  (significance of the effect) with an  $R^2$  of 0.068. Table 6 illustrates this linear regression.

Table 6: Regression Analysis of Other Variables Significantly Correlated with the Study's Main Variables

| Selfie Behaviour |                             |            |                                |        |         |           |                         |
|------------------|-----------------------------|------------|--------------------------------|--------|---------|-----------|-------------------------|
|                  | Unstandardized Coefficients |            | Standardized Coefficients Beta |        | Sig.    |           | Collinearity Statistics |
| Variable         | B                           | Std. Error | $\beta$                        | t      | p       | Tolerance | VIF                     |
| Age              | -0.937                      | 0.41       | -0.118                         | -2.280 | 0.023   | 0.99      | 1.00                    |
| Narcissism       | 0.232                       | 0.051      | 0.237                          | 4.579  | < 0.001 | 0.99      | 1.00                    |

A= Age; N= Narcissism. Adjusted  $R^2 = 0.068$ ,  $F = 13.81$ ,  $p < 0.001$

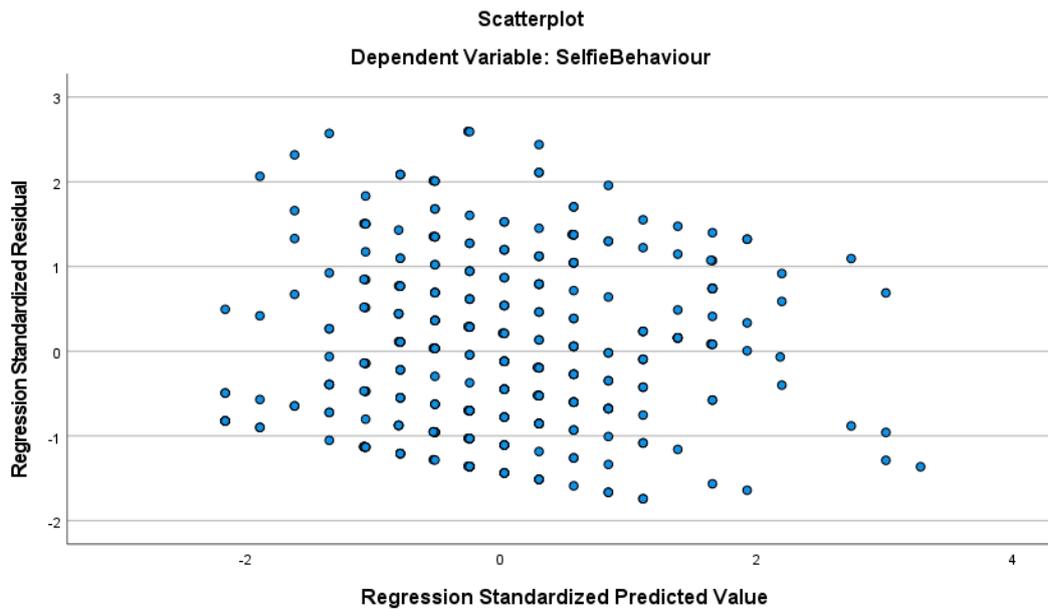


Figure 1: Normal probability plot- DV: Selfie-Behavior – IV: Age & Narcissism

### 3.4 Multiple Regression Analyses to Determine Significant Predictors of Cosmetic Surgery Acceptance

A multiple regression analysis was conducted to determine the significant predictors of cosmetic surgery acceptance. The influence of selfie behavior, narcissism, and religiosity on cosmetic surgery acceptance was investigated using multiple linear regression, as shown in Table 7. A regression is a statistical technique that connects one or more independent variables to a dependent variable. A regression model can indicate whether changes in the dependent variable are related to changes in one or more independent variables. Among the predictable variables, narcissism was found to have a non-significant effect on cosmetic surgery acceptance. However, selfie behavior and religiosity were found to be significant predictors of the outcome variable,  $\beta = 0.17$  (b is a coefficient that calculates the exact change in the DV when the IV is increased by one unit while keeping all other IVs constant, i.e., controlling for all other IVs),  $t = 3.16$ ,  $p = 0.002$ , and  $\beta = -0.28$ ,  $t = -5.57$ ,  $p < 0.001$ , respectively. Results revealed a variance inflation factor value for all variables of (VIF= 1), which is less than ten and indicates moderate collinearity, and a tolerance of 0.9, which is more than 0.25 and indicates that there are no multicollinearity problems (absence of multicollinearity assumptions are met). A normal probability scatterplot was drawn to illustrate that homoscedasticity,

normality, and linearity assumptions are met. Figure 2 illustrates this assumption. A significant regression equation was found  $F = 15.755$ ,  $p < 0.001$ , with an  $R^2$  of 0.113. Table 7 illustrates this multiple linear regression.

Table 7: Summary of Multiple Regression Analysis for Measures of Selfie Behavior, Narcissism, and Religiosity on Acceptance of Cosmetic Surgery

| Acceptance of Cosmetic Surgery |                             |            |                                |         |        |                         |      |
|--------------------------------|-----------------------------|------------|--------------------------------|---------|--------|-------------------------|------|
|                                | Unstandardized Coefficients |            | Standardized Coefficients Beta |         | Sig.   | Collinearity Statistics |      |
| Variable                       | B                           | Std. Error | $\beta$                        | t       | p      | Tolerance               | VIF  |
| Selfie Behaviour               | 1.14                        | 0.36       | 0.17                           | 3.16    | 0.002  | 0.93                    | 1.07 |
| Narcissism                     | 0.27                        | 0.35       | 0.04                           | 0.77    | 0.444  | 0.94                    | 1.06 |
| Religiosity                    | -0.59                       | 0.11       | -0.28                          | -5.57** | <0.001 | 0.99                    | 1.01 |

Adjusted  $R^2 = 0.113$ ,  $F = 15.755$ , \*\*  $p < 0.001$

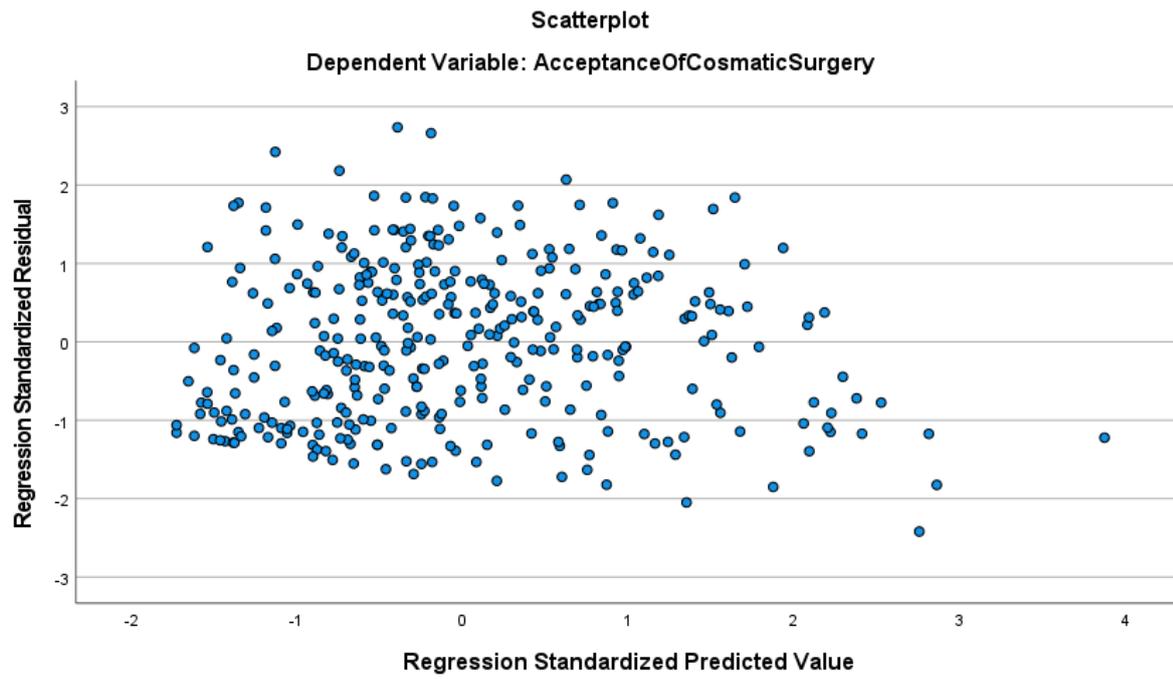


Figure 2: Normal Probability Plot- DV: Acceptance of Cosmetic Surgery – IV: Selfie Behaviour, Narcissism and Religiosity

## **Chapter 4: Discussion**

The current study aimed to understand whether there are associations between selfie behavior, narcissism, and religiosity and cosmetic surgery acceptance and whether these variables are potential predictors of cosmetic surgery acceptance. The following discussion section is organized according to the demographics, the study's non-hypothesized correlates, and key hypotheses. It ends with an evaluation of the study's implications and the limitations of the methodology employed.

### **4.1 Demographics**

The study's demographic characteristics were selected considering existing literature. The reason this study is exclusively conducted on young adult females is in line with the literature, which confirms females are more likely than males to take personal and group selfies, share personal selfies, crop images, and use photographic filters (Dhir et al., 2016; Slater et al., 2019; Vendemia & DeAndrea, 2018). This study's sample included young, primarily adult women aged 18-25 (81%) and 26-35 (19%). Regarding selfie-taking, publishing, and editing behavior, women had a more substantial predictive effect than males. Young adults were more inclined than older adults to take individual and group selfies and share and alter images (Dhir et al., 2016). The study's sample demographic characteristics are mostly Arabs (88%) and Muslims (94%). This is representative of the UAE population, which is predominantly an Arabic Muslim country.

### **4.2 Non-Hypothesized Significant Correlates**

Regarding non-hypothesized significant correlates within the sample's demographic characteristics, the analyses revealed a possible association between selfie behavior, one of the current study's primary variables, and age, one of the assessed demographic characteristics. This remained consistent after performing both correlational and regression analyses. This concurs with much of the literature that has, to date, found a negative correlation between age and selfie behavior, indicating that younger individuals tend to be more likely to engage in selfie-taking more frequently than older individuals. Diefenbach and Christoforakos (2017) explored the

psychological functions of selfies and found that younger individuals were more likely to take selfies, indicating a negative correlation with age (Diefenbach & Christoforakos, 2017).

Regarding non-hypothesized significant correlates among the study's primary variables, the analyses revealed a possible association between selfie behavior and narcissism. This remained consistent after performing both correlational and regression analyses. This is in line with much of the literature that has, to date, found a positive correlation between narcissism and selfie behavior, indicating that individuals with higher levels of narcissism tend to engage in selfie behavior more frequently than individuals with lower levels of narcissism. Previous research has shown that narcissism can possibly predict selfie-posting behavior (Fox & Rooney, 2015; Kim & Chock, 2017; Weiser, 2015).

### **4.3 Selfie Behavior and Acceptance of Cosmetic Surgery**

The present study also examined the association of selfie behavior with cosmetic surgery acceptance. Specifically, selfie behavior was assessed using two questions derived from previous research (Dhir et al., 2016; Mehdizadeh, 2010; Sung et al., 2016; Y. Wang et al., 2020) and cosmetic surgery acceptance was assessed using Acceptance of Cosmetic Surgery Scale (ACSS) (Henderson-King & Henderson-King, 2005) and formulated a hypothesis regarding their association. Hypothesis 1 predicted that the total score of the Acceptance of Cosmetic Surgery Scale would be positively associated with selfie behavior. Based on correlation and regression analyses, the Acceptance of Cosmetic Surgery Scale total score was statistically positively associated with selfie behavior. This relationship was evident, and the result was moderate in terms of magnitude ( $r = 0.2$ ) and strong in terms of significance ( $P < 0.001$ ). Individuals who are more intensely engaged in selfie behavior tend to be more likely to engage in cosmetic surgery and experience the psychopathological effects of this phenomenon. These results are consistent with previous studies on the association of selfie behavior with the individual's acceptability of cosmetic surgery (Chen et al., 2019; Lyu et al., 2022; Shome et al., 2020; Sun, 2021). This study revealed a possible positive relationship between selfie behavior and cosmetic surgery acceptance, as well as selfie behavior

being a possible predictor of cosmetic surgery acceptance (partially confirming hypothesis 4), implying that an increased selfie behavior is a possible risk factor for cosmetic surgery among young adult women in the UAE. Chen et al. (2019) found that individuals who modified their self-image (e.g., changed their body or face shape) had a higher mean acceptability of cosmetic surgery score than nonusers (Chen et al., 2019). One possible reason for this finding is that taking and retouching the selfie may have enhanced negative mood and facial dissatisfaction (Tiggemann et al., 2020). Mills et al. (2018) discovered that women who snapped and shared selfies on social media felt more worried, less confident, and less physically attractive than those instructed to read a neutral article online (Mills et al., 2018). As a result, increased selfie behavior may possibly lead to women feeling unsatisfied with their bodies, which may lead to an increase in cosmetic surgery and the psychopathological effects of this phenomenon.

#### **4.4 Narcissism and Acceptance of Cosmetic Surgery**

The present study also examined the association of narcissism with cosmetic surgery acceptance. Specifically, narcissism was assessed using the Narcissistic Personality Inventory (NPI) (Ames et al., 2006), and cosmetic surgery acceptance was assessed using the Acceptance of Cosmetic Surgery Scale (ACSS) (Henderson-King & Henderson-King, 2005) and formulated a hypothesis regarding their association. Hypothesis 2 predicted that the total score on the Acceptance of Cosmetic Surgery Scale would be positively associated with the total score on the Narcissistic Personality Inventory. Based on both correlation and regression analyses, the total score of the Acceptance of Cosmetic Surgery Scale was statistically not associated with the Narcissistic Personality Inventory score. The findings also indicated that narcissism was probably not predictive of acceptance of cosmetic surgery (partially disconfirming Hypothesis 4). This result contradicts another study's findings, which found increased levels of narcissism among cosmetic surgery patients (Khosravi & Nazari, 2015). This finding, however, is consistent with another study that looked at the association of narcissism with Iranian women's interest in cosmetic surgery (Kalantar-Hormozi et al., 2016). That study attributed narcissism's statistical insignificance to the use of the Single Item Narcissism Scale (SINS) as the narcissism measurement instrument (Konrath et al.,

2014). Despite the inclusion of the 16-item Narcissistic Personality Inventory (NPI) in the present study, narcissism was still not found to be possibly associated with cosmetic surgery acceptance. This could imply that the Narcissistic Personality Inventory utilized in the current study did not cover all characteristics of narcissism. Narcissism is characterized by the display of an exceptionally positive self-opinion and hypersensitivity to feedback in social situations (Morf & Rhodewalt, 2001). Narcissism is frequently classified as either pathological or non-pathological. Grandiose and vulnerable narcissism are characteristics of pathological narcissism. Grandiose narcissism is a particular type of narcissism that is marked by generally positive intrapersonal functioning and negative functioning in interpersonal relations (Campbell & Foster, 2011). Vulnerable narcissism, on the other hand, is defined as a type of self-worth that is highly dependent on the feedback of others, reactivity to ego threats from other people, a feeling of entitlement toward receiving positive evaluations, and a diminished need for bonds with others (Besser & Priel, 2010). Non-pathological narcissism, on the other hand, involves beliefs of authority, exploitativeness, vanity, and a need to be the center of attention (Miller & Campbell, 2011). Authority, exhibitionism, superiority, entitlement, exploitativeness, self-sufficiency, and vanity are all examined by the NPI (Raskin & Terry, 1988). The NPI assesses non-pathological narcissism but ignores pathological and vulnerable narcissism, implying that the current study's statistical insignificance of narcissism may be due to the measurement instrument.

#### **4.5 Religiosity and Acceptance of Cosmetic Surgery**

The present study also examined the association of religiosity with cosmetic surgery acceptance. Specifically, religiosity was assessed using the Mature Religiosity Scale (MRS) (Heitink et al., 2008), and cosmetic surgery acceptance was assessed using the Acceptance of Cosmetic Surgery Scale (ACSS) (Henderson-King & Henderson-King, 2005) and formulated a hypothesis regarding their association. Hypothesis 3 predicted that the total score on the Acceptance of Cosmetic Surgery Scale would be negatively associated with the total score on the Mature Religiosity Scale. Based on both correlation and regression analyses, the total score of the Acceptance of Cosmetic Surgery Scale was statistically negatively associated with religiosity. This relationship

was evident, and the result was moderate in terms of magnitude ( $r=0.3$ ) and strong in terms of significance ( $P < 0.001$ ). Less religious individuals were also more likely to engage in cosmetic surgery and experience the psychopathological effects of this phenomenon (H3). These findings discovered a possible negative relationship between religiosity and cosmetic surgery acceptance, as well as religiosity being a possible predictor of cosmetic surgery acceptance (partially confirming hypothesis 4). The possible negative association between religiosity and cosmetic surgery acceptance is consistent with previous studies (Furnham & Levitas, 2012; Han, 2017). The finding that increased religiosity was possibly linked with a negative opinion of cosmetic surgery was explained in previous literature. According to a study, people's religious views serve as their fundamental moral standards and frequently impact socially debated issues (Geyer & Baumeister, 2005). Cosmetic surgery, used to improve one's looks, affects how a person initially appears. This change is frequently interpreted as lying to and deceiving others, and misleading and dishonesty are typically contrary to the moral ideals that many religious systems advocate (Geyer & Baumeister, 2005; van Prooijen & van Lange, 2016). This finding implies the probability that women in the UAE with higher degrees of religiosity are possibly less likely to be favorable about cosmetic surgery than women with lower levels of religiosity.

#### **4.6 Implications**

This study's findings contribute to expanding our understanding of the possible psychosocial predictors of cosmetic surgery acceptance in the UAE, examining the role of selfie behavior, narcissism, and religiosity. Understanding these possible predictors may be needed for clinical psychologists who may work with individuals considering such procedures. It provides insights into the possible psychological and social factors that may contribute to body dissatisfaction and the desire for cosmetic enhancements. The study's clinical implications revolve around enhancing cultural sensitivity, identifying and addressing psychological factors associated with cosmetic surgery acceptance, and collaborating with other professionals to promote ethical and holistic approaches in the field. Given the possible association between selfie behavior and acceptance of cosmetic surgery, clinical psychologists should explore how engagement

in selfie culture may contribute to heightened awareness or dissatisfaction with one's appearance. Clinical psychologists should recognize the impact of social media on self-perception and body image. Clinical psychologists may want to include assessments of body image concerns, self-esteem, and selfie-related behaviors in their screenings. Identifying individuals with heightened concerns about their appearance can allow for early intervention and prevention of potential body image disorders. Clinical psychologists may use the findings of this study to possibly develop preventive interventions for individuals at risk of engaging in maladaptive behaviors related to cosmetic surgery. This may involve psychoeducation on healthy body image, self-acceptance, and coping strategies for dealing with societal pressures.

Understanding the possible association of cultural factors, such as religiosity and acceptance of cosmetic surgery, is necessary for clinical psychologists in the UAE. Because the UAE is predominantly Arabic-Muslim, this knowledge is vital in helping professionals tailor interventions and therapeutic approaches that respect and incorporate cultural beliefs and values. In addition, the possible negative association between religiosity and cosmetic surgery acceptance could inform clinical psychologists by prompting them to explore the underlying reasons for this association, such as moral and cultural factors, and tailor their therapeutic approaches accordingly. Understanding the possible correlation between religious beliefs, body image, and self-perception can contribute to more effective and culturally sensitive psychological interventions. Understanding the possible association between religiosity and cosmetic surgery acceptance can guide clinical psychologists in incorporating religious beliefs into therapeutic discussions.

Collaboration between clinical psychologists and cosmetic surgeons can be beneficial. Psychologists can provide pre-surgery assessments to identify potential psychological concerns or unrealistic expectations. This collaboration may contribute to more holistic and ethical practices in cosmetic surgery. The study's findings can be used to develop educational programs and public awareness campaigns to promote a healthy body image and challenge societal norms associated with the acceptance of cosmetic surgery. Clinical psychologists can play a role in designing and implementing such initiatives.

## 4.7 Limitations and Future Research

While these results provide valuable information regarding the possible factors associated with cosmetic surgery acceptance among young adult women in the UAE, there are certain limitations to be aware of. First, the highly subjective nature of the study's variables. Cosmetic surgery acceptance is influenced by diverse factors, including psychological, social, cultural, and individual differences, which may not be fully captured by quantitative measures alone. Therefore, it is essential to conduct future research with alternative study designs that prioritize listening to participants' voices. Qualitative study methods, such as focus groups or interviews, offer valuable insights into the nuanced motivations and perceptions surrounding cosmetic surgery.

Incorporating these qualitative approaches can provide a more holistic understanding of the phenomenon, allowing for a richer exploration of individuals' lived experiences and diverse perspectives. Second, given that this study is cross-sectional, it is not possible to make conclusions about the directionality of the findings. Future studies should use experimental or longitudinal designs to obtain further evidence concerning the causation between such variables. Third, there is an internal validity limitation relating to the research methodologies. The current study used a correlation and multiple regression analysis to investigate how selfie behavior, narcissism, and religiosity were related to one's acceptance of cosmetic surgery. However, data analysis based on correlation and multiple regression analyses makes determining causal relationships between variables difficult. Furthermore, extraneous factors that impact the relationships between the significant variables are challenging to detect and control. Confounding variables that have not been manipulated in the study decrease the current study's internal validity.

Fourth, because the current study's model was only tested on a sample of young women in the UAE, the findings may not be generalizable to a male sample. Future studies should examine this phenomenon in various samples, including men and adolescents. Fifth, while this study examines the possible predictors of cosmetic surgery acceptance within a non-clinical population, it is essential to recognize the generalizability limitations to clinical contexts. The individuals in this sample may not represent those facing clinical considerations related to cosmetic surgery. Therefore,

there is a need for further exploration within clinical populations. Future research should extend this research to clinical populations to improve the understanding of these constructs in the context of cosmetic surgery. Clinical samples may present unique considerations and motivations that differ from those detected in non-clinical settings. Incorporating clinical populations into the research framework will contribute to a more comprehensive understanding of the possible factors associated with attitudes toward cosmetic surgery acceptance across diverse contexts. Sixth, the current study used two questions to measure selfie behavior. The two questions examined two elements of selfie-related behavior: selfie-taking and selfie-sharing on social media. However, other selfie-related aspects were not measured, such as the motivations behind taking and sharing selfies, social competition, and attention-seeking aspects of selfie behavior. Future studies should use psychometrically sound measures which assess various aspects of selfie behavior. For instance, the Selfie Engagement Scale (SES) is a 19-item scale that assesses the frequency and motivations behind taking and sharing selfies (Boursier & Manna, 2018). Moreover, the Selfitis Behavior Scale is a 20-item scale that assesses the severity of "selfitis," or the obsessive taking of selfies (Balakrishnan & Griffiths, 2018). It measures factors such as environmental enhancement, social competition, and attention-seeking aspects of selfie behavior.

Lastly, this study found no significant association between narcissism and cosmetic surgery acceptance. The Narcissistic Personality Inventory assesses non-pathological narcissism but ignores pathological and vulnerable narcissism. This implies that the current study's statistical insignificance of narcissism may possibly be due to the measurement instrument. Future research should use psychometrically sound measures to gain a better understanding of the possible association between narcissism and interest in cosmetic surgery (Foster et al., 2015). Other personality traits, such as perfectionism (Fitzpatrick et al., 2011; Sherry et al., 2007), may also be possible predictors of acceptance of cosmetic surgery.

## **Chapter 5: Conclusion**

This study presents evidence of possible associations between selfie behavior, narcissism, religiosity, and acceptability of cosmetic surgery among young adult women in the UAE. The current study investigated a correlation model that revealed the possibility that increased selfie behavior is positively associated with the acceptance of cosmetic surgery. Furthermore, the current study found a lack of significant association between narcissism and cosmetic surgery acceptance. Moreover, the current study uncovered the possibility that lower degrees of religiosity are associated with increased cosmetic surgery acceptance. The findings revealed the likelihood of selfie behavior as well as religiosity being possible predictors of cosmetic surgery acceptance in young adult women in the UAE. The findings are significant considering the rise in cosmetic surgery among young adult women in the UAE. The study's clinical implications revolve around enhancing cultural sensitivity, identifying and addressing factors associated with cosmetic surgery acceptance, and collaborating with other professionals to promote ethical and holistic approaches in the field.

## References

- Adams, K. E., Tyler, J. M., Calogero, R., & Lee, J. (2017). Exploring the relationship between appearance-contingent self-worth and self-esteem: The roles of self-objectification and appearance anxiety. *Body Image, 23*, 176–182.
- Alkarzae, M., Aldosari, B., Alalula, L., Almuhaya, R., & Alawadh, I. (2020). The effect of selfies on cosmetic surgery. *ENT Updates, 10*(1), 251–260.
- Alston, J. P. (1975). Three measures of current levels of religiosity. *Journal for the Scientific Study of Religion, 14*, 165–168.
- Ames, D. R., Rose, P., & Anderson, C. P. (2006). The NPI-16 as a short measure of narcissism. *Journal of Research in Personality, 40*(4), 440–450.
- Amirazodi, F., & Amirazodi, M. (2011). Personality traits and self-esteem. *Procedia-Social and Behavioral Sciences, 29*, 713–716.
- Amiri, L., Galadari, H., Al Mugaddam, F., Souid, A. K., Stip, E., & Javaid, S. F. (2021). Perception of cosmetic procedures among Middle Eastern Youth. *The Journal of Clinical and Aesthetic Dermatology, 14*(12), E74.
- Arab, K., Barasain, O., Altaweel, A., Alkhayyal, J., Alshiha, L., Barasain, R., Alessa, R., & Alshaalan, H. (2019). Influence of social media on the decision to undergo a cosmetic procedure. *Plastic and Reconstructive Surgery Global Open, 7*(8).
- Asimakopoulou, E., Zavrides, H., & Askitis, T. (2019). The impact of aesthetic plastic surgery on body image, body satisfaction and self-esteem. *Acta Chirurgiae Plasticae, 61*(1–4), 3–9.
- Balakrishnan, J., & Griffiths, M. D. (2018). An Exploratory Study of “Selfitis” and the Development of the Selfitis Behavior Scale. *International Journal of Mental Health and Addiction, 16*(3), 722–736. <https://doi.org/10.1007/s11469-017-9844-x>
- Barahmand, U., Mozdsetan, N., & Narimani, M. (2010). Body dysmorphic traits and personality disorder patterns in rhinoplasty seekers. *Asian Journal of Psychiatry, 3*(4), 194–199.
- Besser, A., & Priel, B. (2010). Grandiose Narcissism Versus Vulnerable Narcissism in Threatening Situations: Emotional Reactions to Achievement Failure and Interpersonal Rejection. *Journal of Social and Clinical Psychology, 29*(8), 874–902. <https://doi.org/10.1521/jscp.2010.29.8.874>

- Biolcati, R. (2017). The role of self-esteem and fear of negative evaluation in compulsive buying. *Frontiers in Psychiatry*, 8, 74.
- Biolcati, R., & Passini, S. (2018). Narcissism and self-esteem: Different motivations for selfie posting behaviors. *Cogent Psychology*, 5(1), 1437012. <https://doi.org/10.1080/23311908.2018.1437012>
- Biolcati, R., Passini, S., & Griffiths, M. D. (2015). All-in and Bad Beat: Professional Poker Players and Pathological Gambling. *International Journal of Mental Health and Addiction*, 13(1), 19–32. <https://doi.org/10.1007/s11469-014-9506-1>
- Boursier, V., & Manna, V. (2018). Selfie expectancies among adolescents: Construction and validation of an instrument to assess expectancies toward selfies among boys and girls. *Frontiers in Psychology*, 9, 839.
- Brown, A., Furnham, A., Glanville, L., & Swami, V. (2007). Factors that affect the likelihood of undergoing cosmetic surgery. *Aesthetic Surgery Journal*, 27(5), 501–508.
- Buffardi, L. E., & Campbell, W. K. (2008). Narcissism and Social Networking Web Sites. *Personality and Social Psychology Bulletin*, 34(10), 1303–1314. <https://doi.org/10.1177/0146167208320061>
- Burkhart, L., & Solari-Twadell, A. (2001). Spirituality and Religiousness: Differentiating the Diagnoses Through a Review of the Nursing Literature. *International Journal of Nursing Terminologies and Classifications*, 12(2), 45–54. <https://doi.org/10.1111/j.1744-618X.2001.tb00118.x>
- Campbell, W. K. (2001). Is narcissism really so bad? *Psychological Inquiry*, 12(4), 214–216.
- Campbell, W. K., & Foster, J. D. (2011). The narcissistic self: Background, an extended agency model, and ongoing controversies. In *The self* (pp. 115–138). Psychology Press. <https://www.taylorfrancis.com/chapters/edit/10.4324/9780203818572-8/narcissistic-self-background-extended-agency-model-ongoing-controversies-keith-campbell-joshua-foster>
- Campbell, W. K., Rudich, E. A., & Sedikides, C. (2002). Narcissism, Self-Esteem, and the Positivity of Self-Views: Two Portraits of Self-Love. *Personality and Social Psychology Bulletin*, 28(3), 358–368. <https://doi.org/10.1177/0146167202286007>

- Cash, T., Fleming, E., Alindogan, J., Steadman, L., & Whitehead, A. (2002). Beyond Body Image as a Trait: The Development and Validation of the Body Image States Scale. *Eating Disorders, 10*(2), 103–113.  
<https://doi.org/10.1080/10640260290081678>
- Castle, D. J., Honigman, R. J., & Phillips, K. A. (2002). Does cosmetic surgery improve psychosocial wellbeing? *Medical Journal of Australia, 176*(12), 601–604.
- Chen, J., Ishii, M., Bater, K. L., Darrach, H., Liao, D., Huynh, P. P., Reh, I. P., Nellis, J. C., Kumar, A. R., & Ishii, L. E. (2019). Association between the use of social media and photograph editing applications, self-esteem, and cosmetic surgery acceptance. *JAMA Facial Plastic Surgery, 21*(5), 361–367.
- Ching, B. H.-H., & Xu, J. T. (2019). Understanding cosmetic surgery consideration in Chinese adolescent girls: Contributions of materialism and sexual objectification. *Body Image, 28*, 6–15.
- Choi, T. R., Sung, Y., Lee, J.-A., & Choi, S. M. (2017). Get behind my selfies: The Big Five traits and social networking behaviors through selfies. *Personality and Individual Differences, 109*, 98–101.
- Chua, T. H. H., & Chang, L. (2016). Follow me and like my beautiful selfies: Singapore teenage girls' engagement in self-presentation and peer comparison on social media. *Computers in Human Behavior, 55*, 190–197.
- Cochran, J. K., Chamlin, M. B., Beeghley, L., Harnden, A., & Blackwell, B. S. (1996). Religious stability, endogamy, and the effects of personal religiosity on attitudes toward abortion. *Sociology of Religion, 57*(3), 291–309.
- Cosmetic and plastic surgery boom in the UAE. (n.d.). *WEDC*. Retrieved December 16, 2023, from <https://wedc.org/export/market-intelligence/posts/cosmetic-and-plastic-surgery-boom-in-the-uae/>
- De Vries, D. A., Peter, J., Nikken, P., & De Graaf, H. (2014). The Effect of Social Network Site Use on Appearance Investment and Desire for Cosmetic Surgery Among Adolescent Boys and Girls. *Sex Roles, 71*(9–10), 283–295.  
<https://doi.org/10.1007/s11199-014-0412-6>
- Delinsky, S. S. (2005). Cosmetic Surgery: A Common and Accepted Form of Self-Improvement?1. *Journal of Applied Social Psychology, 35*(10), 2012–2028.  
<https://doi.org/10.1111/j.1559-1816.2005.tb02207.x>

- Desmond, S. A., & Kraus, R. (2014). The Effects of Importance of Religion and Church Attendance on Adolescents' Moral Beliefs. *Sociological Focus*, *47*(1), 11–31. <https://doi.org/10.1080/00380237.2014.853282>
- Dhir, A., Pallesen, S., Torsheim, T., & Andreassen, C. S. (2016). Do age and gender differences exist in selfie-related behaviours? *Computers in Human Behavior*, *63*, 549–555.
- Diefenbach, S., & Christoforakos, L. (2017). The selfie paradox: Nobody seems to like them yet everyone has reasons to take them. An exploration of psychological functions of selfies in self-presentation. *Frontiers in Psychology*, *7*.
- Economides, J. M., Fan, K. L., & Pittman, T. A. (2019). An analysis of plastic surgeons' social media use and perceptions. *Aesthetic Surgery Journal*, *39*(7), 794–802.
- Emery, R. E., & Taylor, S. (2006). *Abnormal psychology*. Pearson Prentice Hall.
- Evans, E. H., Tovée, M. J., Boothroyd, L. G., & Drewett, R. F. (2013). Body dissatisfaction and disordered eating attitudes in 7-to 11-year-old girls: Testing a sociocultural model. *Body Image*, *10*(1), 8–15.
- Fan, X., Deng, N., Dong, X., Lin, Y., & Wang, J. (2019). Do others' self-presentation on social media influence individual's subjective well-being? A moderated mediation model. *Telematics and Informatics*, *41*, 86–102.
- Fitzpatrick, S., Sherry, S., Hartling, N., Hewitt, P., Flett, G., & Sherry, D. (2011). Narcissism, perfectionism, and interest in cosmetic surgery. *Plastic and Reconstructive Surgery*, *127*(6), 176e–177e.
- Fogel, J., & King, K. (2014). Perceived realism and Twitter use are associated with increased acceptance of cosmetic surgery among those watching reality television cosmetic surgery programs. *Plastic and Reconstructive Surgery*, *134*(2), 233–238.
- Foster, J. D., & Campbell, W. K. (2007). Are there such things as “narcissists” in social psychology? A taxometric analysis of the Narcissistic Personality Inventory. *Personality and Individual Differences*, *43*(6), 1321–1332.
- Foster, J. D., McCain, J. L., Hibberts, M. F., Brunell, A. B., & Johnson, R. B. (2015). The Grandiose Narcissism Scale: A global and facet-level measure of grandiose narcissism. *Personality and Individual Differences*, *73*, 12–16.
- Fox, J., & Rooney, M. C. (2015). The Dark Triad and trait self-objectification as predictors of men's use and self-presentation behaviors on social networking sites. *Personality and Individual Differences*, *76*, 161–165.

- Furnham, A., & Levitas, J. (2012). Factors that motivate people to undergo cosmetic surgery. *Canadian Journal of Plastic Surgery*, 20(4), 47–50.  
<https://doi.org/10.1177/229255031202000406>
- Geyer, A. L., & Baumeister, R. F. (2005). Religion, Morality, and Self-Control: Values, Virtues, and Vices. In *Handbook of the psychology of religion and spirituality* (pp. 412–432). The Guilford Press.
- Gimlin, D. (2007). Accounting for Cosmetic Surgery in the USA and Great Britain: A Cross-cultural Analysis of Women’s Narratives. *Body & Society*, 13(1), 41–60.  
<https://doi.org/10.1177/1357034X07074778>
- Gimlin, D. (2010). Imagining the Other in Cosmetic Surgery. *Body & Society*, 16(4), 57–76. <https://doi.org/10.1177/1357034X10383881>
- Grabe, S., Ward, L. M., & Hyde, J. S. (2008). The role of the media in body image concerns among women: A meta-analysis of experimental and correlational studies. *Psychological Bulletin*, 134(3), 460.
- Han, E. J. (2017). *Potential Predictors that Influence Women to Undergo Cosmetic Surgery*. Retrieved December 16, 2023, from  
<https://digitalcommons.liberty.edu/honors/723/>
- Heitink, G., van Uden, M., de Vries-Schot, M., & Pieper, J. (2008). Healthy religiosity and salutary faith: Clarification of concepts from the perspectives of psychology, psychiatry and of theology. *Journal of Empirical Theology*, 21(1), 88–108.
- Henderson-King, D., & Brooks, K. D. (2009). Materialism, Sociocultural Appearance Messages, and Paternal Attitudes Predict College Women’s Attitudes About Cosmetic Surgery. *Psychology of Women Quarterly*, 33(1), 133–142.  
<https://doi.org/10.1111/j.1471-6402.2008.01480.x>
- Henderson-King, D., & Henderson-King, E. (2005). Acceptance of cosmetic surgery: Scale development and validation. *Body Image*, 2(2), 137–149.
- Hill, P. C., & Hood, R. W. (1999). *Measures of religiosity*. Religious Education Press Birmingham, AL. [https://www.researchgate.net/profile/Bob-Lew/post/How\\_to\\_measure\\_Religiosity/attachment/59d63ba779197b8077998ace/AS%3A419378475618305%401476999028454/download/Measures+of+Religiosity%2C+Hill+%26+Hood+%281999%29%2C+pp+001-100.pdf](https://www.researchgate.net/profile/Bob-Lew/post/How_to_measure_Religiosity/attachment/59d63ba779197b8077998ace/AS%3A419378475618305%401476999028454/download/Measures+of+Religiosity%2C+Hill+%26+Hood+%281999%29%2C+pp+001-100.pdf)

- Hua, W. (2013). *Buying beauty: Cosmetic surgery in China* (Vol. 1). Hong Kong university press.  
[https://books.google.com/books?hl=en&lr=&id=18g1W5CKmDUC&oi=fnd&pg=PR7&dq=Hua,+W.+\(2013\).+Buying+beauty:+Cosmetic+surgery+in+China+\(Vol.+1\).+Hong+Kong+University+Press.&ots=pVHLMVjb6R&sig=AqUio\\_i8vojHxcHPR1U0ucap2w](https://books.google.com/books?hl=en&lr=&id=18g1W5CKmDUC&oi=fnd&pg=PR7&dq=Hua,+W.+(2013).+Buying+beauty:+Cosmetic+surgery+in+China+(Vol.+1).+Hong+Kong+University+Press.&ots=pVHLMVjb6R&sig=AqUio_i8vojHxcHPR1U0ucap2w)
- Jackson, T., & Chen, H. (2015). Predictors of Cosmetic Surgery Consideration Among Young Chinese Women and Men. *Sex Roles, 73*(5–6), 214–230.  
<https://doi.org/10.1007/s11199-015-0514-9>
- Javo, I. M., & Sørli, T. (2009). Psychosocial predictors of an interest in cosmetic surgery among young Norwegian women: A population-based study. *Plastic and Reconstructive Surgery, 124*(6), 2142–2148.
- Judge, T. A., & Bono, J. E. (2001). Relationship of core self-evaluations traits—self-esteem, generalized self-efficacy, locus of control, and emotional stability—with job satisfaction and job performance: A meta-analysis. *Journal of Applied Psychology, 86*(1), 80.
- Jung, J., & Hwang, C. S. (2016). Associations between attitudes toward cosmetic surgery, celebrity worship, and body image among South Korean and US female college students. *Fashion and Textiles, 3*(1), 17. <https://doi.org/10.1186/s40691-016-0069-6>
- Kalantar-Hormozi, A., Jamali, R., & Atari, M. (2016). Interest in cosmetic surgery among Iranian women: The role of self-esteem, narcissism, and self-perceived attractiveness. *European Journal of Plastic Surgery, 39*(5), 359–364.  
<https://doi.org/10.1007/s00238-016-1185-7>
- Khosravi, M., & Nazari, M. (2015). The study of relationship between narcissistic disorder and body dysmorphic between applicants and non-applicants for nose cosmetic surgery. *Journal of Shahrekord University of Medical Sciences, 17*(3).
- Kim, J. W., & Chock, T. M. (2017). Personality traits and psychological motivations predicting selfie posting behaviors on social networking sites. *Telematics and Informatics, 34*(5), 560–571.
- Konrath, S., Meier, B. P., & Bushman, B. J. (2014). Development and validation of the single item narcissism scale (SINS). *PLOS One, 9*(8), e103469.
- Leung, L. (2013). Generational differences in content generation in social media: The roles of the gratifications sought and of narcissism. *Computers in Human Behavior, 29*(3), 997–1006.

- Lijtmaer, R. (2010). The Beauty and the Beast Inside: The American Beauty—Does Cosmetic Surgery Help? *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, *38*(2), 203–217.  
<https://doi.org/10.1521/jaap.2010.38.2.203>
- Lowery, S. E., Kurpius, S. E. R., Befort, C., Blanks, E. H., Sollenberger, S., Nicpon, M. F., & Huser, L. (2005). Body image, self-esteem, and health-related behaviors among male and female first year college students. *Journal of College Student Development*, *46*(6), 612–623.
- Lyu, Z., Jiao, Y., Zheng, P., & Zhong, J. (2022). Why do selfies increase young women’s willingness to consider cosmetic surgery in China? The mediating roles of body surveillance and body shame. *Journal of Health Psychology*, *27*(5), 1205–1217. <https://doi.org/10.1177/1359105321990802>
- Markey, C. N., & Markey, P. M. (2009). Correlates of Young Women’s Interest in Obtaining Cosmetic Surgery. *Sex Roles*, *61*(3–4), 158–166.  
<https://doi.org/10.1007/s11199-009-9625-5>
- Markey, C. N., & Markey, P. M. (2010). A correlational and experimental examination of reality television viewing and interest in cosmetic surgery. *Body Image*, *7*(2), 165–171.
- Markey, C. N., & Markey, P. M. (2012). Emerging adults’ responses to a media presentation of idealized female beauty: An examination of cosmetic surgery in reality television. *Psychology of Popular Media Culture*, *1*(4), 209.
- McLean, S. A., Jarman, H. K., & Rodgers, R. F. (2019). How do “selfies” impact adolescents’ well-being and body confidence? A narrative review. *Psychology Research and Behavior Management*, *Volume 12*, 513–521.  
<https://doi.org/10.2147/PRBM.S177834>
- McLean, S. A., Paxton, S. J., Wertheim, E. H., & Masters, J. (2015). Photoshopping the selfie: Self photo editing and photo investment are associated with body dissatisfaction in adolescent girls. *International Journal of Eating Disorders*, *48*(8), 1132–1140. <https://doi.org/10.1002/eat.22449>
- Mehdizadeh, S. (2010). Self-Presentation 2.0: Narcissism and Self-Esteem on Facebook. *Cyberpsychology, Behavior, and Social Networking*, *13*(4), 357–364.  
<https://doi.org/10.1089/cyber.2009.0257>

- Miller, J. D., & Campbell, W. K. (2011). Addressing Criticisms of the Narcissistic Personality Inventory (NPI). In W. K. Campbell & J. D. Miller (Eds.), *The Handbook of Narcissism and Narcissistic Personality Disorder* (1st ed., pp. 146–152). Wiley. <https://doi.org/10.1002/9781118093108.ch13>
- Mills, J. S., Musto, S., Williams, L., & Tiggemann, M. (2018). “Selfie” harm: Effects on mood and body image in young women. *Body Image, 27*, 86–92.
- Mohammadzadeh, A. (2014). Studying narcissistic traits and inferiority feelings among patients seeking cosmetic surgery. *International Journal of Behavioral Sciences, 8*(3), 213–218.
- Mohammed, D. I., & Ibrahim, R. H. (2023). Exploring the impact of psychological factors on cosmetic surgery acceptance: A cross-sectional study. *Informatics in Medicine Unlocked, 39*, 101231.
- Montemurro, P., Cheema, M., & Hedén, P. (2018). Patients’ and surgeons’ perceptions of social media’s role in the decision making for primary aesthetic breast augmentation. *Aesthetic Surgery Journal, 38*(10), 1078–1084.
- Montemurro, P., Porcnik, A., Hedén, P., & Otte, M. (2015). The Influence of Social Media and Easily Accessible Online Information on the Aesthetic Plastic Surgery Practice: Literature Review and Our Own Experience. *Aesthetic Plastic Surgery, 39*(2), 270–277. <https://doi.org/10.1007/s00266-015-0454-3>
- Morf, C. C., & Rhodewalt, F. (2001). Unraveling the Paradoxes of Narcissism: A Dynamic Self-Regulatory Processing Model. *Psychological Inquiry, 12*(4), 177–196. [https://doi.org/10.1207/S15327965PLI1204\\_1](https://doi.org/10.1207/S15327965PLI1204_1)
- Morrison, C. M., Rotemberg, S. C., Moreira-Gonzalez, A., & Zins, J. E. (2008). A survey of cosmetic surgery training in plastic surgery programs in the United States. *Plastic and Reconstructive Surgery, 122*(5), 1570–1578.
- Niu, G., Sun, L., Liu, Q., Chai, H., Sun, X., & Zhou, Z. (2020). Selfie-Posting and Young Adult Women’s Restrained Eating: The Role of Commentary on Appearance and Self-Objectification. *Sex Roles, 82*(3–4), 232–240. <https://doi.org/10.1007/s11199-019-01045-9>
- Ong, E. Y., Ang, R. P., Ho, J. C., Lim, J. C., Goh, D. H., Lee, C. S., & Chua, A. Y. (2011). Narcissism, extraversion and adolescents’ self-presentation on Facebook. *Personality and Individual Differences, 50*(2), 180–185.

- Özgür, E., Muluk, N., & Cingi, C. (2017). Is Selfie a New Cause of Increasing Rhinoplasties? *Facial Plastic Surgery*, 33(04), 423–427.  
<https://doi.org/10.1055/s-0037-1603781>
- Phillips, K. A. (2009). *Understanding body dysmorphic disorder*. Oxford University Press.  
[https://books.google.com/books?hl=en&lr=&id=k9jQCwAAQBAJ&oi=fnd&pg=PR9&dq=Phillips,+K.+A.+\(2005\).+Understanding+body+dysmorphic+disorder:+An+essential+guide.+Oxford+University+Press.&ots=CJL7S9UFv1&sig=fBaaUmC7VvvpG4-DzScvGwxnGyg](https://books.google.com/books?hl=en&lr=&id=k9jQCwAAQBAJ&oi=fnd&pg=PR9&dq=Phillips,+K.+A.+(2005).+Understanding+body+dysmorphic+disorder:+An+essential+guide.+Oxford+University+Press.&ots=CJL7S9UFv1&sig=fBaaUmC7VvvpG4-DzScvGwxnGyg)
- Plastic surgery among top five procedures of health tourism in Dubai | Health – Gulf News. (2018, February 18). Retrieved December 16, 2023, from <https://gulfnews.com/uae/health/plastic-surgery-among-top-five-procedures-of-health-tourism-in-dubai-1.2175202>
- Powell, E., Wang-Hall, J., Bannister, J. A., Colera, E., & Lopez, F. G. (2018). Attachment security and social comparisons as predictors of Pinterest users' body image concerns. *Computers in Human Behavior*, 83, 221–229.
- Ramphul, K., & Mejias, S. G. (2018). Is "Snapchat Dysmorphia" a real issue? *Cureus*, 10(3). Retrieved January 18, 2023, from <https://www.cureus.com/articles/11237-is-snapchat-dysmorphia-a-real-issue.pdf>
- Raskin, R., & Terry, H. (1988). A principal-components analysis of the Narcissistic Personality Inventory and further evidence of its construct validity. *Journal of Personality and Social Psychology*, 54(5), 890.
- Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). *Acceptance and Commitment Therapy. Measures Package*, 61(52), 18.
- Roysircar, G. (2003). Religious Differences: Psychological and Sociopolitical Aspects of Counseling. *International Journal for the Advancement of Counselling*, 25(4), 255–267. <https://doi.org/10.1023/B:ADCO.0000005525.71147.e8>
- Rumsey, N., & Harcourt, D. (2012). *Oxford handbook of the psychology of appearance*. OUP Oxford.  
[https://books.google.com/books?hl=en&lr=&id=wa8eaCHmRP8C&oi=fnd&pg=PP1&dq=Rumsey,+N.,+%26+Harcourt,+D.+\(Eds.\).+\(2012\).+Oxford+handbook+of+the+psychology+of+appearance.+OUP+Oxford.&ots=\\_02-U4Ntso&sig=t-29kxt7dYvbQdjUZfh1aPIpag](https://books.google.com/books?hl=en&lr=&id=wa8eaCHmRP8C&oi=fnd&pg=PP1&dq=Rumsey,+N.,+%26+Harcourt,+D.+(Eds.).+(2012).+Oxford+handbook+of+the+psychology+of+appearance.+OUP+Oxford.&ots=_02-U4Ntso&sig=t-29kxt7dYvbQdjUZfh1aPIpag)

- Sansone, R. A., & Sansone, L. A. (2007). Cosmetic surgery and psychological issues. *Psychiatry (Edgmont)*, *4*(12), 65.
- Sarwer, D. B. (2019). Body image, cosmetic surgery, and minimally invasive treatments. *Body Image*, *31*, 302–308.
- Sarwer, D. B., Cash, T. F., Magee, L., Williams, E. F., Thompson, J. K., Roehrig, M., Tantleff-Dunn, S., Agliata, A. K., Wilfley, D. E., & Amidon, A. D. (2005). Female college students and cosmetic surgery: An investigation of experiences, attitudes, and body image. *Plastic and Reconstructive Surgery*, *115*(3), 931–938.
- Sarwer, D. B., & Crerand, C. E. (2004). Body image and cosmetic medical treatments. *Body Image*, *1*(1), 99–111.
- Sarwer, D. B., Grossbart, T. A., & Didie, E. R. (2003). Beauty and society. *Seminars in Cutaneous Medicine and Surgery*, *22*(2), 79–92.  
<https://europepmc.org/article/med/12877227>
- Sarwer, D. B., Wadden, T. A., Pertschuk, M. J., & Whitaker, L. A. (1998). The psychology of cosmetic surgery: A review and reconceptualization. *Clinical Psychology Review*, *18*(1), 1–22.
- Senft, T. M., & Baym, N. K. (2015). What does the selfie say? Investigating a global phenomenon. *International Journal of Communication*, *9*(Feature), 1588–1606.
- Sharp, G., Tiggemann, M., & Mattiske, J. (2014). The role of media and peer influences in Australian women's attitudes towards cosmetic surgery. *Body Image*, *11*(4), 482–487.
- Sherry, S. B., Hewitt, P. L., Flett, G. L., & Lee-Baggley, D. L. (2007). Perfectionism and undergoing cosmetic surgery. *European Journal of Plastic Surgery*, *29*(8), 349–354. <https://doi.org/10.1007/s00238-007-0109-y>
- Shome, D., Vadera, S., Male, S. R., & Kapoor, R. (2020). Does taking selfies lead to increased desire to undergo cosmetic surgery. *Journal of Cosmetic Dermatology*, *19*(8), 2025–2032. <https://doi.org/10.1111/jocd.13267>
- Slater, A., Cole, N., & Fardouly, J. (2019). The effect of exposure to parodies of thin-ideal images on young women's body image and mood. *Body Image*, *29*, 82–89.
- Sorokowska, A., Oleszkiewicz, A., Frackowiak, T., Pisanski, K., Chmiel, A., & Sorokowski, P. (2016). Selfies and personality: Who posts self-portrait photographs? *Personality and Individual Differences*, *90*, 119–123.

- Sorokowski, P., Sorokowska, A., Oleszkiewicz, A., Frackowiak, T., Huk, A., & Pisanski, K. (2015). Selfie posting behaviors are associated with narcissism among men. *Personality and Individual Differences, 85*, 123–127.
- Storch, E. A., & Storch, J. B. (2001). Organizational, Nonorganizational, and Intrinsic Religiosity and Academic Dishonesty. *Psychological Reports, 88*(2), 548–552. <https://doi.org/10.2466/pr0.2001.88.2.548>
- Sun, Q. (2018). Materialism, self-objectification, and capitalization of sexual attractiveness increase young Chinese women's willingness to consider cosmetic surgery. *Frontiers in Psychology, 9*, 2002.
- Sun, Q. (2021). Selfie Editing and Consideration of Cosmetic Surgery Among Young Chinese Women: The Role of Self-Objectification and Facial Dissatisfaction. *Sex Roles, 84*(11–12), 670–679. <https://doi.org/10.1007/s11199-020-01191-5>
- Sung, Y., Lee, J.-A., Kim, E., & Choi, S. M. (2016). Why we post selfies: Understanding motivations for posting pictures of oneself. *Personality and Individual Differences, 97*, 260–265.
- Swami, V. (2009). Body appreciation, media influence, and weight status predict consideration of cosmetic surgery among female undergraduates. *Body Image, 6*(4), 315–317.
- Swami, V., Hadji-Michael, M., & Furnham, A. (2008). Personality and individual difference correlates of positive body image. *Body Image, 5*(3), 322–325. <https://doi.org/10.1016/j.bodyim.2008.03.007>
- Swami, V., Hwang, C.-S., & Jung, J. (2012). Factor structure and correlates of the acceptance of cosmetic surgery scale among South Korean university students. *Aesthetic Surgery Journal, 32*(2), 220–229.
- Tajmeeli releases original data about growing cosmetic surgery market in the Arab World. (2021, November 3). Retrieved December 16, 2023, from <https://tajmeeli.com/en/tajmeeli-annual-survey-data/>
- Taylor, P. (2014). *More than half of Millennials have shared a 'selfie'*. Retrieved December 16, 2023, from <https://policycommons.net/artifacts/620341/more-than-half-of-millennials-have-shared-a-selfie/1601550/>
- Tiggemann, M., Anderberg, I., & Brown, Z. (2020). Uploading your best self: Selfie editing and body dissatisfaction. *Body Image, 33*, 175–182.

- van den Berg, P., Paxton, S. J., Keery, H., Wall, M., Guo, J., & Neumark-Sztainer, D. (2007). Body dissatisfaction and body comparison with media images in males and females. *Body Image, 4*(3), 257–268.
- van Prooijen, J.-W., & van Lange, P. A. (2016). *Cheating, corruption, and concealment: The roots of dishonesty*. Cambridge University Press.
- Vardanian, A. J., Kusnezov, N., Im, D. D., Lee, J. C., & Jarrahy, R. (2013). Social media use and impact on plastic surgery practice. *Plastic and Reconstructive Surgery, 131*(5), 1184–1193.
- Vazire, S., Naumann, L. P., Rentfrow, P. J., & Gosling, S. D. (2008). Portrait of a narcissist: Manifestations of narcissism in physical appearance. *Journal of Research in Personality, 42*(6), 1439–1447.
- Vendemia, M. A., & DeAndrea, D. C. (2018). The effects of viewing thin, sexualized selfies on Instagram: Investigating the role of image source and awareness of photo editing practices. *Body Image, 27*, 118–127.
- von Soest, T., Kvalem, I. L., Roald, H. E., & Skolleborg, K. C. (2009). The effects of cosmetic surgery on body image, self-esteem, and psychological problems. *Journal of Plastic, Reconstructive & Aesthetic Surgery, 62*(10), 1238–1244.
- von Soest, T., Kvalem, I. L., Skolleborg, K. C., & Roald, H. E. (2006). Psychosocial factors predicting the motivation to undergo cosmetic surgery. *Plastic and Reconstructive Surgery, 117*(1), 51–62.
- von Soest, T., Kvalem, I. L., Skolleborg, K. C., & Roald, H. E. (2011). Psychosocial changes after cosmetic surgery: A 5-year follow-up study. *Plastic and Reconstructive Surgery, 128*(3), 765–772.
- von Soest, T., Kvalem, I. L., & Wichstrøm, L. (2012). Predictors of cosmetic surgery and its effects on psychological factors and mental health: A population-based follow-up study among Norwegian females. *Psychological Medicine, 42*(3), 617–626.
- Walker, C. E., Krumhuber, E. G., Dayan, S., & Furnham, A. (2021). Effects of social media use on desire for cosmetic surgery among young women. *Current Psychology, 40*(7), 3355–3364. <https://doi.org/10.1007/s12144-019-00282-1>
- Wang, D. (2019). A study of the relationship between narcissism, extraversion, body-esteem, social comparison orientation and selfie-editing behavior on social networking sites. *Personality and Individual Differences, 146*, 127–129.

- Wang, Y., Wang, X., Liu, H., Xie, X., Wang, P., & Lei, L. (2020). Selfie posting and self-esteem among young adult women: A mediation model of positive feedback and body satisfaction. *Journal of Health Psychology, 25*(2), 161–172. <https://doi.org/10.1177/1359105318787624>
- Ward, B., Ward, M., Fried, O., & Paskhover, B. (2018). Nasal Distortion in Short-Distance Photographs: The Selfie Effect. *JAMA Facial Plastic Surgery, 20*(4), 333–335. <https://doi.org/10.1001/jamafacial.2018.0009>
- Webster, N. (2023, February 7). *Demand for plastic surgery doubles in Dubai as tech dependence takes its toll*. The National. Retrieved December 16, 2023, from <https://www.thenationalnews.com/uae/health/2023/02/07/demand-for-plastic-surgery-doubles-in-dubai-as-tech-dependence-takes-its-toll/>
- Weiser, E. B. (2015). # Me: Narcissism and its facets as predictors of selfie-posting frequency. *Personality and Individual Differences, 86*, 477–481.
- Wen, N., Chia, S. C., & Xiaoming, H. (2017). Does Gender Matter? Testing the Influence of Presumed Media Influence on Young People’s Attitudes toward Cosmetic Surgery. *Sex Roles, 76*(7–8), 436–447. <https://doi.org/10.1007/s11199-016-0680-4>
- Wenger, N. S., & Carmel, S. (2004). Physicians’ religiosity and end-of-life care attitudes and behaviors. *Mount Sinai Journal of Medicine, 71*(5), 335–343.
- Wheeler, C. K., Said, H., Prucz, R., Rodrich, R. J., & Mathes, D. W. (2011). Social media in plastic surgery practices: Emerging trends in North America. *Aesthetic Surgery Journal, 31*(4), 435–441.
- Widdows, H. (2004). Religion as a moral source: Can religion function as a shared source of moral authority and values in a liberal democracy? *The Heythrop Journal, 45*(2), 197–208. <https://doi.org/10.1111/j.1468-2265.2004.00249.x>
- Wu, Y., Alleva, J. M., & Mulken, S. (2020). Factor analysis and psychometric properties of the Chinese translation of the acceptance of cosmetic surgery scale. *Body Image, 33*, 244–256.
- Yellowlees, R., Dingemans, A. E., Veldhuis, J., & de Vaate, A. B. (2019). Face yourself (ie): Investigating selfie-behavior in females with severe eating disorder symptoms. *Computers in Human Behavior, 101*, 77–83.

Zojaji, R., Arshadi, H. R., Keshavarz, M., Mazloun Farsibaf, M., Golzari, F., & Khorashadizadeh, M. (2014). Personality Characteristics of Patients Seeking Cosmetic Rhinoplasty. *Aesthetic Plastic Surgery*, 38(6), 1090–1093.  
<https://doi.org/10.1007/s00266-014-0402-7>

## Appendix

### Appendix A: Ethical Approval Letter



### Social Sciences Ethics Committee - Research / Course

#### *Ethical Approval Letter*

Date: 29/05/2023

This is to certify that application No:ERSC\_2023\_2971, titled:Psychosocial predictors of an interest in cosmetic surgery among young adult women in the UAE. The role of selfie behavior, narcissism and religiosity: A cross-sectional study, submitted by Maria Campo Redondo has been reviewed and approved by UAEU Social Sciences Ethics Committee - Research / Course on 29/05/2023.



*Sincerely,*

**Chair of the UAEU Social Sciences Ethics Committee - Research / Course**

## **Appendix B: Assessment Measures**

### **Acceptance of Cosmetic Surgery Scale (Henderson-King & Henderson-King, 2005)**

1. It makes sense to have minor cosmetic surgery rather than spending years feeling bad about the way you look
2. Cosmetic surgery is a good thing because it can help people feel better about themselves
3. In the future, I could end up having some kind of cosmetic surgery
4. People who are very unhappy with their physical appearance should consider cosmetic surgery as one option
5. If cosmetic surgery can make someone happier with the way they look, then they should try it
6. If I could have a surgical procedure done for free I would consider trying cosmetic surgery
7. If I knew there would be no negative side effects or pain, I would like to try cosmetic surgery
8. I have sometimes thought about having cosmetic surgery
9. I would seriously consider having cosmetic surgery if my partner thought it was a good idea
10. I would never have any kind of plastic surgery (R)
11. I would think about having cosmetic surgery in order to keep looking young
12. If it would benefit my career I would think about having plastic surgery
13. I would seriously consider having cosmetic surgery if I thought my partner would find me more attractive
14. Cosmetic surgery can be a big benefit to people's self-image
15. If a simple cosmetic surgery procedure would make me more attractive to others, I would think about trying it

### **Selfie Behavior Questions (Dhir et al., 2016; Mehdizadeh, 2010; Sung et al., 2016; Wang et al., 2020)**

1. "How frequently do you take individual selfies?"
2. "How frequently do you post individual selfies on SNSs?"

## Narcissistic Personality Inventory (Ames et al., 2006)

| 16-item pair measure of narcissism                          |   |
|---|---|
| Narcissistic response                                       | Non-narcissistic response                               |
| I know that I am good because everybody keeps telling me so | When people compliment me I sometimes get embarrassed   |
| I like to be the center of attention                        | I prefer to blend in with the crowd                     |
| I think I am a special person                               | I am no better or nor worse than most people            |
| I like having authority over people                         | I don't mind following orders                           |
| I find it easy to manipulate people                         | I don't like it when I find myself manipulating people  |
| I insist upon getting the respect that is due me            | I usually get the respect that I deserve                |
| I am apt to show off if I get the chance                    | I try not to be a show off                              |
| I always know what I am doing                               | Sometimes I am not sure of what I am doing              |
| Everybody likes to hear my stories                          | Sometimes I tell good stories                           |
| I expect a great deal from other people                     | I like to do things for other people                    |
| I really like to be the center of attention                 | It makes me uncomfortable to be the center of attention |
| People always seem to recognize my authority                | Being an authority doesn't mean that much to me         |
| I am going to be a great person                             | I hope I am going to be successful                      |
| I can make anybody believe anything I want them to          | People sometimes believe what I tell them               |
| I am more capable than other people                         | There is a lot that I can learn from other people       |
| I am an extraordinary person                                | I am much like everybody else                           |

**Mature Religiosity Scale (Heitink et al., 2008)**

I have the idea that I entrust myself more and more to God  
My religion supports my sense of self-esteem and identity  
Knowing God's love is fundamental for my life  
The meaning and significance of my life is in my relationship with God  
The experience of God in my life motivates me to decide for the good, even if this is difficult  
I believe sincerely, not mainly out of obligation or fear  
In times of trial and tribulation I trust in God  
I am willing to be accountable to God and my fellow humans about my way of life  
My faith is oriented to values that transcend physical and social needs  
Out of my sense that God loves human beings, I pursue to love my fellow man  
My faith influences all areas of my life  
The development of my personality and my faith influence each other mutually  
As a person I am only fully complete in a relationship with God  
For me, praying for and doing justice belong together inextricably  
I pursue higher values such as love, truth and justice  
My sense of self-esteem is connected to who I am and not so much to what I have

## Appendix C: Survey Packet

# Psychosocial predictors of an interest in cosmetic surgery in the United Arab Emirates: A Cross-sectional Study

Information sheet

You are cordially invited to participate in a survey. Your participation in this research is entirely voluntary. You may choose not to participate and you may withdraw your consent to participate at any time without penalty. Completing this survey may put participants at minimal psychological risk such as discomfort. All the information will be treated as anonymous and will be used only for research purposes. Your identity will not be revealed in any publication resulting from this study.

This survey will take approximately 15 minutes to answer

If you have any questions or concerns about the research study, please contact Dr. Maria Campo ([mcampo@uaeu.ac.ae](mailto:mcampo@uaeu.ac.ae)) or Amna Alsadani ([202170062@uaeu.ac.ae](mailto:202170062@uaeu.ac.ae))

*\* Indicates required question*

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1. Filling out this questionnaire indicates your agreement to participate in the study \*

*Check all that apply.*

- I have read and understood the information sheet and provide consent to participate

## Demographic information

2. Please choose what best describes you \*

*Mark only one oval.*

- I am a resident in the UAE
- I am a visitor in the UAE
- I do not live in the UAE

3. Gender \*

*Mark only one oval.*

Female

Male

4. Age \*

*Mark only one oval.*

Less than 18

18 - 25

26 - 35

36 - 45

46 - 55

56 - 65

66 - 75

+75

5. What is your academic level/ highest level of education? \*

*Mark only one oval.*

- Below high school
- High school
- Diploma
- Bachelor
- Master
- Doctorate
- Post-doc & above
- Other:

6. Which institution do you attend ? \*

*Mark only one oval.*

- United Arab Emirates University
- Zayed University
- American University of Sharjah
- Ajman University
- American University in the Emirates
- Khalifa University
- University of Sharjah
- Higher Colleges of Technology
- Not Applicable
- Other: \_\_\_\_\_

7. Employment status \*

*Mark only one oval.*

- Employed
- Unemployed
- Student
- Employed & Student
- Other: \_\_\_\_\_

8. What is your race/ethnicity \*

*Mark only one oval.*

- Arab
- Asian
- African
- Caucasian
- Other: \_\_\_\_\_

9. What is your marital status? \*

*Mark only one oval.*

- Single
- Married
- Divorced
- Widowed
- Separated
- Other: \_\_\_\_\_

10. Do you have children? \*

*Mark only one oval.*

- Yes
- No

11. What is your religion? \*

*Mark only one oval.*

- Islam
- Christianity
- Judaism
- Buddhism
- Hinduism
- Sikhism
- Baha'i Faith
- Jainism
- Zoroastrianism
- Shinto
- Confucianism
- Taoism
- Traditional African religions
- Paganism
- Ancient Celtic religion
- Hellenism
- Other: \_\_\_\_\_

12. Do you have any any mental health illnesses/ concerns? \*

*Mark only one oval.*

Yes

No

Other: \_\_\_\_\_

13. Do you have any physical health illnesses? \*

*Mark only one oval.*

Yes

No

Other: \_\_\_\_\_

14. 1. It makes sense to have minor cosmetic surgery rather than spending years feeling bad about the way you look \*

*Mark only one oval.*

Strongly Disagree

Disagree

Somewhat Disagree

Neither Agree nor Disagree

Somewhat Agree

Agree

Strongly Agree

15. 2. Cosmetic surgery is a good thing because it can help people feel better about themselves \*

*Mark only one oval.*

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

16. 3. In the future, I could end up having some kind of cosmetic surgery \*

*Mark only one oval.*

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

17. 4. People who are very unhappy with their physical appearance should consider cosmetic surgery as one \*  
option

*Mark only one oval.*

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

18. 5. If cosmetic surgery can make someone happier with the way they look, then they should try it \*

*Mark only one oval.*

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

19. 6. If I could have a surgical procedure done for free I would consider trying cosmetic surgery \*

*Mark only one oval.*

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

20. 7. If I knew there would be no negative side effects or pain, I would like to try cosmetic surgery \*

*Mark only one oval.*

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

21. 8. I have sometimes thought about having cosmetic surgery \*

*Mark only one oval.*

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

22. 9. I would seriously consider having cosmetic surgery if my partner thought it was a good idea \*

*Mark only one oval.*

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

23. 10. I would never have any kind of plastic surgery \*

*Mark only one oval.*

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

24. 11. I would think about having cosmetic surgery in order to keep looking young \*

*Mark only one oval.*

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

25. 12. If it would benefit my career I would think about having plastic surgery \*

*Mark only one oval.*

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

26. 13. I would seriously consider having cosmetic surgery if I thought my partner would find me more attractive \*

*Mark only one oval.*

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

27. 14. Cosmetic surgery can be a big benefit to people's self-image \*

*Mark only one oval.*

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

28. 15. If a simple cosmetic surgery procedure would make me more attractive to others, I would think about trying it \*

*Mark only one oval.*

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

29. 1. How frequently do you take individual selfies? \*

*Mark only one oval.*

- Very Seldom
- Seldom
- Occasionally
- Sometimes
- Frequently
- Often
- Very Often

30. 2. How frequently do you post individual selfies on Social Networking Sites? \*

*Mark only one oval.*

- Very Seldom
- Seldom
- Occasionally
- Sometimes
- Frequently
- Often
- Very Often

## Narcissism

For each pair of statements, choose the one you identify with most. If you do not identify with either of them, choose the one that is least objectionable or remote.

31. 1. \*

*Mark only one oval.*

- When people compliment me I sometimes get embarrassed
- I know that I am good because everybody keeps telling me so

32. 2. \*

*Mark only one oval.*

- I prefer to blend in with the crowd
- I like to be the center of attention

33. 3. \*

*Mark only one oval.*

- I am no better or worse than most people
- I think I am a special person

34. 4. \*

*Mark only one oval.*

I don't mind following orders

I like having authority over people

35. 5. \*

*Mark only one oval.*

I don't like it when I find myself manipulating people

I find it easy to manipulate people

36. 6. \*

*Mark only one oval.*

I usually get the respect that I deserve

I insist upon getting the respect that is due me

37. 7. \*

*Mark only one oval.*

I try not to be a show off

I am apt to show off if I get the chance

38. 8. \*

*Mark only one oval.*

Sometimes I am not sure of what I am doing

I always know what I am doing

39. 9. \*

*Mark only one oval.*

Sometimes I tell good stories

Everybody likes to hear my stories

40. 10. \*

*Mark only one oval.*

I like to do things for other people

I expect a great deal from other people

41. 11. \*

*Mark only one oval.*

It makes me uncomfortable to be the center of attention

I really like to be the center of attention

42. 12. \*

*Mark only one oval.*

Being an authority doesn't mean that much to me

People always seem to recognize my authority

43. 13. \*

*Mark only one oval.*

I hope I am going to be successful

I am going to be a great person

44. 14. \*

*Mark only one oval.*

People sometimes believe what I tell them

I can make anybody believe anything I want them to

45. 15. \*

*Mark only one oval.*

There is a lot that I can learn from other people

I am more capable than other people

46. 16. \*

*Mark only one oval.*

I am much like everybody else

I am an extraordinary person

## Religiosity

47. 1. I have the idea that I entrust myself more and more to God \*

*Mark only one oval.*

Totally agree

Agree

Neither agree nor disagree

Disagree

Totally disagree

48. 2. My religion supports my sense of self-esteem and identity \*

*Mark only one oval.*

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree

49. 3. Knowing God's love is fundamental for my life \*

*Mark only one oval.*

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree

50. 4. The meaning and significance of my life is in my relationship with God \*

*Mark only one oval.*

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree

51. 5. The experience of God in my life motivates me to decide for the good, even if this is difficult \*

*Mark only one oval.*

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree

52. 6. I believe sincerely, not mainly out of obligation or fear \*

*Mark only one oval.*

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree

53. 7. In times of trial and tribulation I trust in God \*

*Mark only one oval.*

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree

54. 8. I am willing to be accountable to God and my fellow humans about my way of life \*

*Mark only one oval.*

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree

55. 9. My faith is oriented to values that transcend physical and social needs \*

*Mark only one oval.*

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree

56. 10. Out of my sense that God loves human beings, I pursue to love my fellow man \*

*Mark only one oval.*

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree

57. 11. My faith influences all areas of my life \*

*Mark only one oval.*

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree

58. 12. The development of my personality and my faith influence each other mutually \*

*Mark only one oval.*

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree

59. 13. As a person I am only fully complete in a relationship with God \*

*Mark only one oval.*

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree

60. 14. For me, praying for and doing justice belong together inextricably \*

*Mark only one oval.*

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree

61. 15. I pursue higher values such as love, truth and justice \*

*Mark only one oval.*

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree

62. 16. My sense of self-esteem is connected to who I am and not so much to what I have \*

*Mark only one oval.*

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree

## Debrief

This study aims to examine how selfie behaviour, narcissism and levels of religiosity may predict young women's willingness to undergo cosmetic surgery in the UAE.

If you are interested in learning more about the findings of the study, please contact Dr. Maria Campo ([mcampo@uaeu.ac.ae](mailto:mcampo@uaeu.ac.ae)) or Amna Alsadani ([202170062@uaeu.ac.ae](mailto:202170062@uaeu.ac.ae)).

## Informed Consent

1. I confirm that I have read and understood the above information sheet and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw.
3. I understand that my data will be kept confidential and if published, the data will not be identifiable as mine.
4. I understand that completing this questionnaire may put me at minimal psychological risk such as discomfort.

By submitting this form,  
I agree to take part in this study.

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## UAE UNIVERSITY MASTER THESIS NO. 2023: 122

This study aims to investigate selfie behavior, narcissism, and religiosity as psychosocial factors expected to predict an acceptance of cosmetic surgery among young adult women in the UAE. The results indicate a positive relationship between selfie behavior and the acceptance of cosmetic surgery. However, there was no significant association with narcissism, while religiosity demonstrated a negative correlation with acceptance of cosmetic surgery. These findings offer valuable insights for the development of therapeutic and preventive measures to address maladaptive behaviors related to cosmetic surgery, thereby improving the efficacy of pre-surgical psychological assessments and interventions.

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