Predicting Marital Satisfaction based on Social Media and Body Image in Women Who Chose to Have Cosmetic Surgery: The Mediating Role of Emotion Regulation

Hossein Keshavarz Afshar[1], Sona Masoumi[*2]

1. Assistant Professor of Department of Counseling, Faculty of Psychology and Educational Sciences, University of Tehran, Tehran, Iran.
2. M.A in family Counseling, Department of Counseling Islamic University Branch if Olum Tahghighat Tehran, Iran. (masoumi.sona@yahoo.com) (Corresponding Author).

Abstract

The study of marital satisfaction and its determining factors has always been of interest to researchers in the fields of Psychology and Social Sciences. The objective of the present study was to predict marital satisfaction based on virtual social networks and body image in women who chose to have cosmetic surgery through the mediation of emotion regulation. The research methods were correlation and path analysis. The statistical population included all women who chose to have rhinoplasty in beauty clinics in districts 1 to 5 of Tehran in 2021. The selection was randomly from the areas of Tehran City. Among them, 150 women were selected through the convenience sampling method. They filled out Olson's (1998) Marital Satisfaction questionnaire, Mojaradi et al.'s (2014) Social Network questionnaire, Body Image questionnaire (1970), and John and Gross' (2003) Emotion Regulation questionnaire. Descriptive analysis and path analysis were conducted using SPSS software (version 25) and PLS software (version 3), respectively. The results showed that the direct effects of body image on emotion regulation, emotion regulation on marital satisfaction, a virtual social network on emotion regulation, and a virtual social network on marital satisfaction were significant ($p < 0.05$). However, the direct effect of body image on marital satisfaction was not significant ($p < 0.05$). In addition, the indirect effect of body image mediated by emotion regulation on marital satisfaction, and that of virtual social networks mediated by emotion regulation on marital satisfaction of women who chose to have cosmetic surgery were not significant ($p < 0.05$). According to the findings, it is recommended that family counselors hold emotion regulation training, and teach women who chose to have cosmetic surgery how to manage the use of virtual social networks to promote their marital satisfaction.

Keywords: Marital Satisfaction, Virtual social networks, Body Image, Emotion Regulation, Cosmetic Surgery.

Introduction

Cosmetic surgery is a science that deals with repairing and improving an individual's physical appearance through surgical and medical methods (Swami et al., 2009). This type of surgery is performed to change the appearance of the body in the absence of disease, injury, or congenital and inherited malformations. It is a factor to improve the quality of life (Breuning, Oikonomou & Singha, 2010). In fact, cosmetic surgery is one of the most common surgeries in the world which has many applicants.

Dominant aesthetic criteria in social and physical comparisons with others have a great impact on individuals' self-esteem; they have encouraged individuals to make physical changes through cosmetic surgery (Anbari Roozbehani & Enayat, 2018; Hosseini, Asadi & Hejazi, 2021). Feelings of dissatisfaction with attractiveness and negative body image influence the acceptance of cosmetic surgery (Cash, 1997). Individuals feel an inner need to match their appearance with those of beautiful models. Extreme dissatisfaction with appearance may mask a morbid mental state, and neglecting it can have dire consequences (Poin, 2008). Low self-esteem, body dysmorphic disorder, anxiety about body image, and some personality traits (e.g., perfectionism) or some disorders (e.g., obsessive-compulsive disorder, bipolar disorder,r and symptoms of psychosis) can lead to cosmetic surgery (Asadi, Salehi, Sadoughi & Afkham Ebrahimi, 2013). The physical deformity is also very common among cosmetic surgery applicants and is often associated with major depression, obsessive-compulsive disorder, social phobia, and panic disorder (Sohrabi, Mahmoud Alilou & Rasooli Azad, 2011).

Studies that investigated the role of psychological factors in the tendency towards cosmetic surgery in Iran and abroad have reported different results. Park Lara, Calogero Rachel, Harwin Melissa, and Diraddo (2009) showed that interpersonal interaction and personal success were influential in an individual's interest in cosmetic surgery. Sharp, Tiggman, and Mattiske (2014) found that among factors such as negative body image, advertisements, peers, and body comparison, two variables of body comparisons and negative body image had the highest impact. In addition, Stefanile, Nerini, and Matera (2014) showed that dissatisfaction with body image and the cultural and social structure of society had a great impact on the rate of cosmetic surgery among Italian women.

In the context of Iran, Noghani, Mazlum Khorasani and Warshaw (2010) found that factors such as social pressure, physical image, use of media, and economic and social status were effective in motivating people and encouraging them to have cosmetic surgery. Moreover, Asadi et al. (2013) showed that there was no significant difference between the self-esteem of applicants before and after the surgery; however, their attitudes to physical appearance changed significantly after the surgery. Moreover, Anbari et al. (2017) found that the higher the level of satisfaction with body image and self-esteem, the lower the tendency to cosmetic surgery.

Cosmetic surgery can affect family functioning. The marital sub-system as the most important sub-system of the family plays an important role in the family functioning. Marital satisfaction of spouses is very important in their psychological health (Gottfried,

2021; Karataş & Polat, 2021). The study of marital satisfaction and its determinants have always been of interest to researchers in the fields of Psychology and Social Sciences (Hammett, Lavner, Karney & Bradbury, 2021). Marital satisfaction is generally a process that occurs during the life of couples; it requires the adaptation of tastes, recognition of personality traits, the creation of rules of behavior, and the formation of constructive communication patterns between husbands and wives. Some researchers consider marital satisfaction as an emotional reaction resulting from couples' mental evaluation of the positive and negative dimensions of their marital relationship (Fye, Chasek, Mims, Sandman & Hinrichsen, 2020). Others consider it the adaptation of marital status to the expectations of the couples (Nadolu, Runcan & Bahnaru, 2020).

The concept of marital satisfaction has different dimensions, including sexual satisfaction, partner's support, participation in the decision-making process, relationship with the spouse's family, social support, psychological well-being, and life satisfaction (Bilal & Rasool, 2020). In addition, marital satisfaction depends on variables such as marriage duration, age, number of marriages, number of children, socioeconomic status, and occupation (Olasupo, 2020). In some cultures, including Eastern collectivist cultures, marital satisfaction determines life satisfaction (Qadir, Silva, Prince & Khan, 2005). Life satisfaction usually represents a judgmental process in which individuals assess their living conditions based on their own unique criteria (Szcześniak & Tułecka, 2020; De Rock & Perilleux, 2021). While the average level of life satisfaction is similar in men and women, changes in life satisfaction are more common in women (Della Giusta, Jewell & Kambhampati, 2011).

Virtual social networks create spaces where people meet new friends and also find old friends and share their ideas, opinions, photos, videos, and voices. People would be informed of news and events in any field, exchange information, and interact with each other regardless of borders, culture, language, and gender. These people are called social media users (Cameron & Mascarenas, 2020). Using virtual social networks have benefits such as exposure to current events, building social relationships, and strengthening virtual social networks which support the establishment of rapid interpersonal communication through the dissemination of information in times of crisis (Hashimoto & Ohama, 2014). However, misuse of privacy and fraud (Ye, 2020) and negative impact on mental health are two of the negative consequences of using virtual social networks. Some studies have shown that people who spend a lot of time on virtual social networks have lower psychological well-being (e.g. Twenge & Martin, 2020; Twenge & Campbell, 2019). Furthermore, excessive use of virtual social networks leads to users' depression (McCrae, Gettings & Purssell, 2017; Vidal, Lhaksampa, Miller & Platt, 2020) and anxiety (Toseeb &Inkster, 2015; Keles, McCrae & Grealish, 2020).

Body image is a multifaceted structure consisting of perceived experiences and personal and cultural attitudes towards the body; it is influenced by the processes of time, experience, and maturity (Fatahi, Eftekhari, Ahmadi & Hamzeh, 2018). The term body image is a comprehensive term that encompasses (but is not limited to) many structures,

including satisfaction or dissatisfaction with weight, satisfaction or dissatisfaction with the body, shamefulness because of the body, satisfaction or dissatisfaction with the appearance, appraisal of the body as valuable, body deformity and body schemas (Grogan, 2006; Cash, 2000). In marital relationships, if this image is perceived negatively by an individual, the psychological distance between the couple would be increased. In fact, couples who have a negative image of their body are more likely to doubt whether their partner would continue their relationship and accept them sexually (Meltzer & McNulty, 2010); they feel more anxious in their romantic relationships (Cash et al., 2004).

Gholamzadeh Bafghi and Jamali Bafghi's (2015) study showed that the level of marital satisfaction of members in virtual social networks was less than non-members in the networks; membership in virtual social networks reduced marital satisfaction in the long run. In addition, Meltzer and McNulty (2010) found that whenever the body image was better and stronger, sexual satisfaction and, consequently, satisfaction with married life were higher.

Emotion regulation is an important process in research, treatment and psychopathology. It refers to actions which are used to change or modify emotional experience, emotional expression, and the intensity or the type of emotional experiences (Tamir, 2020). Emotion regulation includes a range of conscious and unconscious cognitive and behavioral strategies to reduce, maintain or increase an emotion (Domaradzka & Fajkowska, 2018). Emotion regulation is a set of processes that an individual may use to evoke, maintain, control, or change a positive or negative emotion (Zlomke & Hahn, 2010). In Dunham's (2008) study, difficulty in emotion regulation was negatively related to marital satisfaction.

The most stable families have almost always had a strong marital subsystem. It seems that only by addressing this infrastructural foundation, one can hope to improve the families' conditions; families' health depends on the strength and the dynamism of the marital subsystem. Therefore, in order to maintain and improve the relationship between couples and to improve family functions, it is necessary to conduct more research studies. Given the gap in the literature regarding the role of virtual social networks, body image and emotion regulation in predicting marital satisfaction in women who chose to have cosmetic surgery, the present study sought to investigate if virtual social networks, body image and emotion regulation affected marital satisfaction of women who chose to have cosmetic surgery.

Methods

The present study was conducted through correlation and path analysis. The statistical population included all women who chose to have rhinoplasty in beauty clinics in districts 1 to 5 of Tehran in 2021. Based on similar studies such as Bidaran and Pirahari (2018) and Khosravi and Nazari (2018) 150 women were selected through theavailable sampling method. In fact, by referring to beauty clinics in districts 1 to 5 of Tehran, women who were willing to participate in the study were selected through convenience sampling.

Inclusion criteria were gender, the minimum education level of diploma, willingness to participate in the study, the minimum age of 20 years old, choosing to have cosmetic surgery, andbeing engaged in virtual social networks for at least 60 minutes a day based on the criteria given by Yang (1995). The exclusion criteria included a defect in the returned questionnaires or willingness to quit the study. Moreover, the following instruments were used to collect the data:

1. *Demographic Information Questionnaire*: It includes two questions about the participants' age and their level of education.

2. *Enriching and Nurturing Relationship Issues, Communicating and Happiness* (Enrich): This questionnaire was developed by Fowers and Olson (1989) to evaluate potentially problematic and strengthened marital relationships. This questionnaire has two 115 and 125-question forms, which consist of 12 subtests. The main form makes the participants tired due to the high number of questions. Soleimanian (2015) developed a short form of this questionnaire, including 47 questions, which were used in the present study. This questionnaire is based on a 5-point Likert scale (strongly agree to strongly disagree). Each of the options is given a point from one to five. Soleimanian (ibid) reported the reliability of 0.95 by calculating Cronbach's alpha coefficient. In this study, the reliability of this questionnaire (Cronbach's alpha coefficient) was estimated to be 0.86. This questionnaire had good construct validity and criteria validity. Sanai (2009) reported that the correlation coefficient of this questionnaire with other marital satisfaction scales ranged from 0.41 to 0.60; these values indicated the construct validity. Satisfied and dissatisfied couples were also distinguished by all subscales of this questionnaire; this feature indicated the criterion validity. A high score in this questionnaire indicated marital satisfaction, and a low score indicated dissatisfaction with the marital relationship.

3. *Social Network Questionnaire:* This questionnaire was designed based on the model used in Mojaradi et al. (2014). The questionnaire consists of 19 items. It includes three dimensions (i.e., amount of use, type of use, and level of trust in users). It is scored based on a 5-point Likert scale. The reliability coefficient of this questionnaire was 0.87 in Ismailzadeh's research study and 0.89 in Nozari's research study.

4. *Fisher's Body Image Questionnaire:* This questionnaire was developed by Fisher in 1970, and has 46 items. Each item has a value between 1 and 5 (i.e., completely dissatisfied = 1, dissatisfied = 2, average = 3, satisfied = 4 and completely satisfied = 5). A score of 46 indicates a disorder, and a score above 46 (maximum 230) indicates a lack of disorder. The topics in this questionnaire

include head and face with 12 items (questions 1 to 12), upper limbs with 10 items (questions 13 to 22), and lower limbs with 6 items (questions 23 to 28). The other 18 items measure the participants' attitudes towards the general characteristics of the body (questions 29 to 46) (35). The validity of this questionnaire was examined by Yazdanjoo in Iran. The calculated Pearson correlation coefficients of the first and the second performances of the questionnaire for the first year second year, and third year, and the total number of students were 0.81, 0.84, 0.87, and 0.84, respectively. Considering the level of significance of these coefficients, it can be stated that there was a significant correlation between the scores obtained from the first and the second performances of the Body Image Questionnaire (cited in 35 and 36). In the present study, the reliability and the validity of the questionnaire were calculated through the three methods of Cronbach's alpha, Spearman-Brown coefficient, and Guttman split-half coefficient, which turned out to be 0.918, 0.861, and 0.861, respectively.

5. ***Emotion Regulation Questionnaire:*** This questionnaire was developed by Gross and John in 2003. It consists of 11 items with the two subscales of reappraisal and suppression of emotion. It is scored on a 7-point Likert scale which ranges from strongly disagree (1) to strongly agree (7). The reported Cronbach's alpha coefficient for reappraisal was 1.79, and that of emotional suppression was 1.73; the test-retest reliability of the whole scale (after three months) was 1.69 (Fatahi Shanglabad & Mirhashemi, 2019). Furthermore, the correlations of reappraisal with the scales of Positive Emotions (0.24) and Negative Emotions (-0.14), and that of suppression of emotion with the scales of Positive Emotions (-0.15) and Negative Emotions (0.04) were reported. In the context of Iran, the reliability of this questionnaire was examined through Cronbach's alpha coefficient by Ghasempour et al. (2012), and the validity of the questionnaire was investigated through principal component analysis using Varimax rotation, the correlation between the two subscales and the Maliki validity were reported desirable (Akbari et al., 2016).

In the present study, ethical considerations including scientific honesty and trustworthiness, informed consent to participate in the study, the anonymity of the participants, and confidentiality of the information were taken into account. SPSS software (version 25) was used for the sake of descriptive analyses, and path analysis was used for inferential statistics. Since the data were not normal, PLS software (version 3.3) was used; this software performs based on the partial least squares modeling and is not sensitive to the non-normality of distribution. In addition, this software is not sensitive to sample size (Hair et al.,

2014). Since the sample size in the present study was 150, PLS software was the optimal model-fitting software.

Results

Sixty participants were in the age range of 20-30 years, 50 participants were in the age range of 30-40, and 40 participants were in the age range of 40 years and above. Regarding the educational level, 45 participants had a bachelor's degree, and 12 had a master's degree. In addition, Table 1 shows the descriptive statistics regarding the research variables.

Table 1. Mean and standard deviation of research variables considering women who chose to have cosmetic surgery

Variables	Min.	Max.	Skewness		Kurtosis		Mean	Std. deviation
			Statistic	Std. Error	Statistic	Std. Error		
Social network	50	86	-.182	.198	-.427	.394	70.60	7.08
Body image	86	139	.100	.198	-.546	.394	109.58	12.51
Emotion regulation	18	38	-.074	.198	.584	.394	27.34	3.31
Marital satisfaction	80	146	.134	.198	-.665	.394	111.55	14.22

As the results of Table 1 show, the use of virtual social networks was high in women who chose to have cosmetic surgery. In addition, body image, emotion regulation and marital satisfaction were moderate.

Table 2 presents the correlation matrix of the research variables.

Table 2. Correlation matrix of the research variables

Variables	1	2	3	4
Social network	1			
Body image	-.537**	1		
Emotion regulation	-.436**	.51**	1	
Marital satisfaction	-.514**	.48**	.45**	1

Note: $p<0.01$**, $p<0.05$*

The results of thePearson correlation (Table 2) show that there was a negative correlation between marital satisfaction and engagement in the virtual social network. Moreover, there was a positive and significant correlation between marital satisfaction and body image and emotion regulation. In addition, the correlation of emotion regulation with virtual social networks and body image was negative and significant. Furthermore, Table 3 illustrates the direct and the indirect effects of marital satisfaction, engagement

in virtual social networks, body image, and emotion regulation in women who chose to have cosmetic surgery

Table 3. Direct and indirect effects of marital satisfaction, engagement in virtual social networks, body image, and emotion regulation in women who chose to have cosmetic surgery

Direct effects			
Paths	**β**	**T**	**P**
Body image → emotion regulation	.39	4.19	.000
Body image → marital satisfaction	.22	1.10	.057
Emotion regulation → marital satisfaction	.21	2.12	.035
Virtual social network → emotion regulation	-.23	2.44	.015
Virtual social network → marital satisfaction	-.30	3.14	.002
Indirect effects			
Body image → emotion regulation → marital satisfaction	.083	.048	.083
Virtual social network → emotion regulation → marital satisfaction	-.048	.033	.147

As it is evident in Table 3, the direct effects of body image on emotion regulation, emotion regulation on marital satisfaction, virtual social network on emotion regulation, and virtual social network on marital satisfaction were significant ($p < 0.05$). However, the direct effect of body image on marital satisfaction was not significant ($p < 0.05$). Furthermore, the indirect effect of body image (mediated by emotion regulation) on marital satisfaction and that of virtual social network (mediated by emotion regulation) on marital satisfaction of women who chose to have cosmetic surgery were not significant ($p < 0.05$).
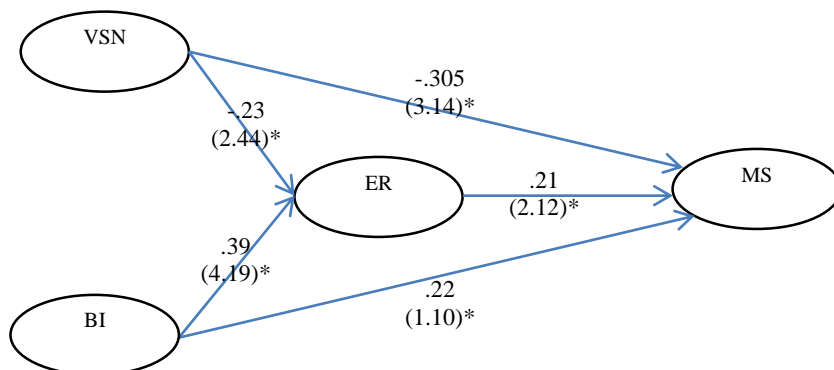
Note: MS= marital satisfaction, ER= emotion regulation, VSN= virtual social network, BI= body image

Figure 1. Predicting marital satisfaction mediated by emotion regulation based on virtual social network and body image in women who chose to have cosmetic surgery

Regarding the model fit, the values obtained from the SRMR= 0.000 indexes, 0.000, NFI= 1, and Q2 were equal to 0.068 and 0.08 for emotion regulation and marital satisfaction, respectively. Although there is no absolute standard for these indices in the theoretical literature, SRMR ≤ 0.09, NFI> 0.7, and Q2> 0.02 are acceptable (Henseler & Sarstedt, 2013). In addition to the mentioned indices, thegoodness of fit index (GOF) was used. This index shows the fitness of the quality of the structural model and the measured model; it is the main fitness index in PLS and is equal to:

$$GOF = \sqrt{\text{COMMUNITITY}} \times \sqrt{R^2}$$

GOF= $\sqrt{\frac{1+1+.19}{3}} \times \sqrt{\frac{.002+.11}{2}}$=.85

An index of goodness of fit more than 0.36 indicates the optimal fit of the model. The value of this index in the present study turned out to be 0.85, which is greater than 0.36; it indicates a proper fit of the model.

Discussion

The results showed that the direct effects of body image on emotion regulation, emotion regulation on marital satisfaction, avirtual social network on emotion regulation, and avirtual social network on marital satisfaction were significant. However, the direct effect of body image on marital satisfaction was not significant. Moreover, the indirect effect of body image mediated by emotion regulation on marital satisfaction, and the effect of virtual social networks mediated by emotion regulation on marital satisfaction of women who chose to have cosmetic surgery were not significant. These findings are consistent with those of Gholamzadeh Bafghi and Jamali Bafghi's (2019) study, which showed that the level of marital satisfaction of members in virtual social networks was less than non-members in these networks, and membership in virtual social networks reduced marital satisfaction in the long run. Moreover, Dunham (2008) showed that difficulty in emotion regulation was negatively related to marital satisfaction.

The negative effect of engaging in virtual social networks on marital satisfaction can be explained by referring to Skinner's Operant Conditioning theory, based on which an individual enters virtual networks to receive rewards. If one perceives that these apps are a means of escaping problems, external pressures, stress, limitations, and failures, having fun, and even receiving love, he will resort to virtual social networks to meet these needs and temporarily avoid problems (Peykanian & Farhadi, 2017). Therefore, this avoidance approach can reduce marital satisfaction. In addition, virtual social networks have negative consequences, including changing lifestyles in order to spend more time on the Internet, ignoring family and friends, avoiding important life activities due to spending more time on the Internet, disregarding one's health as a result of working on the Internet and facing with educational problems. Moreover, in most cases, marriage

failure and instability in interpersonal and social relationships would emerge (Rohani & Tari, 2011).

In addition, the positive effect of emotion regulation on marital satisfaction can be explained by referring to the fact that emotion regulation involves internal and external processes which are responsible for monitoring, evaluating, and modulating emotional reactions (especially severe and transient forms) achieve individual goals. Optimal emotion regulation modulates an individual's appraisals and mental reactions. It leads to appropriate responses in cognitive, motivational, and behavioral dimensions (Desrosiers et al., 2014). Emotion regulation involves methods that help people choose the emotions to be expressed at different times and the way to express them. Thus, cognitive emotion regulation is a fundamental principle in initiating, evaluating, and organizing adaptive behaviors as well as preventing negative emotions and maladaptive behaviors. Cognitive emotion regulation is a very broad concept and encompasses a myriad of regulatory processes. In addition to conscious and unconscious cognitive processes, it can include a wide range of physical, social, and behavioral processes (Thompson, 1994). Therefore, people who are strong in terms of emotion regulation are more able to avoid activities that deprive them of a good marital relationship. Thus, emotion regulation is expected to increase marital satisfaction.

Conclusion

In general, the results of the present study showed the direct effects of body image on emotion regulation, emotion regulation on marital satisfaction, avirtual social network on emotion regulation, and avirtual social network on marital satisfaction of women who chose to have cosmetic surgery were significant. There were some limitations in the present research study which need to be considered while interpreting the findings. One of the main limitations of this study included the participants who were the women who chose to have cosmetic surgery in Tehran; it made it difficult to generalize the findings to other groups and other geographical areas. Moreover, due to the self-assessment nature of the questionnaires, the participants may have been somehow hypocritical.

The findings of the present study also provide some implications. According to the findings of the study, it is recommended that family counselors hold some emotion regulation training sessions and teach women who chose to have cosmetic surgery how to manage using virtual social networks to promote their marital satisfaction.

Disclosure Statements

ORCID
Soma Masoomi: https://www.orcid.org/0000-0003-0960-3599

References

Anbari Roozbehani, M. & Enayat, H. (2018). Evaluation of psychological causes of women's tendency to have cosmetic surgeries: A case study of women aged 15-50 in Shiraz. *Journal of Alborz University of Medical Sciences, 7*(1), 24-34.

Asadi, M, Salehi, M., Sadoughi, M. & Afkham Ebrahimi, A., S. (2013). Self-esteem and attitude to physical appearance before and after rhinoplasty. *Iranian Journal of Psychiatry and Clinical Psychology, 19*(1), 28-33.

Bilal, A., & Rasool, S. (2020). Marital Satisfaction and Satisfaction With Life: Mediating Role of Sexual Satisfaction in Married Women. *Journal of Psychosexual Health*, *2*(1), 77–86.

Breuning, E., Oikonomou, D., &Singha, P. (2010). Cosmetic surgery in the NHS: Applying local and national guidelines. *J Plas Reconstr Aesthet surg*, 63(3), 42.

Cash TF. The body image worbook: An 8-step 1 program for learning to like your looks. 1997 New Harbinger: Oaklans.

Cash, T. F, Thériault, J & Annis, N. M. (2004). Body Image in an Interpersonal Context: Adult Attachment, Fear of Intimacy and Social Anxiety. Journal of Social and Clinical Psychology, 23, 89–103.

Cash, T. F. (2000). *Body image*. Oxford University Press.

De Rock, B., & Perilleux, G. (2021). *Time Use and Life Satisfaction within Couples: A Gender Analysis for Belgium* (No. 2021-01). ULB--Universite Libre de Bruxelles.

Della Giusta, M., Jewell, S. L., & Kambhampati, U. S. (2011). Gender and life satisfaction in the UK. *Feminist Economics*, *17*(3), 1-34.

Desrosiers, A., Vine, V., Curtiss, J., & Klemanski, D. H. (2014). Observing nonreactively: A conditional process model linking mindfulness facets, cognitive emotion regulation strategies, and depression and anxiety symptoms. *Journal of affective disorders*, *165*, 31-37.

Domaradzka, E., & Fajkowska, M. (2018). Cognitive emotion regulation strategies in anxiety and depression understood as types of personality. *Front Psychol*, 9,856.

Dunham s. M. (2008). Emotional skill fulnessin African American marriage: intimate intimate safety as a mediator of the relationship Between emotional skill fullness and Marital statis faction". Disseration of Doctor of philosopgy university of Akron.

Fatahi A., Eftekhari S. P., Ahmadi S. M., & Hamzeh B. The relationship between mental health and self-esteem with meta-cognitive assessment of body deformity for Females requesting rhinoplasty at the cosmetic surgery center of Kermanshah.1397; 26(4): 61-71.

Fye, M. A., Chasek, C. T., Mims, G. A., Sandman, J., & Hinrichsen, A. (2020). Marital Satisfaction During Retirement. *The Family Journal*, *28*(3), 313-318.

Gholamzadeh Bafghi, I. & Jamali Bafghi, I. (2019). Investigating the relationship between membership in virtual virtual social networks and marital satisfaction among married men and women. *Journal of Research in Educational Systems, 12*, 1151-1165.

Gottfried, A. E. (2021). Maternal Employment in the Family Setting: Developmental and Environmental Issues 1. In *Employed mothers and their children* (pp. 63-84). Routledge

Grogan, S. (2006). Body image and health: Contemporary perspectives. *Journal of health psychology*, *11*(4), 523-530.

Hair Jr, J. F., Sarstedt, M., Hopkins, L., & Kuppelwieser, V. G. (2014). Partial least squares structural equation modeling (PLS-SEM): An emerging tool in business research. *European business review*.

Hammett, J. F., Lavner, J. A., Karney, B. R., & Bradbury, T. N. (2021). Intimate partner aggression and marital satisfaction: a cross-lagged panel analysis. *Journal of interpersonal violence*, *36*(3-4), NP1463-1481NP.

Hashimoto, Y., & Ohama, A. (2014). The role of social media in emergency response: The case of the Great East Japan Earthquake. *NIDS journal of defense and security*, *15*, 99-126.

Henseler, J. and Sarstedt, M. (2013), "Goodness-of-fit indices for partial least squares path modeling", Computational Statistics.28 (2), 565-580.

Hosseini, N., Asadi, M. & Hejazi, M. (2021). Causes of the tendency of women and girls to have cosmetic surgery in Zanjan: A phenomenological study. *Iranian Journal of Surgery, 28*(1 and 2), 41-55.

Keles, B., McCrae, N., & Grealish, A. (2020). A systematic review: the influence of social media on depression, anxiety and psychological distress in adolescents. *International Journal of Adolescence and Youth*, *25*(1), 79-93.

McCrae, N., Gettings, S., & Purssell, E. (2017). Social media and depressive symptoms in childhood and adolescence: A systematic review. *Adolescent Research Review*, *2*(4), 315-330.

Meltzer, A. L & McNulty, J. K. (2010). Body Image & Marital Satisfaction: Evidence for the Mediating Role of Sexual Frequency & Sexual Satisfaction. J Fam Psychol, 24, 156-64.

Nadolu, D., Runcan, R., & Bahnaru, A. (2020). Sociological dimensions of marital satisfaction in Romania. *PloS one*, *15*(8), e0237923.

Noghani, M., Mazlum Khorasani, M. & Warshaw, S. (2011). Social factors affecting women's cosmetic surgery. *Social Psychological Studies of Women, 4*(8), 75-101.

Olasupo, M. O. (2020). Roles of Selected Psycho-Demographic Factors on Quality of Sex Life and Marital Satisfaction among Dual-career Couples. *Romanian Journal of Psychology*, *22*(1), 9-14.

Özen, Ş., Karataş, T., & Polat, Ü. (2021). Perceived social support, mental health, and marital satisfaction in multiple sclerosis patients. *Perspectives in Psychiatric Care*.

Park Lara E., Calogero Rachel, M., Harwin Melissa J., Diraddo Ann Marie. (2009). predicting interest in cosmetic surgery: Interactive effects of appearance based rejection sensitivity and negative appearance comments*, Body Image*, 6, 186-193.

Peykanian, R. & Farhadi, H. (2018). Investigation of Internet addiction, the use of online messengers and Internet infidelity as a precondition for divorce of couples in Isfahan. *Cognitive and Behavioral Research, 7*(1), 81-89.

Qadir, F., de Silva, P., Prince, M., & Khan, M. (2005). Marital satisfaction in Pakistan: A pilot investigation. *Sexual and Relationship Therapy*, *20*(2), 195-209.

Rohani, F. & Tari, S. (2012). Investigating the rate of Internet addiction and its relationship with academic motivation and social development of high school students in Mazandaran. *Journal of Information and Communication in Educational Sciences, 2*(2), 19-34.

Sharp, G., Tiggman, M., Mattiske, J. (2014). The role of media and peer influences of Australian women's attitude towards cosmetic surgery*. Journal body image*, 11, 482-487.

Sohrabi, F., Mahmoud Alilou, M. & Rasooli Azad, M. (2012). Investigating psychopathology in plastic surgery applicants. *Journal of Mental Health Principles, 13*(3), 262-269.

Stefanile C. Nerini A. Matera C. (2014). The factor structure and psychometric properties of the Italian version of the acceptance of cosmetic surgery scale*. Journal of body image*, 11(4), 370-379.

Swami,V., Chamorro-premuzic, Bridges, S. & Furnham, A. (2009). Acceptance of cosmetic surgery:personality and individual difference predictors. *Body Image*, 6(1), 7-13.

Szcześniak, M., & Tułecka, M. (2020). Family Functioning and Life Satisfaction: The Mediatory Role of Emotional Intelligence. *Psychology research and behavior management*, *13*, 223–232.

Tamir, M., Vishkin, A., & Gutentag, T. (2020). Emotion regulation is motivated. *Emotion*, *20*(1), 115.

Thompson, R. A. (1994). Emotion regulation: A theme in search of definition. *Monographs of the society for research in child development*, 59(2),25-52.

Toseeb U, Inkster B. (2015). Online social networking sites and mental health research. *Front Psychiatry*.;6:36.

Twenge, J. M., & Martin, G. N. (2020). Gender differences in associations between digital media use and psychological well-being: evidence from three large datasets. *Journal of Adolescence*, *79*, 91-102

Twenge, J. M., Martin, G. N., & Campbell, W. K. (2018). Decreases in psychological well-being among American adolescents after 2012 and links to screen time during the rise of smartphone technology. Emotion, 18, 765–780.

Vidal, C., Lhaksampa, T., Miller, L., & Platt, R. (2020). Social media use and depression in adolescents: a scoping review. *International Review of Psychiatry*, 1-19.

Ye, X., Zhao, B., Nguyen, T. H., & Wang, S. (2020). Social Media and Social Awareness. In *Manual of Digital Earth* (pp. 425-440). Springer, Singapore.

Young, K. S. (1999). Internet addiction: Evaluation and treatment. *Bmj*, *319*(Suppl S4).

Zlomke,K.R.,& Hahn,K.s. (2010).cognitive emotion regulation strategies:Gender differences and associations to worry.*Personality and Individual Differences*.48,408-413.