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The Mediating Role of Internalized Shame in the Relationship Between Childhood Trauma and Unstable Self-Esteem in Individuals Seeking Cosmetic Surgery

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ABSTRACT

Purpose: The aim of this study was to test a structural model of unstable self-esteem based on childhood trauma, considering the mediating role of internalized shame among individuals seeking cosmetic surgery.

Methods and Materials: This research was fundamental and quantitative in nature, employing a descriptive correlational and structural equation modeling approach. The study population consisted of all individuals seeking cosmetic surgery who were residing in Tehran and visiting cosmetic clinics during 2023-2024. From this population, a sample of 304 individuals who voluntarily agreed to participate was selected using convenience sampling. The study utilized the Bernstein Childhood Trauma Questionnaire (2003), the Unstable Self-Esteem Scale by Chabrol, Rousseau, and Callahan (2006), and the Internalized Shame Scale by Cook (1993) for data collection. Data analysis was conducted using a correlation matrix and structural equation modeling.

Findings: The results of data analysis indicated that the indices of the proposed model had an acceptable fit. The path from childhood trauma to unstable self-esteem ($\beta = 0.118$, $P = 0.035$), the path from childhood trauma to internalized shame ($\beta = 0.641$, $P = 0.001$), and the path from internalized shame to unstable self-esteem ($\beta = 0.569$, $P = 0.000$) were significant. Additionally, the mediating role of internalized shame ($\beta = 0.365$, $P = 0.001$) was confirmed at the 95% confidence level.

Conclusion: Childhood trauma directly and indirectly, through internalized shame, affects unstable self-esteem in individuals seeking cosmetic surgery.

Keywords: Childhood Trauma, Unstable Self-Esteem, Internalized Shame, Cosmetic Surgery.

1. Introduction

Cosmetic surgery has become an alluring factor and a means of ostentation, establishing unrealistic expectations in individuals and distorting the realities of its true nature (Richetin et al., 2020). The findings of Kam et al. (2022) demonstrated that cosmetic surgery candidates exhibited greater improvement in interpersonal sensitivity, obsession and appearance concerns, assertiveness, self-confidence, self-esteem, and social adaptability post-surgery (Kam et al., 2022). On the other hand, research shows that dissatisfaction with physical appearance leads to consequences such as anxiety, depression, psychological disorders, social isolation, impaired self-concept, and low self-esteem (Gonzaga et al., 2021).

One of the variables seemingly worth investigating in individuals seeking cosmetic surgery is unstable self-esteem. Self-esteem refers to the collection of feedback and beliefs people express in their interactions with the external world; put simply, it is the degree of worth and respect a person holds for themselves (Tus, 2020). Self-esteem is considered a fundamental human need. All humans, regardless of gender, age, ideology, or socio-cultural-economic background, need to feel valued and have self-respect. This sense of worth and self-esteem arises from a combination of feelings, emotions, thoughts, behaviors, and experiences, affecting all aspects of life and influencing the fulfillment of other needs, such as achievement and success (Orth & Robins, 2022). Compared to individuals with stable self-esteem, those with unstable self-esteem focus more on threatening aspects of their environment during events and interpersonal relationships. When faced with unpleasant or stressful situations, they report higher levels of depressive and anxiety symptoms, and their self-perception fluctuates more with positive and negative life events (Kerns et al., 1991). While self-esteem is inherently somewhat variable, fluctuating based on events, people, and experiences influencing a person at any given time, a general trend toward either self-worth or self-denial can still be observed (Brummelman et al., 2016). The seeds of self-worth and self-esteem are sown in childhood (Brown, 2014), profoundly influenced by relationships with caregivers, especially parents. As children expand their social circles beyond family, their self-view becomes more complex. Adolescence is crucial and pivotal for self-worth and self-esteem formation, as perspectives developed in childhood carry over into this stage. Adolescents begin reorganizing their perception of how others view them, which leads to changes

in their self-worth and self-esteem. In adulthood, healthy development usually strengthens self-worth over time, but if its foundation is weak, it may be disrupted (Rosenberg et al., 1995).

Another significant variable contributing to unstable self-esteem is childhood trauma. Individuals with adverse childhood experiences are more likely to suffer from mental health issues and premature death compared to those without such experiences (Bellis et al., 2015). Adverse childhood experiences impact children directly through abuse and neglect, and indirectly through environmental factors like violence, substance abuse, and parental mental illness (Boullier & Blair, 2018). Evidence suggests that emotional abuse and negative experiences are correlated with long-term harmful consequences from childhood. Retrospective self-report studies in adults with a history of emotional abuse have shown links to low self-esteem, anxiety, guilt, and feeling victimized in interpersonal interactions (Taussig & Culhane, 2019). Emotional mistreatment manifests in various parental behaviors, often without physical or emotional presence (Li et al., 2020). The prevalence of childhood trauma reported in studies includes emotional abuse (repeated threats and humiliation) at 11%, physical abuse (beating) at 28%, sexual abuse (25% of women, 16% of men, and 22% overall), family dysfunction: domestic violence at 13%, substance or alcohol abuse among family members at 27%, family member imprisonment at 6%, and family member mental illness at 7% (Boullier & Blair, 2018).

Another variable that appears to affect unstable self-esteem is internalized shame. Shame is a debilitating and distressing emotional experience, involving inward cognitive attention and processing, focusing on one's emotions, personality traits, behaviors, and personal flaws (Barta & Kiropoulos, 2023). Shame generally arises from moral incompetence or indiscretion, making a person feel humiliated, discredited, or degraded (Scott, 2015). Gilbert (1998) explained that shame could be an internal experience, comprising an unwanted emotional-defensive response to perceived threats of social rejection by an individual or group. Thus, shame results from negative self-assessments concerning traits or behaviors, causing individuals to judge themselves as inferior, incompetent, or weak. It is argued that shame emerges from early interactions with significant others, evolving beyond basic emotions like anger, fear, and joy, as it depends on the early development of self-awareness, a foundational theory of mind, and the ability to imagine oneself as perceived by others (Gilbert, 2014).

These competencies combine with primal emotions, leading to shame as self-conscious emotions manifest. Due to this integration, shame is experienced differently; for example, one person may feel anxiety along with shame, while another may feel anger. Shame can hinder active coping and be challenging to regulate (Tangney et al., 1995). Specifically, shame proneness has been linked to social anxiety, eating disorders, antisocial behavior, low self-esteem (Dickerson et al., 2009), and post-traumatic stress disorder (Harman & Lee, 2010).

Given the discussion above and the limited understanding of the psychology of cosmetic surgery, coupled with the scarcity of studies on the psychological characteristics of cosmetic surgery candidates—which mainly consist of clinical reports—and the annual increase in candidates that may pose serious psychological consequences, further comprehensive research in this area is warranted. Therefore, the researcher aims to test a structural equation model exploring unstable self-esteem in cosmetic surgery candidates based on childhood trauma, considering the mediating role of internalized shame.

2. Methods and Materials

2.1. Study Design and Participants

This study was fundamental in nature and, considering the subject matter, was categorized as descriptive research of a correlational type using structural equation modeling. The statistical population included all individuals seeking cosmetic surgery who resided in Tehran and visited cosmetic clinics during 2023-2024. The sample size was estimated using Kline's (2016) theory, which suggests between 5 to 15 observations per observed variable or questionnaire item. Consequently, a sample of 304 individuals was selected through cluster random sampling. The city of Tehran was divided into northern, southern, western, eastern, and central regions; several cosmetic surgery clinics were randomly selected, and a random selection of participants was made from clinic visitor lists. Inclusion criteria were: seeking cosmetic surgery within the past year, voluntary participation, being aged between 25 and 45, absence of severe physical or chronic illnesses, and not using psychiatric medication. Exclusion criteria included incomplete questionnaires and disruptions to the study process. To uphold ethical standards, ethical approval was obtained from the university's research ethics committee under code number (IR.IAU.SRB.REC.1403.070). Participants were informed that providing their names was

unnecessary and that the information collected would be confidential, accessible only to the researcher. The research protocol included obtaining a letter of introduction from the university to facilitate collaboration with cosmetic surgery centers and clinics. Individuals interested in participating gave informed consent and were instructed to respond honestly and accurately. All questionnaires were subsequently collected for analysis.

2.2. Measures

2.2.1. Internalized Shame

Developed by Cook (1993), this scale consists of 30 items and two subscales: Shyness (24 items: 1-2-3-4-5-6-7-9-10-11-12-15-16-17-18-20-21-22-23-24-25-27-28-30) and Self-Esteem (6 items: 8-13-14-19-26-29). Responses are rated on a 5-point Likert scale, with higher scores indicating feelings of worthlessness, inadequacy, inferiority, emptiness, and loneliness, while lower scores reflect high self-confidence. Cook (1993) reported Cronbach's alpha coefficients of 0.94 and 0.90 for the Shyness and Self-Esteem subscales, respectively (Cook, 1993). Rajabi and Abbasi (2011) found alpha coefficients of 0.90 for the overall scale, 0.89 for men, and 0.91 for women. Fathollahzadeh et al. (2017) calculated a total Cronbach's alpha of 0.91 (Mousavian, 2020). In the present study, Cronbach's alpha was estimated at 0.867.

2.2.2. Unstable Self-Esteem

Created by Chabrol et al. (2006), this scale comprises four items rated on a 4-point Likert scale (from 1, "strongly disagree," to 4, "strongly agree") (Chabrol et al., 2006). Quinn (2009) reported correlations of -0.498 with Rosenberg Self-Esteem and 0.35 with Contingent Self-Esteem. Chabrol et al. (2006) reported a reliability coefficient of 0.89. Quinn (2009) found a reliability coefficient of 0.885 for the scale in a study on the relationship between unstable self-esteem and procrastination. In Azadi, Fath-Abadi, and Heidari's (2013) study, test-retest reliability over two weeks was 0.867 ($P < 0.001$), confirming the scale's reliability, with a Cronbach's alpha of 0.62 (Arab Mohebi Shahrabi et al., 2017). In the current research, Cronbach's alpha was estimated at 0.875.

2.2.3. Childhood Trauma

Developed by Bernstein et al. (2003), this instrument assesses childhood trauma and includes 28 items measuring five types of maltreatment: sexual abuse, physical abuse,

emotional abuse, emotional neglect, and physical neglect. Of the 28 items, 25 measure the main components, while three are used to detect denial of childhood trauma. Items (2-5-7-13-19-26-28) are reverse scored. Higher scores indicate greater trauma, while lower scores indicate less trauma. The scale uses a 5-point Likert response format, ranging from 1 (“never”) to 5 (“always”). Bernstein et al. reported test-retest reliability over two months and Cronbach's alpha values ranging from 0.79 to 0.94. They also found high correlations with clinical interviews on childhood maltreatment for physical abuse (0.27), emotional abuse (0.32), sexual abuse (0.72), physical neglect (0.20), and emotional neglect (0.16), demonstrating convergent validity (Bernstein et al., 2003). Cronbach's alpha in this study was estimated at 0.782.

2.3. Data Analysis

Data were analyzed using structural equation modeling with SPSS 26 and PLS 3 software.

3. Findings and Results

Initially, the demographic characteristics of the research sample were examined. In this study, the highest frequency in terms of education level pertained to individuals with a bachelor's degree. Furthermore, the most commonly reported socioeconomic status was at the medium level. A total of 139 participants had only one child, representing the highest frequency for this variable. Additionally, 154 participants had undergone cosmetic surgery once, which constituted the most frequent response.

Table 1

Descriptive Statistics of Research Variables

Variable	Mean	Standard Deviation	K-S	Collinearity	p-value
Childhood Trauma	52.6247	9.2541	0.096	1.021	0.000
Internalized Shame	84.2086	10.3284	0.101	1.641	0.000
Shyness	20.3214	4.0019	0.151	1.582	0.000
Self-Esteem	15.0217	2.3064	0.184	1.400	0.000
Emotional Abuse	13.4033	2.5564	0.119	1.700	0.000
Physical Abuse	11.3188	3.2140	0.134	1.932	0.000
Sexual Abuse	9.5047	2.6643	0.251	1.841	0.000
Emotional Neglect	17.3201	5.3297	0.127	1.264	0.000
Physical Neglect	14.3254	3.2841	0.166	1.741	0.000
Unstable Self-Esteem	13.2154	3.2500	0.083	1.938	0.000

Table 1 presents the descriptive statistics of the research variables. The Kolmogorov-Smirnov (K-S) statistics for all components of the study indicate that since the significance level is not above 0.05, the data do not follow a normal distribution. Boxplot analysis revealed no outliers. The

Variance Inflation Factor (VIF) indices showed values less than 10, indicating no collinearity. Additionally, the Durbin-Watson statistic was estimated at 1.936, suggesting that errors are independent.

Table 2

Correlation Matrix of Research Variables

Components	1	2	3
Childhood Trauma	1		
Internalized Shame	0.541**	1	
Unstable Self-Esteem	0.368**	0.468**	1

**p<0.01

Table 1 illustrates the relationships among research variables at 95% and 99% confidence levels. Positive and significant relationships are observed between all research variables.

Factor loadings are calculated by measuring the relationship between the items of a construct and the

construct itself. If this value is equal to or greater than 0.3 and the absolute value of the t-statistic is 1.96 or more at the 95% confidence level, it indicates that the variance between the construct and its indicators is greater than the measurement error variance, confirming model reliability.

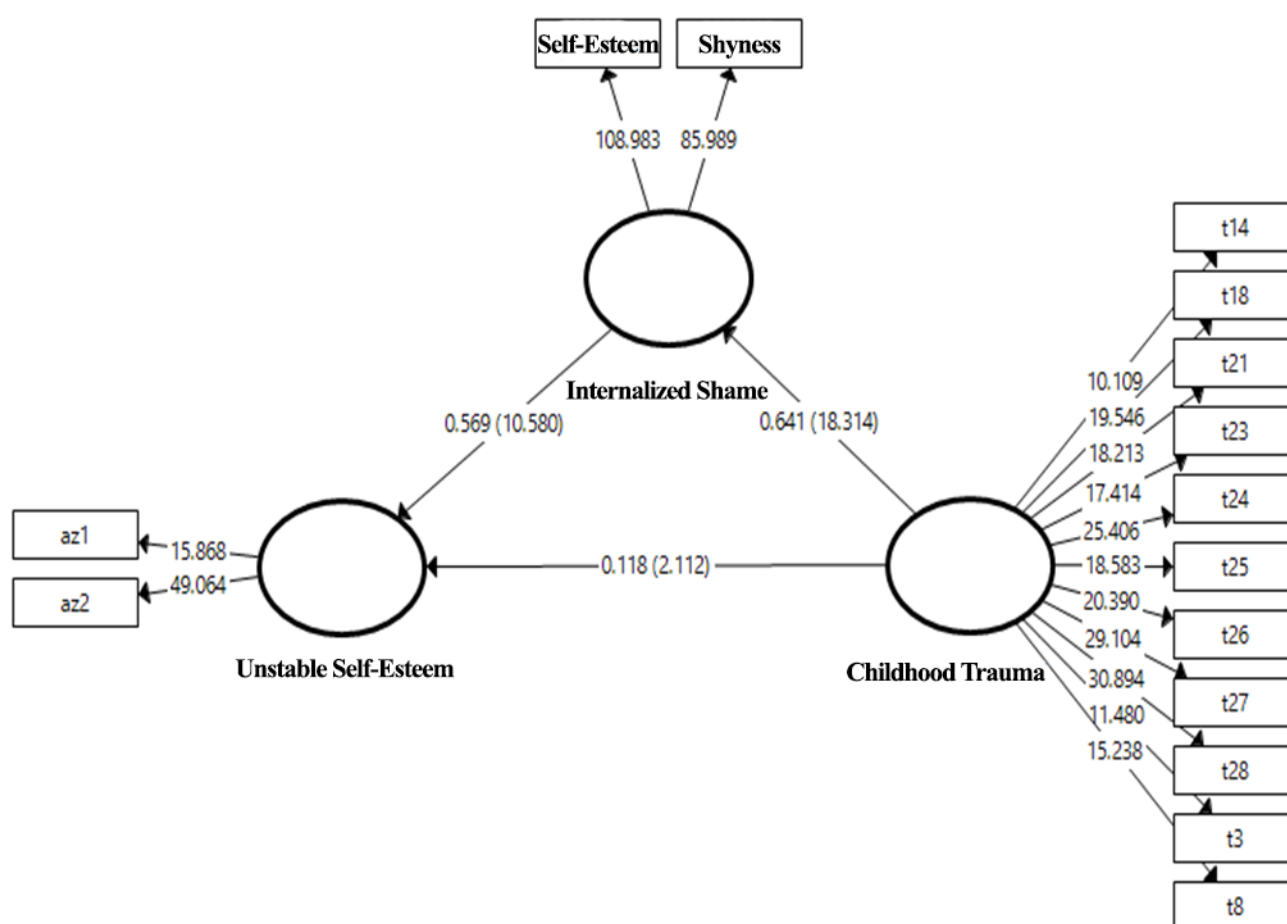
Table 3

Direct Effects

Model Paths	Beta	Sample Mean	Standard Deviation	T-Statistic	p-value
Childhood Trauma -> Unstable Self-Esteem	0.118	0.121	0.056	2.112	0.035
Childhood Trauma -> Internalized Shame	0.641	0.647	0.035	18.314	0.000
Internalized Shame -> Unstable Self-Esteem	0.569	0.568	0.054	10.580	0.000

Figure 1

Model in Confirmatory Factor Analysis, Standardized Factor Loadings, and Path Coefficients



As shown in [Table 3](#), the path coefficients or beta values for all model paths are reported. If the t-values for these paths are greater than the critical value of 1.96, the paths are

confirmed with 95% confidence. Given the t-values and significance levels, all paths are significant, and the hypotheses are supported.

Table 4

Indirect Effects

Model Paths	Beta	Sample Mean	Standard Deviation	T-Statistic	p-value
Childhood Trauma -> Internalized Shame -> Unstable Self-Esteem	0.365	0.367	0.040	9.103	0.000

The obtained test statistic must exceed the critical value of 1.96 to indicate that the null hypothesis (stating the mediator has no role between the exogenous and endogenous

variables) is rejected at a 0.05 error level, confirming the mediating effect in the relationships among variables.

Table 5

Structural Model Fit Indices

Index	Critical Value	Model Estimate
Goodness-of-Fit Index	> 0.36	0.581
Stone-Geisser Index	> 0	0.219
Root Mean Square Residual (RMSR)	< 0.08	0.07
Bentler-Bonett Index	> 0.9	0.911
Root Mean Square Theta (RMST)	< 0.12	0.06

The Goodness-of-Fit Index (GFI) of 0.581 is greater than the threshold value of 0.36, indicating a strong overall model fit.

4. Discussion and Conclusion

The present study aimed to test the model of unstable self-esteem based on childhood trauma, considering the mediating role of internalized shame in individuals seeking cosmetic surgery in Tehran. The main hypothesis was confirmed based on the obtained results. This overall finding indicates that the model of unstable self-esteem based on childhood trauma, with the mediating role of internalized shame, has an acceptable fit among individuals seeking cosmetic surgery in Tehran.

One of the study's findings revealed that childhood trauma has a direct effect on the unstable self-esteem of cosmetic surgery candidates. This result aligns with previous studies ([Cohen & Thakur, 2021](#); [Kealy et al., 2023](#)), which have shown that exposure to adverse childhood experiences can be a significant risk factor for developing psychological

disorders in adulthood, as many adults with psychological disorders have experienced childhood trauma. Another study on cases of childhood emotional neglect and abuse demonstrated that most individuals who suffered sexual and physical abuse before the age of 18 reported psychological issues in adulthood ([Loving & Shemmings, 2020](#)). In a related study titled "The Relationship Between Childhood Emotional and Physical Neglect and Mental Health in Young Adults," it was found that individuals deprived of attention, love, maternal care, and parental presence experienced various psychological issues in adulthood, including self-esteem problems. Therefore, adverse childhood experiences seem to hinder the development of healthy emotional regulation abilities. Repeated interpersonal trauma between a caregiver and a child, in particular, poses a severe obstacle to acquiring appropriate and healthy emotional regulation skills ([Riggs, 2019](#)), which may influence an individual's self-perception and social status. People with unstable self-esteem exhibit fragile and vulnerable emotions and self-worth, influenced by internal

thoughts or feedback from external evaluations (Kernis et al., 1991).

Another finding showed that childhood trauma has a direct effect on internalized shame among cosmetic surgery candidates. This result is consistent with Mousavian's (2020) study, which concluded that excessive parental criticism and neglect during childhood can lead to entrenched shame in adulthood (Mousavian, 2020). Most individuals with profound internalized shame were likely abused or mistreated physically or psychologically by one caregiver, while the other caregiver passively observed. Their superego developed under the influence of aggressive caregivers, attacking their own ego. These were often caregivers to whom the child was attached, with the passive caregiver being neglectful and enabling the aggressive caregiver's abusive behavior over time (Claesson & Sohlberg, 2002). Shame is a negative feeling rooted in early narcissistic childhood experiences and is tied to the child's desire to feel special to the caregiver (mother). When this desire is met, the child perceives themselves as respected, stable, and cohesive (Han & Kim, 2012). Conversely, if the child cannot bond with or feel close to the caregiver, they experience themselves as distressed, flawed, fragmented, and vulnerable to shame. The gap in the caregiver's reflection leads to pre-existing beliefs and fantasies about their worth, defects, or unlovability, which manifest as internalized shame in adulthood (Morrison, 2011).

Another finding indicated that internalized shame directly affects unstable self-esteem among cosmetic surgery candidates. This result aligns with prior research (Elison et al., 2014; Velotti et al., 2018). Studies suggested that individuals with more stable self-esteem experience shame less negatively. Researchers also argued that reduced self-esteem is linked to feelings of shame; as self-esteem decreases, internalized shame increases, making individuals more vulnerable to experiencing shame (Barta & Kiropoulos, 2023; Claesson & Sohlberg, 2002). Thus, the experience of shame has a close relationship with self-esteem fluctuations (Elison et al., 2014). Budiarto and Helmi (2021) also found that fragile and unstable self-esteem has a significant positive relationship with feelings of shame and guilt (Budiarto & Helmi, 2021).

Another study finding indicated that childhood trauma indirectly affects unstable self-esteem through internalized shame among cosmetic surgery candidates. This result supports This can be explained by the notion that internalized shame is associated with feelings of worthlessness and inferiority, leading to traits like

hopelessness and a tendency to avoid others due to fear of rejection (Gilbert, 2014). Since self-worth is an essential component of self-esteem, these aspects are interconnected. When an individual feels worthless due to various factors, their self-esteem diminishes, increasing their fear of rejection and negative judgment, which in turn triggers feelings of shame, reinforcing a vicious cycle. This cycle comprises feelings of worthlessness, decreased or absent self-esteem, fear of rejection and negative judgment, and shame (Dearing & Tangney, 2011).

This study had limitations, including the use of self-report questionnaires for data collection. Consequently, the results may reflect social desirability bias or attempts to avoid stigma associated with inadequacy rather than actual behaviors. Thus, caution is necessary when interpreting the findings. The extensive number of questionnaire items, potentially causing participant fatigue, was another limitation. Additionally, the results should be generalized to other populations or cultures cautiously. Given the ethnic and cultural diversity in Iran, the current model and psychological characteristics of cosmetic surgery candidates and non-candidates should be studied across different ethnic groups. Future research should involve a broader sample of men and women to increase generalizability and compare the two genders. It is recommended to consider the significant role of psychological factors influencing unstable self-esteem and the desire for cosmetic surgery. Since psychologists specialize in diagnosing and treating psychological and personality issues, pre-surgical psychological counseling should be provided by qualified professionals.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Each participant received an informed consent form to understand the study's objectives (IR.IAU.SRB.REC.1403.070).

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