

The Prediction of Pathological Maximum Willingness for Excessive Surgery Based on Life in the Present and Honesty

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Abstract

This study was set out to determine the maximum willingness of patients who has undergone excessive surgeries based on life in the present and honesty. The statistical population consisted of all those who referred to surgical clinics and had excessive surgeries. The sample size consisted of 220 people who were referring to the clinic, selected voluntarily. The instruments included the Schwartz Maximum Scale Questionnaire (2002), Sepahvand and Arab Life Questionnaire (2014) and Aminpour's Honesty and Trust Test Questionnaire (2010). Multiple regression analysis was used to analyze the data simultaneously. The findings revealed that the maximum willingness has a reverse relationship with life in the present, honesty and truthfulness of people. Psychological factors play a role in the demand for cosmetic surgery as well as the its results. Hence, it is necessary to study the psychological components of cosmetic surgery.

Keywords: Pathological Maximum Willingness, Life in the Present, Honesty, Excessive Surgery.

Introduction

The obsession with physical appearance is one of the major problems in today's societies, leading to significant physical and mental harm. Mental health specialists have carried out a lot of researches in this regard due to the importance of physical appearance in social communication and interpersonal relationships, and the results of their findings indicate that those individuals who have a constant obsession with their physical appearance, and despite the natural or almost natural physical appearance, they report an overwhelming and disturbing fear of being ugly or unattractive. The social perceptions of the ideal physical image increase the demand for surgery (Jurabchi and Dukaneyi Fard, 2017).

Nowadays, cosmetic surgery has become one of the human concerns. Extreme dissatisfaction with appearance may conceal psychotic states of the patient and neglecting it may have serious medical consequences (Pavan, Simonat and Marin, 2008). Psychologists believe that the undesirable development of excessive surgeries in any society is influenced by the cognitive and emotional motivations of its members, so that the emotional

needs of individuals, especially the need for attention by society, are the main motivations for the acquisition of artificial beauty. The motive for the search on the excessive surgeries is based on a combination of psychological factors (Ghaderzadeh, 2013).

One of the mental health attributes that all of these psychologists agree on is the discussion of life in the present. Life at the present time is the symbol of the key to mental health (Boyd Wilson, Walkey, McClure, 2001). Living in the present, considering the time and available place (present) and creating maximum awareness, are in fact the basis of life in the present (Kerry, 1996; quoted by Shafiabadi, 2011). In the history of psychology, the concept of the present time has been explained by Fritpelz. Pearl's attitude to human personality is the emphasis on present time as the only reality. According to Pearl, apart from this time and place, there is nothing else for us; there is no past, and the future has not yet come. Our past memories and future predictions are only experienced in the present (Scholtz, 2012). In recent years, considerable attention has been paid to measuring the level of health of individuals and the power of influencing psychological and physical illnesses on daily activities and their behaviors. These measurements have focused on a general attitude and approach in health and health care; therefore, in this regard, a new approach has been proposed in the name of living in the present in the field of medical and social research (Bayat and Bayat, 2012).

Another variable among the mental health standards is honesty. Honesty and vice versa, lie, is one of the items that causes mental disorders and eliminates honesty and righteousness. Lying, over time, becomes accustomed to, and sometimes covers the entire personality of an individual. The lying of people is different in terms of the cause and context of the emergence and in terms of the degree, severity and weakness of each other (Aminpour, 2010). Honesty and righteousness are defined and described with loyalty, since these two are necessary and integrated to each other (Nahj al-Balagha, 2006).

Maximum willingness is one of the two components of Simon's selection, according to which the goal is to obtain the best and most complete choice (Lee, 2011). Therefore, maximum willingness is the style of decision-making in which a person seeks the best option through a comprehensive search of alternatives. This style is in contrast to the satisfaction in which

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the person follows the evaluation of the options to a good enough option. Considering the effect of maximal desire as a decision making style on different aspects of people's lives, it can lead to the mental disorders and dissatisfaction with one's life. Maximum willingness shows the inverse relationship between the desire for maximum willingness and individual well-being (Misuraca et al., 2015). Maximalists seek to obtain the best and most complete choice (Lee, 2011).

Danesh and Forozandeh (2018) in a study titled as "The Five Great Personality traits and Physical Appearance" in Applicants for Cosmetic Surgery in Isfahan" showed that conscientiousness plays a significant role in the tendency of individuals to perform cosmetic surgery. Yavari and Jafari (2017), in another study titled as "The Role of the Relationship between Psychological Needs and Perfectionism, Understanding Physical Appearance in Applicants for Plastic Surgery" showed that there is a correlation between psychological needs and perfectionism, with the perception of the body of cosmetic surgery applicants, and there is a difference between the psychological needs, perfectionism and the perception of the body of women and men applicants for cosmetic surgery. Negative perfectionism also has a greater role in predicting physical appearance perception in cosmetic surgery applicants. Flanagan et al. (2014) in a research study showed that irrational beliefs and meta-cognitive beliefs of people with nasal hemorrhages are more likely than non-performing ones. Aydin et al. (2012) in a study revealed that perfectionism is significantly related to checking, washing and obsessive hoboing.

A large number of people with excessive surgeries are suffering from significant psychological disorders; despite this, the number of people demanding for excessive surgeries is increasing globally, especially in Iran. Although after emerging of plastic surgery in Iran, plastic surgery applicants were limited to high-economic people in Iran; however, surgeries in the past decade have increased by 83 percent in our society (Ghaderzadeh, 2013). Therefore, this study aimed to predict the maximal desirability of people undergoing excessive surgeries based on life in the present and honesty.

Methodology

This research is applied in terms of its purpose and its method is descriptive and correlational type. The statistical population of the present study included all people who referred to surgical clinics for excessive surgeries. In the current study, people with excessive surgeries were those who experienced more than three cosmetic surgeries in one or more body members. The sample size consisted of 220 people referring to the clinic, selected voluntarily. The inclusion criteria of the study included having minimum junior school degree, the first experience of cosmetic surgery and their collaboration announcement. And exclusion criteria consisted of the lack of cooperation, having a history of burns or injuries in the face, and non-voluntary and excessive surgery

In the current study, a questionnaire was used to collect data. The Schwartz et al (2002) Maximal Questionnaire consists of 13 items

in which there were four options from never to always; always scored as 4 and the never scored as 1. In order to ensure that the questionnaire corresponds to the original text, the questionnaire was re-read and translated by academic professors. To determine the reliability of the questionnaire, Cronbach's alpha coefficient was used and for validity, factor analysis was applied. Sepahvand and Arab Life Questionnaire (2014) is made in order to investigate the level of life in the present time and includes 36 items. This questionnaire is about one of the most important areas of psychology. The spectrum of responses to this questionnaire is based on Likert (Totally Agree = 1, Moderately Agree 2, Slightly agree = 3, Slightly disagree = 4, Disagree = 5, and Totally Disagree = 6). In order to prevent a bias in response, 15 phrases are expressed negatively and reciprocally scored (Totally Agree = 6, Moderately Agree 5, Slightly agree = 4, Slightly disagree = 3, Disagree = 2, and Totally Disagree = 1). The total score of the questionnaire is obtained from the total score of all responses. For validity of this questionnaire in Sepahvand and Arab research, the Cronbach's alpha coefficient was 0.78. Aminpour's Honesty and Trust Test Questionnaire (2010) contain 16 items. In this questionnaire, never, rarely, sometimes, and most often is given a score of 1, 2, 3, and 4, respectively (scoring nine reverse questions of this state). The minimum and maximum scores in this test are 16 and 64, respectively. The low score in this test reflects the more truthfulness and integrity of the subjects in life situations and high scores indicates the more distortion and lying. The duration of this test is a maximum of 3 minutes and the method of execution are done individually and collectively. In Aminpour's research, Cronbach's alpha coefficient was 0.809. To test the validity of the test, its correlation coefficient is calculated using Ahvaz's distortion test. This correlation coefficient was obtained at the alpha value of 0.001. After analyzing the materials of the questionnaire using factor analysis methods, four factors were extracted and named using the comments of other psychologists, respectively. Total reliability coefficients were obtained for each questionnaire of Schwartz Maximum Wills Questionnaire (2002), Sepahvand and Arab Life Questionnaire (2014) and Aminpour's Honesty and Trust Exam Questionnaire (2010).

After completing the questionnaires by students, the collected data were analyzed using statistical methods in correlation to the research. The results of this study were analyzed using SPSS 22 software in two levels of descriptive and inferential statistics. In the descriptive statistics section, statistical characteristics such as frequency, percentage, mean and standard deviation were used and in the inferential statistics of multiple regression tests, Pearson correlation coefficient and ANOVA.

Results

In Table 1, descriptive indices of demographic variables are presented based on gender, educational level, number of surgeries and number of one body member surgery. The average age of the participants in the research was 35 years.

Table 1. Frequency and Percentage of the Participants

Variable	Frequency	Percentage	
Gender	Female	187	85
	Male	33	13.3
Education	Under Diploma	8	3.3
	Diploma	55	25
	Associate	40	18.3
	Bachelor	84	38.3
	Masters	29	13.3
Number of Surgery	2	33	15
	3	121	55
	4	37	16.7
	5	22	10
Number of One Body Member Surgery	7	7	3.2
	1	132	60
	2	59	26.7
Total	3	22	10
		220	100

The descriptive indices of the main variables for the sample, including average, standard deviation, maximum score, minimum score, inclination, and elongation were presented in Table 2. Regarding the obtained values of inclination and elongation for research variables, which are between 2 and 2+, the distribution of all variables is normal, so regression analysis can be used to analyze the results.

Table 2. Descriptive Indicators of Research Variables

Variable	Mean	Standard Deviation	Minimum	Maximum	Inclination	Elongation
Living in the Present	145.28	13.75	117	201	1.27	1.49
Honesty and Truthfulness	35.88	5.04	19	56	.44	-0.95
Maximalism	61.93	7.62	35	89	0.08	-0.81

Table 3 shows the correlation matrix of the research variables. As shown in Table 3, among the predictor variables, living in the present time (-0.57), and honesty and truthfulness (-.55.5), respectively, the highest to lowest correlation coefficients were with the maximum pathological increase in those who underwent excessive surgery that both are statistically significant (p <0.01). The correlation coefficient of two variables of pre-living in the present, honesty and truthfulness (0.39) is also statistically significant at the level of 0.01.

Table 3. Correlation Matrix of Research Variables

Variable	1	2	3
1. Living in the Present	1		
2. Honesty and Truthfulness	0.39**	1	
3. Maximalism	-0.57**	-0.55**	1

P < 0.01 ** P < 0.05*

To analyze the multi-linearity in the analysis, two Tolerance and VIF tests were used. The results of Table 4 indicate that the multicollinearity problem has not occurred among the variables of

the research. In the current study, the values obtained from calculation of inflation factor variance and coefficient of tolerance showed that the multicollinearity has not occurred in the research variables.

Table 4. Multi-linear Analysis of Variables Using Tolerance Coefficient and Variance Inflation

Variable	Coefficient of bearing (Tolerance)	Inflation Variance (VIF)
Living in the present	0.831	1.203
Honesty and truthfulness	0.902	1.108
Maximalism	0.859	1.164

Multiple regression analysis was used simultaneously in order to predict the pathological maximum willingness based on living in the present, honesty and truthfulness. In this analysis, living in the present, honesty and truthfulness were analyzed as predictive and maximal variables were analyzed as the criterion variable. As shown in Table 5, the degree of explained variance of maximum willingness by living in the present, honesty and truthfulness is (0.46), which is significant for F (12.24) at the level of 0.001. On this basis, it can be said that the share of the pathological maximum willingness of those who have excessive surgeries is 46.0 based on living in the present, honesty and truthfulness.

Table 5. Summary of Maximum Willingness Regression Analysis Based on Predictive Variables

Criterion variable	R	R ²	R ² adjusted	Standard Error Estimation	F	Sig
Maximalism	0.68	0.46	0.44	5.94	24.12	0.001

Table 6 shows regression coefficients. As it can be seen in Table 6, the observed lifetime beta in living in the present is -0.39, which is significant at the level of 0.01 (t = -0.96). Accordingly, with every single increase in living in the present, the pathological maximum willingness of those with excessive surgeries decreases by 0.39. In addition, the beta value obtained for honesty and truthfulness is equal to -0.42 0, which is significant at the level of 0.01 (t = -3.96). Accordingly, as the sincerity and truthfulness increases by one unit, decreases the pathological maximum willingness by 0.42 in the patients who have excessive surgeries.

Table 6. Maximum Willingness Regression Coefficients Based on Predictive Variables

Predictive Variables	Unregulated Coefficient of Regression		Standardized Coefficient of Regression	t	Sig
	B	Standard Error			
Living in the Present	-0.50	0.07	-0.39	-3.69	0.001
Honesty and Truthfulness	-0.28	0.04	-0.42	-3.96	0.001

Discussion and Conclusion

The findings of the current study reveal that the pathological maximum willingness proportion of patients with excessive surgeries is 0.46 based on the living in the present, honesty and truthfulness. Hence, the results indicate that at the level of 0.01 with each unit of increase in life in the present time, the maximum achievement rate for those with excessive surgeries is reduced by 0.39. According to this, by increasing of each unit in honesty, will result in reduction in pathological maximum willingness by 0.42 in patients who have excessive surgeries. This conclusion is consistent with the findings of Flanagan et al. (2014), Aydin et al. (2012), Salavi et al. (2010), Obar et al. (2009), Shari et al. (2007), Danesh and Forozandeh (2018) Jafari (2017), Ramezani et al. (2015).

The results of this study show that the maximum willingness has the inverse relationship with living in the present, honesty and truthfulness. In the explanation of this finding, one can say that the maximalists who undergo cosmetic surgery may have very high standards and criteria, and feel frustrated and dissatisfied when facing a problem. Also, they are vulnerable to criticism and everything must be perfect for them. Otherwise, they feel dissatisfied, and maybe that's the reason of their excessive surgeries. Maximalists are more likely to compare themselves to others, and when they compare their choices with others, they feel more frustrated and depressed, and then experience the less feeling of happiness. Maximalists who are constantly looking for the best will lose the pleasure of living in the present because they either constantly regret the past and lost in the past or have an unknown future anxiety. Hence, they try to become the best and most complete in the future, which leads to the emergence and intensification of mental disorders. People with maximum willingness with low self-esteem constantly seek for approval from others and the community and try to be accepted. Consequently, as their maximum willingness reduces, they will be more realistic about themselves and what they have; also, they will be honest with themselves. People with a high maximum willingness as compared to those who have less willingness experience less life satisfaction, happiness, optimism, self-esteem and less personal respect. They also experience regret, depression, desire for perfectionism, negative stress, and desire to postpone more. Negative perfectionism correlates with maximum willingness and regret. Positive perfectionism is also associated with life satisfaction and maximum willingness. Maximalists are just satisfied with the best and perfect things and are less happy with their possessions (Misuraca et al., 2015).

The lack of communication with the present moment can be problematic, since individuals are less likely to respond effectively to others or situations and seek their best and most complete choices. Living in the present time, considering the available time and place (present) and creating maximum awareness, is in fact the basis of life in the present. Living in the present can affect mental health. People who are living in the present, regardless of what happened yesterday, and what may happen tomorrow, are satisfied with things they possess;

moreover, they are optimistic and confident and do not seek excessive surgeries.

On the other hand, people who live as if they live in the past are like depressed people or those who live in a way that seems that today is future, like anxious people, have an unbalanced personality. These people have a constant obsession of their physical appearance and, despite the natural or almost natural appearance of their physical appearance, they report an excessive and distressing fear of being ugly or unattractive. Social perceptions that have an ideal physical appearance. increase the demand for excessive surgeries. In fact, they postpone their joys and pleasures, and always wait for the different future, and look for a better feeling at a time other than the current one. The key to joy is to concentrate the mind on the moment.

The approach used in psychology to the role of the present in life is Gestalt's approach. Gestalt therapy has been developed by Fritz Perls. It is a treatment method that focuses on the thoughts and feelings that one experiences in time and place and emphasizes contact, awareness, experimentation and experience (Pish Bahar, 2012). According to Pearls (1995), apart from this time and place, there is nothing else for humans, there is no past, and the future has not yet come. The past memories of a person and his/her future predictions are only experienced in the present. People who live in the past are like depressed people or those who live in a way as if the future is today act like anxious people, and have an unbalanced personality. They live at a time that is not real or have not yet come to their senses, and sacrifice the present for the time that doesn't exist and lose the joy of living in the present. If people in this place and this time do not have proper perception of themselves, they have to take refuge in the past or future, which both are harmful to human development. If you pay attention to the past or the future, the present moment, the satisfaction and pleasure that this moment can give to humans will be lost. This is the time and place that is the only truth and people must take responsibility for living at any moment and enjoying these experiences. Also, they must accept the wishes and desires in all aspects of life in this place and this time, here and now, the present time (Najafi Saremi, 2015).

On the other hand, honesty is also one of the criteria for mental health and one of the things that causes mental disorders which destroys honesty and truthfulness. Honesty more than speech, is the matching of actions with speech and being honest with oneself; individuals who are honest, when facing with difficulties and challenges, are steady, that is, they have stable behavior; since maximalists are endeavoring to minimize mistakes and are not honest with themselves, they undergo excessive surgeries.

Considering the fact that whether people can show honesty in a critical and essential situation, can become one of the important scientific issues (Aminpour, 2010). Honesty is defined in terms of harmony within and between different human spheres. In general, honesty in Nahj al-Balagha is like the water flow and along with loyalty, needs the coordination of inside and outside (Ghanbari, 2016).

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