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**“DO I LOOK BETTER NOW?”: SOCIAL APPEARANCE ANXIETY
AND FACE-RELATED BODY IMAGE COPING STRATEGIES IN
RELATION TO HAVING BOTULINUM TOXIN AND DERMAL
FILLERS IN WOMEN**

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ÖZET

ÇAYIRLI, Rana Beyza. “Şimdi Daha İyi Görünüyor Muyum?": Kadınlarda Botulinum Toksin ve Dermal Dolgu Uygulamasına İlişkin Sosyal Görünüş Kaygısı ve Yüzle ilgili Beden İmgesi ile Başa Çıkma Stratejileri. Başkent Üniversitesi, Sosyal Bilimler Enstitüsü, Klinik Psikoloji Tezli Yüksek Lisans Programı. Ankara, 2025.

Bu çalışmada, beden imgesi ile başa çıkma ve sosyal görünüş kaygısı, botulinum toxin ve dermal dolgu işlemlerini yaptıрма arasındaki ilişkinin incelenmesi amaçlanmıştır. Burada, bireyler arasındaki farklılıklar, sosyal görünüş kaygısı, beden imgesi ile başa çıkmada görünümü değiştirme, kaçınma ve olumlu mantıksal kabullenme başa çıkma mekanizmaları açısından incelenmiştir. Yaşları 18-30 yaş arasında değişen 3 grup altında, botulinum toxin ve dermal dolgu işlemlerini daha önceden yaptırmış, bu işlemleri yaptırmayı düşünen ancak daha hiç yaptırmamış ve bu işlemleri yaptırmamış ve asla yaptırmayı düşünmeyen, toplamda 87 katılımcıyla yapılmıştır. Çalışmada katılımcılara sırasıyla Bilgilendirilmiş Onam Formu ve demografik bilgi formu verilmiştir. Sosyal Görünüş Kaygısı Ölçeği (SGKÖ) ve Beden İmgesi Baş Etme Stratejileri Ölçeği (BİBSÖ) seçkisiz olarak verilmiştir. Yapılan istatistikî analizler sonucunda, sosyal görünüş kaygısı açısından gruplar arasında anlamlı farklılık bulunmuştur. Beden imgesi ile baş etme stratejileri ile ilgili olarak, bu işlemleri yaptıran ve yaptırmayı düşünen ancak daha yaptırmayan bireylerin, asla yaptırmayı düşünmeyen gruba göre anlamlı şekilde görünümü düzeltme baş etme stratejisinde farklılaştığı bulunmuştur. Olumlu mantıksal kabullenme baş etme mekanizması ile ilgili olarak gruplar arasında anlamlı farklılık bulunmazken, kaçınma baş etme stratejisi incelendiğinde, işlemleri yaptıran grubun, yaptırmayı düşünen ancak daha yaptırmayan ve yaptırmayı asla düşünmeyen gruba göre anlamlı olarak farklılaştığı elde edilmiştir. Bulunan sonuçlar, araştırmanın güçlü yönleri, kısıtlılıkları, klinik alana katkıları ile birlikte alanyazın ışığında tartışılmıştır.

Anahtar Kelimeler: Sosyal görünüş kaygısı, beden imgesi, botulinum toxin, dermal dolgu

ABSTRACT

ÇAYIRLI, Rana Beyza. “Do I Look Better Now?”: Social Appearance Anxiety and Face-Related Body Image Coping Strategies in Relation to Having Botulinum Toxin and Dermal Fillers in Women. Başkent University, Institute of Social Sciences, Master Program of Clinical Psychology with Thesis. Ankara, 2025.

This study aims to examine the relationship between coping with body image, social appearance anxiety, and having botulinum toxin and dermal filler procedures. The differences between individuals in terms of social appearance anxiety and body image coping mechanisms, which are appearance fixing, avoidance, and positive rational acceptance, were investigated. The study included a total of 87 participants, aged 18-30, categorized into three groups: individuals who had previously undergone botulinum toxin and dermal filler treatments, those who had considered but not yet undergone the procedures, and those who had neither undergone nor considered the procedures. Participants were first provided with an informed consent form and a demographic information form. The Social Appearance Anxiety Scale (SAAS) and the Body Image Coping Strategies Inventory (BICSI) were then randomly administered. Statistical analyses (One-Way MANCOVA) revealed a significant difference between the groups in terms of social appearance anxiety. Regarding body image coping strategies, individuals who had undergone the procedures and those who had considered but not yet done so were significantly different from those who had never considered the procedures in their use of appearance fixing coping strategy. No significant difference was found between the groups concerning positive rational acceptance coping mechanisms. However, in terms of avoidance coping strategy, individuals who had the procedures significantly differed from those who had considered but not yet have them and those who had never considered them. The findings of the study are discussed in light of its strengths, limitations, contributions to clinical practice, and the existing literature.

Keywords: Social appearance anxiety, body image, botulinum toxin, dermal fillers

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LIST OF ABBREVIATIONS

BICSI	Body Image Coping Strategies Inventory
SAA	Social Appearance Anxiety Scale



1. INTRODUCTION

The discipline of aesthetic medicine has advanced significantly in recent years, providing patients with a wide range of alternatives for rejuvenating their appearance (Hall, 2024). The American Society of Plastic Surgeons (2023) has released a statistical report on plastic surgery, and it states that in 2018, there were over 2.6 million dermal filler injections and 7.4 million botulinum toxin (known as also botox) injections that became America's most sought-after minimally invasive cosmetic operations (Chang, 2019). Furthermore, a recent study by The American Society of Plastic Surgeons (2023) revealed that whereas dermal filler injections climbed by 70% between 2019 and 2022, botulinum toxin injections increased by 73%. Moreover, if the statistics are evaluated in terms of young ages, associatively to The American Society of Plastic Surgeons' annual figures, it is seen that a 28% increase in botulinum toxin applications and a 32% increase in dermal fillers among millennials (the 20-to 29-year-old age) bracket since 2010 (Rohrick, 2017). Additionally, Jin et al. (2022) found that minimally invasive facial cosmetic surgery (e.g. double eyelid surgery, nose shaping, lip filling, chin filling, mid-face filling etc.) is higher in female university students than male university students, even if the rate of non-surgical aesthetic interventions has increased in males in recent years (Frucht & Ortiz, 2016).

1.1. Botulinum Toxin and Dermal Fillers

Relative to botulinum toxin, Sarkar, Nair and Britto (2020) stated that there are seven distinct subtypes of botulinum toxin, also known as botulinum toxin; nevertheless, botulinum toxin A and B are the most used forms in the beauty industry. This chemical injects into the muscles, paralyzing them and preventing them from contracting, which helps to reduce wrinkles on the face's dynamic movements and is also used to shape and contour the face (Sarkar, Nair & Britto, 2020). Research has consistently demonstrated that botulinum toxin has positive effects with a very limited adverse effect profile, and there is a conventional understanding that these effects fade after three to five months; however, more recent data points to considerably longer -even years- lasting alterations in muscle composition, function, and appearance (Crook, Jahromi & Konofaos, 2022). Botulinum toxin is applied in glabellar lines (responsible from the medial brow), chemical browlift (gives eyes to a more open appearance and a youthful look), forehead wrinkles (raising

eyebrows upward), periorbital lines (appears when smiling), bunny lines (transverse nasalis muscle with smiling), gummy smile (excessive gingival display when smiling), perioral lines (lipstick lines) or masseter muscles (appearance of a wide jaw) etc. for cosmetic and aesthetic aims (Dorizas, Krueger & Sadick, 2014).

In relation to dermal fillers, currently, a wide variety of dermal fillers are utilized for both medical and cosmetic objectives in standard clinical practice (Sanchez-Carpintero, Candelas & Ruiz-Rodriguez, 2010). One of the most significant aspects influencing our perceptions of beauty and attractiveness in today's society is facial appearance (Abelsson & Willman, 2020), and dermal fillers preserve a youthful, refreshed appearance by adding sufficient volume to parts of the skin that are depressed (Witmanowski & Blochowiak, 2020). According to the amount of time the substance remains in tissue, dermal fillers can be classified as temporary, semipermanent, or permanent (Funt & Pavicic, 2015). American Society of Plastic Surgeons (2023) have revealed that dermal fillers will be the second most preferred invasive procedure in 2023. Hyaluronic acid, a temporary filler, is the most widely used type of filler in the cosmetic industry (Sanchez-Carpintero, Candelas & Ruiz-Rodriguez, 2010). Dermal fillers based on hyaluronic acid (HA) are an injectable, non-permanent device that can enhance curves and shapes, fill in fine lines and wrinkles, and restore volume loss (Wongprasert, Dreiss & Murray, 2022), cheek and chin augmentation, nose reshaping, midfacial volumization, lip enhancement, hand rejuvenation and correction of facial asymmetry (Funt & Pavicic, 2015).

Zarringam et al. (2020) have found that applications of botulinum toxin and dermal fillers increased significantly among women aged 18-25 between 2008 and 2017, by almost 35 times. In other statistics of American Society of Plastic Surgeons (2023) have showed in 2023 Cosmetic Surgery Age Distribution (20-29) statistics that between 2022 and 2023, the proportion of young women aged 20-29 who received botulinum toxin applications increased by 8% to 137,384 person, while the proportion of young women who received dermal filler procedures increased by 8% to 140,781 person. Jummaah et al. (2024) showed that while the rate of women under the age of 30 turning to dermal fillers is higher than the rate of having botulinum toxin, the rate of women over the age of 30 turning to botulinum toxin is higher than the rate of dermal fillers. They also emphasized that women under the age of 30 prefer cosmetic procedures such as dermal fillers and botulinum toxin, even though they do not need them.

1.2. Body Image

Although there has been a significant growth in cosmetic medical procedures over the past century, body image is believed to be a major factor in these procedures (Sarwer & Crerand, 2004). Body image is defined as thoughts, feelings, and impressions that an individual has about their body (Grogan, 2008). Markey and Markey (2011) stated that body image perception has importance on psychological, behavioral, and developmental dimensions. For instance, the literature shows that body image has strong correlation with depression, anxiety (Han et al., 2023) or eating disorders (Prnjak et al., 2021), such as anorexia nervosa, body dysmorphic disorders or bulimia nervosa (Markey & Markey, 2011). In relation to this, when the functional and dysfunctional coping strategies used by individuals to cope with body image are examined, Individuals produce cognitive and behavioral coping strategies to cope with thoughts, feelings, and situations created by potential threats and challenges to their body image (Cash & Pruzinsky, 2002). In this regard, Cash, Santos, and Williams (2005) developed a scale examining individuals' body image coping mechanisms and found 3 different general coping strategies in this context: avoidance, appearance fixing, and positive rational acceptance. While avoidance describes running away from stressful situations related to body image, appearance fixing involves covering up, changing, and correcting perceived defects in appearance, and positive rational acceptance involves showing rational self-talk and positive self-care about one's appearance (Cash, Santos, & Williams, 2005).

In terms of factors influence body image, for instance, Doktorova and Hubinska (2024) have found that adolescents' body image is shaped by a variety of factors, including social pressures, family, friends, and the media. Moreover, social media platforms based on visuality such as Instagram or editing photos have more negative effect on body image (Vandenbosch, Fardoluly & Tiggemann, 2022). Literature strongly demonstrated that there is a relationship between thin-ideal media images and body dissatisfaction, internalizing the idea of thin-bodies that cause more unhealthy eating attitudes and behaviors and objectifying images of women (Grabe, Ward & Hyde, 2008).

Not only body related but also face related selfies that are seen and taken in an idealized manner might lead to unfavorable body image effects (Rousseau, 2021). Visual media platforms like Snapchat, Instagram, and TikTok employ filters that alter the dimensions and form of face characteristics, such as narrowing the nose or sharpening the jawline, which cause inaccuracies in an individual's perceived appearance (Caravelli, 2023). The most

obvious finding in the research is that higher levels of facial dissatisfaction were linked to more selfie viewing, and appearance comparisons acted as a mediating factor in this association (Yang et al., 2020). Thus, in a study conducted by Walker et al. (2021), it was found that females who used social media frequently and felt less confident about their appearance were more likely to consider cosmetic surgery in the future. It was also found that a significant increase in the intention to undergo cosmetic interventions was observed after young women were shown photographs of cosmetic procedures. This also caused more favorable opinions of cosmetic procedures, higher intentions to have a facial aesthetic procedure, and higher actual-ideal self-discrepancies based on appearance (Caravelli, 2023). Arab et al. (2019) have found that female university students in Saudi Arabia who exposed to cosmetic surgery-related contents of social media, spent longer hours and had negative self-perception found to be more prone to invasive and surgical cosmetic interventions. While the literature showed that applications for photo editing and social media usage may be linked to a rise in the acceptance of cosmetic surgery (Chen et al., 2019), and appearance-based photo editing for social media was associated with decreased facial satisfaction, increased appearance-based actual-ideal self-discrepancy and greater intention to cosmetic procedures (Beos, Kemps & Prichard, 2021); it is also demonstrated how this viewpoint contributes to the intention and acceptance of cosmetic procedures like botulinum toxin and dermal fillers especially in young adults (Hermans, Boerman & Veldhuis, 2022).

In a like manner, Seekis and Kennedy (2023) have found that when participants were watched TikTok videos for 7 minutes included skincare, makeup or botulinum toxin, participants' self-appearance anxiety and shame, negative mood increased, and their self-compassion decreased. In relation to this, the literature also showed that people who are dissatisfied with their bodies may turn to aesthetic interventions for psychological well-being or as a coping mechanism (Tan & Kuş, 2022), and Sobanko et al. (2015) have found that invasive cosmetic injective procedures (such as botulinum toxin and dermal fillers) provide reduction in body image dissatisfaction. In detail, while individuals with Body Dysmorphic Disorder do not report any reduction in the symptoms of their disease after surgical or non-surgical aesthetic interventions, other individuals report an improvement in their body image after these interventions (Sarwer, 2019). However, there is no research in the literature that reveals the differences in body image between women who have had procedures such as botulinum toxin and dermal fillers and those who have not.

1.3. Social Appearance Anxiety

Social appearance anxiety is a prevalent issue that nearly everyone encounters at some point in their lives (Kızılkaya & Özkaya, 2023). Social appearance anxiety, which stems from a negative self-image of one's own body and look, is defined by Hart et al. (2008) as social physical anxiety as well, which is the fear of being negatively evaluated because of the physical appearance. They also emphasized that social appearance anxiety is a broader term which is not only related to body but also skin color, shape of the face, nose, eyes, smile etc. When people think negatively about their physical features, such as their nose, eyes, hair, or body, they find themselves to be less attractive than other people and may even feel ashamed of their appearance, which is known as negative body perception linked to social appearance anxiety, and individuals who have a negative body image are highly engaged in the aspects of their bodies that they dislike; they frequently compare their appearance to others in the mirror (Kızılkaya & Özkaya, 2023).

Social appearance anxiety is also important in terms of anxiety, depression, stress (Çelik & Tolan, 2021) or eating disorders such as anorexia nervosa, binge eating and bulimia nervosa (Brosof & Levinson, 2017), as it is related to body image. On the other hand, social media use has become a common daily activity and is a helpful tool for people to improve how they show themselves by getting approval from others; however, more exposure to visual content on social media may encourage social comparisons and reinforce beauty concerns via being dissatisfied with their appearance (Boursier, Gioia & Griffiths, 2020). The American Academy of Facial Plastic and Reconstructive Surgery (n.d.) revealed in a survey that individuals are getting cosmetic procedures to look better in selfies, with a 15% increase from 2018 to 2019. In a like manner, Rodgers, Hewett and Laveway (2024) also found that when adult women's motivation for cosmetic procedures were investigated, perceiving pressure from sociocultural sources, the media, peers, partners, health and beauty professionals also caused women to resort to these procedures. Pan (2023) found that not only social media but also lack of self-confidence, defects in appearance, strong emphasis on appearance significance and halo effect (generalizing one trait to its all) also cause social appearance anxiety on young adults.

In light of this information, Bakalim (2016) stated that university students in Turkey, as in the Western Country, have concerns about social appearance anxiety and accepting their bodies so that strategies for coping with these concerns are gaining importance. There are different adaptive and maladaptive coping strategies to cope with social appearance

anxiety which are managing stress, regulating anxiety, perspective-taking or rumination, self-blame, excessive self-focus attention, avoidance of social contexts (Antonietti, Camerini & Marciano, 2020), short-term appearance management (making some changes in appearance), taking social support, cognitive avoidance (ignoring the situation), physical activities etc. (Kowalski et al., 2006). Interestingly, cosmetic applications also are becoming more and more commonplace as people start to see of them as a solution to appearance issues (Nugent, 2009). For instance, the literature demonstrated that the most significant predictors of botulinum toxin injection in women are rumination and negative emotions toward their appearance as a result of skin folds and wrinkles (Khanzadeh, Yousefi & Aghamohamadi, 2023). In this context, age becomes a significant factor for appearance anxiety. For instance, as individuals age, they turn to anti-aging processes such as botulinum toxin along with aging anxiety (Carrard et al., 2019). While there are studies showing that social appearance anxiety decreases with age (Wang et al., 2024), one study has shown that there is no relationship between age and social appearance anxiety (Türkçapar, 2022). According to a study conduct by Cohen et al. (2022), it was revealed that participants felt more comfortable, confident, and positive in their social interactions as well as optimistic, happy and positive about the way their faces looked after receiving botulinum toxin and dermal filler treatments. In a like manner, McKeown (2021) emphasized that injectables used in aesthetics, such as botulinum toxin and dermal fillers, have been linked to significant improvements in psychological and social functioning as well as decreases in appearance-related anxiety in patients. Amiri et al. (2021) have found in their research which the vast majority of participants were young adults that %40 of the participants reported higher confidence levels after their cosmetic procedures (such as breast augmentation, rhinoplasty, botulinum toxin and dermal filler injections etc.). Indeed, research has shown that individuals who underwent both botulinum toxin and dermal treatments reported improved self-esteem, enhanced socialization abilities, and less anxiety and dissatisfaction (Amiri et al., 2021) and improvement in quality of life and self-esteem (De Aquino, Haddad & Ferreira, 2013) with their looks rather than those who only had one of the applications. However, there isn't enough research in the literature on whether individuals with social appearance anxiety have botulinum toxin and dermal filler applications as a coping method.

Apart from individuals who are motivated to have botulinum toxin and dermal filler procedures, there are also individuals who do not consider having these procedures done or who are against them. Tam et al. (2012) stated that stigma related to people who had cosmetic surgery (people do not tend to create close relationships with them), the role of culture and

the role of social contact are the factors that influence people's attitudes toward cosmetic procedures that creating change on the physical appearance. People tend to non-surgical cosmetic procedures rather than surgical procedures due to its decreased cost, quickness and satisfactory results (Sayegh et al., 2024). However, in the research, it is also stated that related to Saudi Arabia, even if the general attitude has changed, the certain part of the society is against aesthetic interventions and surgeries due to religious reasons (religion prohibits interventions that affect a person's appearance) and health risks (Morait et al., 2019). Similarly, in a study conducted in Turkey, it is stated that Islamic groups are against cosmetic surgery interventions that cause changes in appearance, and they are seeing it as a sin, because individuals are expected to be satisfied with the appearance they were created with (Muslu & Demir, 2020). Another study conducted on women between the ages of 25 and 70 found that participants did not seek minimally invasive interventions because they feared losing their natural appearance, the costs were too high, the procedures were unnecessary, and they were afraid of side effects and complications (Ehlinger-Martin et al., 2015).

Even if the social media is a major factor in individuals turning to nonsurgical aesthetic interventions, individuals have concerns about the unexpected appearance they may experience in their appearance (Nassar & Demyati, 2024), and concerns about the quality of the injected materials (Fareed & Alnuaemi, 2023); therefore, they do not turn to these procedures. Because of the view of natural beauty is outstanding to artificial beauty (Ehlinger-Martin et al., 2015), and the views that are against aesthetic interventions due to views that base beauty standards on natural appearance, this puts individuals in a position against aesthetic interventions (Bonell, Barlow & Griffiths, 2021). In contrast, according to Sarwer, Magee and Clark (2004), the meaning of attractive woman in the world includes perfect physical appearance and features such as symmetrical appearance, which also cause people to undergo cosmetic procedures and surgeries. Moreover, in addition to the reasons why individuals stay away from these invasive and surgical interventions explained above, the study has also revealed that individuals prefer to have these interventions despite knowing the side effects, complications and risk (Aladwan et al., 2023). According to the research conducted by AlShamlan et al. (2022), older university students and individuals who have previously undergone cosmetic surgery and procedures are more likely to undergo these procedures, while men, individuals with a medium income level and those who are aware of the risks are less likely to undergo these interventions. They also suggested that more in-depth research should be conducted in this area. Under this information, there is a

paucity of research investigating young individuals who are turning to surgical cosmetic procedures and minimally invasive cosmetic procedures, especially procedures such as botulinum toxin and dermal fillers. The importance of the research conducted in this context is evident.

1.4 Aim of the Study and Hypothesis

Although there has been an increase in demand for less invasive cosmetic procedures, few research has looked at this patient population (Sobanko et al., 2015). In a typical aesthetic practice, dermal fillers were linked to significant improvements in patients' psychological and social functioning in addition to a notable decrease in their anxiety related to appearance (Michon & Hassan, 2022). Likewise, Shah-Desai et al. (2023) stated that these aesthetic applications will eventually enhance their psychological health. On the other hand, when investigating botulinum toxin interventions in the literature, it can be seen that after the application, there are positive effects on people's psychological functions, well-being, perceived attractiveness levels, self-confidence, social functions, etc. It is known that it leads to change and healing (Pereira & Hassan, 2022). However, although it is stated in the literature that individuals turn to aesthetic interventions as a coping mechanism for their concerns about their social appearance and body image (Tan & Kuş, 2022), there are not enough findings in the literature for this. The literature also shows that females have more knowledge and experience about non-surgical cosmetic procedures than males (Alhawal, Almasalmeh & Nahas, 2023). Under the light of these information, the present research will examine the social appearance anxiety and coping strategies with body image of female participants between the ages of 18-30 who have had fillers and botulinum toxin, who are considering having it, and who have never thought of having it.

Based on the aim of the study, the hypothesis are:

H1: In terms of social appearance anxiety, the three groups differ from each other. The highest social appearance anxiety is in those who have considered having botulinum toxin and dermal fillers but have not yet done so, and the lowest social appearance anxiety is in those who have never considered having these procedures.

H2: There are significant differences between the 3 groups in terms of body image coping mechanisms.

H2a: Those who have had botulinum toxin and dermal fillers and those who have considered having these procedures but have not done so rely more on the appearance fixing mechanism than those who have never considered having them.

H2b: Those who have had botulinum toxin and dermal fillers and those who have considered having these procedures but have not done rely more on the avoidance mechanism than those who have never considered having them.

H2c: Those who have never considered having botulinum toxin and dermal fillers are rely more on the positive rational acceptance mechanism than those who have had these procedures and those who have considered having them but have not.



2. METHOD

2.1. Participants

The G-Power Software 3.1 was used to decide the ideal sample size for this study. Therefore, this software was run with the parameters of Global effect One-Way MANCOVA as a statistical test, the effect size of 0.06 power of 0.95, number of groups 3, and number of responsible variables 4. Based on calculations made by G-Power Software, the total sample size should have been approximately 186. Due to the possibility that age-related confounding variables may affect the research results, the age range of the participants was kept to young adulthood. A total of 356 women who aged between 18-30 with a mean of 23.59 ($SD = 1.64$) participated in the study. Participants who had botulinum toxin and fillers but experienced complications afterward and/or had these procedures (6 participants), done for medical purposes (2 participants), participants who had psychiatric diagnosis (67 participants), are currently using psychiatric medication (39 participants), non-females (6 participants) and outliers (6 participants) was excluded from the study. Participants aged 18-30 were included in the study; however, one participant aged 18 was excluded due to a psychiatric condition, resulting in the final age range of the female participants being 19-30. In total, 262 women who met the criteria and aged between 19-30 with a mean of 23.59 ($SD = 3.05$) were eligible for the research analysis. However, data reduction was applied in the study randomly, and a total of 87 female participants, 29 in each group, were included in the research results.

2.2. Materials

2.2.1. Informed consent form

The Informed Consent Form included the rights of the participants, the purpose of the study, the process, benefits and risks of the research, and the confidentiality of received information and data collected from the participants (Appendix A).

2.2.2. Demographic information form

In this form, participants was asked for their personal information (e.g. age, gender, education level, etc.), their experience and motivation about botulinum toxin and dermal fillers (Appendix B).

2.2.3. The Social Appearance Anxiety Scale

The Social Appearance Anxiety Scale (SAAS) is a self-report scale developed by Hart et al. (2008). The purpose of this scale is to measure participants' anxiety about their physical appearance as being negatively evaluated by others. The scale evaluates the concept of physical appearance as a comprehensive concept. This inventory includes 16 items with self-reported Likert-type and the response of each item on the scale corresponds to scores in the 1–5 range (1: Not at all, 5: Extremely). It has a single factor structure. The first item on the scale is reversed. Regarding social appearance anxiety, the minimum score obtained from the scale is 16, and the maximum is 96. As the scores the participants receive from the scale increase, it is interpreted that their social appearance anxiety increases.

Doğan (2010) conducted the Turkish standardization study of the SAAS. The results demonstrate that the internal consistency coefficient was .93, the two-half test correlation was $r = .88$ and the test re-test reliability was $r = .85$. The reliability of the scale was assessed using Cronbach's alpha, which was found to be .91, indicating acceptable internal consistency. It will take approximately five to seven minutes to complete the scale (Appendix C).

2.2.4. The Body Image Coping Strategies Inventory

The Body Image Coping Strategies Inventory (BICSI) was developed by Cash, Santos and Williams (2005) as a self-report Likert-type scale. It measures individuals' coping strategies regarding body image threats and negativities. The scale has 29 items with a 1-4 rating scale (1: Completely Disagree, 4: Completely Agree). It measures body image coping strategies in three different categories, which are appearance fixing, positive rational acceptance and avoidance. The first subscale of “appearance fixing” items (10 items) point out individuals' efforts to eliminate and correct these negativities regarding the negativities and threats to their body image. Secondly, “the positive rational acceptance” subscale (11 items) consists of items expressing that negativities and threats related to body image are unrealistic and functional. “Avoidance” (8 items), the third subscale, measures the expressions indicating that individuals avoid negativities related to body image. High scores from the subscales indicate higher levels of tendency of these coping strategies.

Doğan, Sapmaz and Totan (2011) made the Turkish standardization of the scale. The same sub-dimensions compatible with the original test were found in Turkey. Cronbach's alpha internal consistency coefficient of the standardized Turkish version's subscales changed between .81 - .87. Test-retest reliability results ranged between .56 - .81. The reliability of

the scale was evaluated using Cronbach's alpha, which revealed values of .87 for the appearance fixing subscale, .72 for the positive rational acceptance subscale, and .81 for the avoidance subscale, indicating acceptable internal consistency for all subscales. The scale takes 5 to 7 minutes to complete (Appendix D).

2.3. Procedure

Ethics committee permissions for the research were obtained from ethic committee of Başkent University (Ankara, Turkey, Approval number: E-62310886-605-354852). After ethics committee permission, questionnaires was announced by using the Qualtrics Online Software link via social media platforms (Instagram, Twitter, WhatsApp, etc.) by using convenience sampling approach. Data were collected over 2 months period. The shared link consisted informed consent form, demographic information form, SAAS and BICSI. After the informed consent form and demographic form, SAAS, and BICSI was given to participants randomly to exclude the order effect. At the end of the scales, the data collection process was completed by thanking the participants. Participants who had botulinum toxin and dermal filler procedures for medical treatment, those who experienced complications after the procedures, and participants who haven't select the female, participants who received a Body Dysmorphic Disorder diagnosis and use psychiatric medication was excluded from the sample. Therefore, in the demographic form, the process of filling out the scales was managed and terminated according to the answers given by the participants about botulinum toxin and dermal filler procedures for medical purposes and complications.

2.4. Design

The present study includes one independent variable and two dependent variables. The independent variable has three levels that are participants who have had dermal fillers and botulinum toxin before, those who are considering having dermal fillers and botulinum toxin, and those who have never thought of having these two procedures. The dependent variables of the study was taken as their social appearance anxiety and body image coping strategies (with the subscales of appearance fixing, positive rational acceptance, and avoidance). The statistical analysis as The One-Way Multivariate Analysis of Covariance (MANCOVA) was conducted by using SPSS.

3. RESULTS

In the present study, it is aimed to investigate the relationship between the decision on having botulinum toxin and dermal fillers (already have it, considering have it or never have it), social appearance anxiety and coping with body image.

3.1. Descriptive Statistics

In total, 356 participants completed the survey. However, because of 1 participant did not want to state his gender, 5 participants were male, 67 participants had a psychiatric diagnosis, 39 participants used psychiatric medication (only eight of them did not have a psychiatric diagnosis but used psychiatric medication), 6 participants experienced complications after the procedures, 2 participants had medical reasons to have these procedures, and 6 participants were outliers, they were not included in the study. As a result, among the participants divided into 3 groups within the aim of the study, 29 participants who had previously undergone botulinum toxin and dermal filler procedures (Group 1), 92 participants who were considering having these procedures (Group 2), and 141 participants who had never considered having these procedures (Group 3), were eligible to be included in the study. Since MANCOVA is statistically accepted based on the assumption of variance-covariance matrices' homogeneity between groups and the inequality of the number of people between the groups may affect the accuracy of the results (Tabachnick & Fidell, 2013), the difference in the number between groups was equalized by data reduction randomly. As a result, a total of 87 ($M = 24.45$, $SD = 3.23$) women were included in the study, 29 women in each group.

The mean ages of the groups in the study were 25.59 ($SD = 3.50$), 24.45 ($SD = 2.57$), 23.32 ($SD = 3.26$), respectively. The one-way ANOVA conducted to test whether age created a significant difference between the groups was found to be significant $F(2,87) = 3.817$, $p < .05$. The results of Tukey's HSD Test, which was conducted to examine which groups caused the difference, showed that there was a difference between Group 1 and Group 3, $p < .05$, 95% $CI = [-.83, 3.10]$. Descriptive statistics of the sample in terms of some other demographic variables are shown in Table 1. In addition, descriptive statistics of the dependent variables are given in Table 2.

Table 1*Descriptive Statistics for Demographic Variables*

Demographic Variables	Group 1		Group 2		Group 3		Total	
	n	%	n	%	n	%	n	%
Education Level								
Highschool Degree	10	34.48	11	37.93	15	51.72	36	41.37
Associate Degree	1	3.44	1	3.44	2	6.89	4	4.59
Bachelor Degree	15	51.72	15	51.72	9	31.03	39	44.82
Masters Degree	3	10.34	2	6.89	3	10.34	8	9.19
Graduated or Student								
Student	18	62.06	18	62.06	20	68.96	56	64.36
Graduated	11	37.93	11	37.93	9	31.03	31	35.63
Romantic Relationship								
Have a relationship	19	65.51	19	65.51	17	58.62	55	63.21
Had a relationship	10	34.48	8	27.58	8	27.58	26	29.88
Never had before			2	6.89	4	13.79	6	6.89

Note. Group 1 = The group of who have botulinum toxin or dermal filler; Group 2 = The group of who are considering have botulinum toxin or dermal filler; Group 3 = The group of who are never considering have botulinum toxin or dermal filler in the future.

Table 2*Descriptive Statistics for Dependent Variables*

Dependent Variables	Group	Mean	SD	Skewness	Kurtosis	Min	Max
Social Appearance Anxiety	Group 1	30.76	10.98	1.34	1.96	16	61
	Group 2	24.24	4.05	.11	-1.11	17	30
	Group 3	20.10	2.12	-.19	-1.23	17	23
	Total	25.03	8.10	2.32	7.21	16	61
Body Image Coping Strategies Scale							
Appearance Fixing	Group 1	25.69	5.79	-.15	.11	14	39
	Group 2	23.79	4.48	.21	1.94	12	36
	Group 3	20.62	5.09	-.22	-.17	10	31
	Total	23.37	5.50	.00	.32	10	39
Positive Rational Acceptance	Group 1	31.93	3.78	.89	2.68	25	44
	Group 2	32.55	3.86	.00	.72	23	41
	Group 3	31.66	3.80	-.66	1.73	21	39
	Total	32.05	3.79	.07	1.38	21	44
Avoidance	Group 1	15.24	4.55	.47	-.56	8	24
	Group 2	12.79	4.48	.21	1.94	12	36

Group 3	20.62	5.09	-.22	-.17	10	31
Total	13.47	3.60	.89	.94	8	24

Table 3
Correlations Between Dependent Variables According to Groups

Groups	Dependent Variables	1.	2.	3.	4.
Group 1	1. AF	-			
	2. PRA	-.11	-		
	3. AV	.11	.07	-	
	4. SAA	.62**	.03	.44**	-
Group 2	1. AF	-			
	2. PRA	-.11	-		
	3. AV	-.04	.30	-	
	4. SAA	.41*	-.01	.14	-
Group 3	1. AF	-			
	2. PRA	.33	-		
	3. AV	.23	-.19	-	
	4. SAA	-.05	-.09	.37*	-
Total Sample	1. AF	-			
	2. PRA	.04	-		
	3. AV	.21	.05	-	
	4. SAA	.54**	.01	.47**	-

Note. Group 1 = The group of who have botulinum toxin or dermal filler; Group 2 = The group of who are considering have botulinum toxin or dermal filler; Group 3 = The group of who are never considering have botulinum toxin or dermal filler in the future; AF = Appearance Fixing; PRA = Positive Rational Acceptance; AV = Avoidance; SAA = Social Appearance Anxiety.

** $p < .001$

* $p < .05$

To examine correlations among dependent variables according to groups, Pearson Correlation analysis was conducted. Dependent variables which were included in this analysis are social appearance anxiety and coping styles with body image under three subscales (avoidance, positive rational acceptance and appearance fixing). For Group 1, the results indicate a strong significant relationship between social appearance anxiety and appearance fixing subscale of coping with body image, [$r(29) = .62, p < .001$]. Likewise, there was also a significant relationship between social appearance anxiety and avoidance subscale of coping with body image, [$r(29) = .44, p < .001$]. In relation to Group 2, results also indicate a moderately significant relationship between social appearance fixing and

appearance fixing subscale of coping with body image, [$r(29) = .41, p < .05$]. Lastly for Group 3, there was weak significant relationship between social appearance anxiety and avoidance subscale of coping with body image, [$r(29) = .37, p < .05$]. Apart from these, the results were not indicating any other relationship between dependent variables and its subscales according to groups (Table 3).

3.2. Summary of Qualitative Data Examining Participants' Motivation

In this study, qualitative data was collected from individuals on why they prefer botulinum toxin and dermal filler procedures, whether they consider having them, or whether they consider never having them. While the vast majority of participants explained their decision regarding these procedures, a total of 16 people did not answer this question.

When those who had previously considered having botulinum toxin and dermal filler procedures were examined within the scope of the study, 1 participant stated that they had them because they were recommended to have them, 2 participants stated that they had them to prevent wrinkles, 3 participants stated that they had them to eliminate wrinkles, 5 participants stated that they had them for beauty, and 1 participant stated that they had them for aesthetic appearance. A total of 8 participants stated that they had them because they did not like the appearance of their lips, found their lips thin, wanted to balance the inequality in the appearance of their lips, or liked the appearance of lip filler, while 5 participants stated that they had them for teeth clenching and physical appearance. Since it is accepted that botulinum toxin applied to the masseter muscle for teeth grinding problem reduces muscle bulk and reshapes the lower face and achieves a more aesthetic appearance (Almukhtar & Fabi, 2019), if the participant stated that they had it done for treatment of teeth grinding rather than for medical purposes, these participants were included in the study.

The vast majority of those who did not have botulinum toxin and dermal filler procedures but considered having them (16 participants) stated that they would prefer these procedures due to wrinkles that will occur in old age, due to the aging process, to look younger, to age more beautifully or to get rid of wrinkles caused by expression lines. An example of this can be the statement that small touches may be beneficial after the age of 30, as they are believed to help individuals feel younger and more confident. Apart from these, 1 participants stated that they are open to small touches, 1 participant because they like it, 1 participant because they may need it for health reasons, 1 participant to feel more beautiful and better, 1 participant because it interests them and they want to try it, 1

participant because they feel the need, 1 participant because they want to change the shape of their nose.

When the third group that never considered having botulinum toxin and dermal filler procedures was examined, 8 participant stated that they did not see it as necessary, 6 participants stated that they wanted to be natural and not to spoil their natural beauty, 4 participants stated that they did not think they needed it, 2 participants stated that they did not want repeated procedures, 1 participant stated that they would never have these procedures, 1 participant stated that it was a sin, 1 participant stated that they were at peace with their body and themselves, and 1 participant stated that they would never have these procedures because they thought it could have harmful effects on their body.

3.3. Inferential Statistics

To control for the covariate effect of age, a One-Way MANCOVA was conducted to investigate the combined effects of age and dependent variables of the research. The analysis of age revealed a non-significant overall effect of the combined variables of dependent variables, $F(4, 87) = 2.380$, $p = .058$, $\eta_p^2 = .106$. However, while age does not show a significant difference with regard to the dependent variables, for appearance fixing subscale, age differs between groups significantly, $F(1,87) = 4.839$, $p = .031$, $\eta_p^2 = .122$.843.

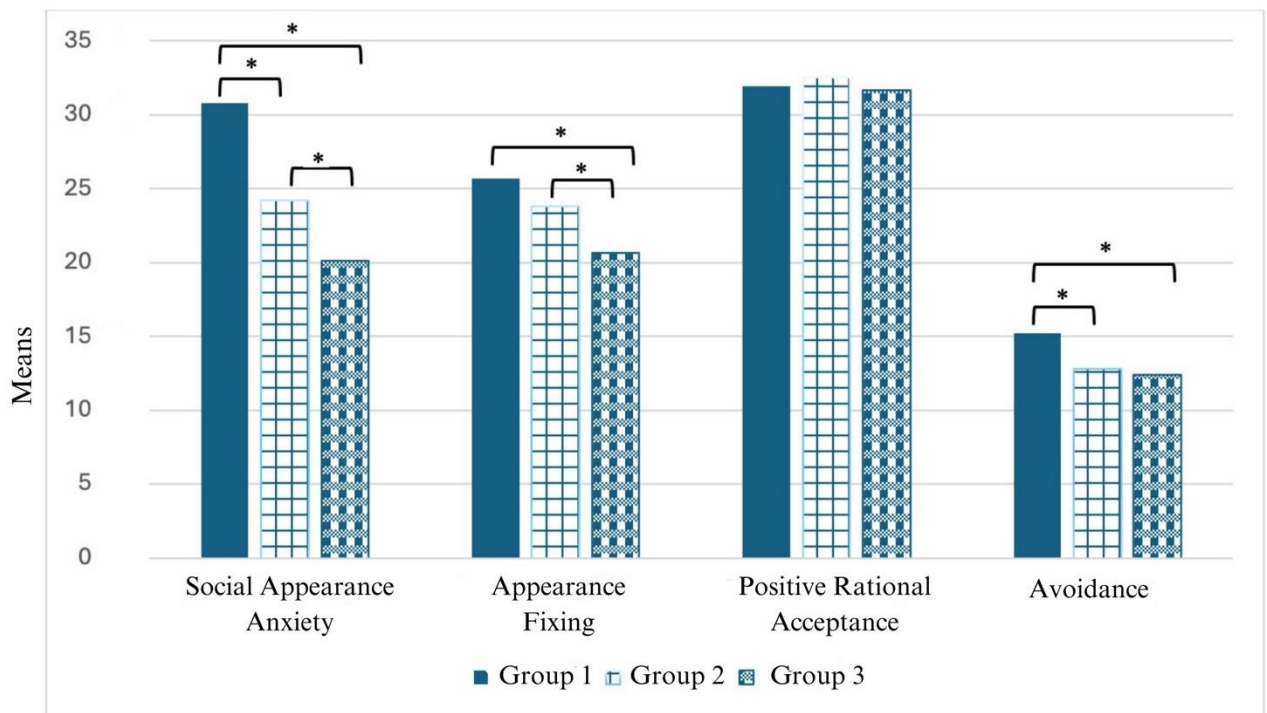
The relationship of decision on having botulinum toxin and/or dermal filler applications on social appearance anxiety and coping with body image were examined with One-Way MANCOVA. The decision on having botulinum toxin and/or dermal filler applications was categorized under three groups, which were had these procedures before (Group 1), considering having it in the future (Group 2) and considering never having these procedures in the future (Group 3). Social appearance anxiety of the participants was evaluated with their score with SAAS and participants' coping style with body image evaluated with BICSI under three subscales (avoidance, appearance fixing and positive rational acceptance). Since there was homogeneity between the variances, Wilk's Lambda value was reported. The results showed a significant difference between groups related to decision on having botulinum toxin and dermal filler, $F(8, 87) = 5.398$, $p = .000$, $\eta_p^2 = .620$, indicated that participants differed on their social appearance anxiety level and their coping styles with body image.

When the difference between the groups on decision of having these procedures on social appearance anxiety investigated, there is statistically difference between groups, $F(2, 87) = 19.868$, $p = .000$, $\eta_p^2 = .1826$.89. Post hoc tests were calculated to examine the

differences between groups. It is revealed that Group 1 have higher social appearance anxiety ($M = 30.76$, $SD = 10.98$) than Group 2 ($M = 24.14$, $SD = 4.05$), $p < .001$. Similarly, Group 1 have higher social appearance anxiety ($M = 30.76$, $SD = 10.98$) than Group 3 ($M = 20.10$, $SD = 2.12$), $p < .001$. Lastly, Group 2 ($M = 24.14$, $SD = 4.05$) also rely more on higher social appearance anxiety than Group 3 ($M = 20.10$, $SD = 2.12$), $p < .05$). So, hypothesis 1 was partly confirmed. (Figure 1).

Figure 1

Mean Values of Dependent Variables According to the Groups of the Independent Variables



Note. * $p < .05$

Secondly, the relationship between the decision of having botulinum toxin or/and dermal filler on coping with body image with avoidance subscale, there was a statistically significant difference between the groups on relying on avoidant coping style for body image, $F(2, 87) = 6.661$, $p = .002$, $\eta_p^2 = 154.50$. In relation to post hoc tests, there is statistically difference between Group 1 ($M = 15.24$, $SD = 4.55$) and Group 2 ($M = 12.79$, $SD = 2.65$), $p < .05$, between Group 1 ($M = 15.24$, $SD = 4.55$) and Group 3 ($M = 12.38$, $SD = 2.67$), $p < .05$. However, there is no statistical difference between Group 2 and Group 3.

Investigation of the relationship between the decision of having botulinum toxin or/and dermal filler on coping with body image with appearance fixing subscale, it was found a significant main effect, $F(2, 87) = 9.413$, $p = .000$, $\eta_p^2 = 477.87$. In detail related to post hoc,

Group 1 ($M = 25.69$, $SD = 5.79$) rely on higher levels of appearance fixing coping mechanism for their body image than Group 3 ($M = 20.63$, $SD = 5.09$), $p < .001$. There was no significant difference between Group 1 and Group 2. However, there is significant difference between Group 2 ($M = 23.79$, $SD = 4.48$) and Group 3 ($M = 20.63$, $SD = 5.09$), $p < .05$, indicating that Group 2 rely on higher levels of appearance fixing coping mechanism than Group 3. In conclusion, hypothesis 2a was partly confirmed (Figure 1).

The relationship between the decision of having botulinum toxin or/and dermal filler on coping with body image with positive rational acceptance subscale, it was not found a significant main effect. Therefore, hypothesis 2c was not confirmed (Figure1).



4. DISCUSSION

All over the world, aesthetic and beauty issues are gaining importance very quickly. Especially by the media, the standard perception of beauty is spreading all over the world and most people are trying to reach this standard beauty. Rather than aging, wrinkles, etc., young people are now turning to aesthetic and cosmetic interventions in increasing numbers every year. On the other hand, there are also individuals who oppose the standard perception of beauty and do not turn to the field of aesthetics and beauty. However, there are very few studies in the literature that explain the difference between individuals who turn to aesthetic and cosmetic interventions and those who do not. This important gap in the literature was tried to be filled with this research.

Since it is known that individuals turn to aesthetic and cosmetic interventions to cope with their body image and desire to be more appreciated as a social appearance, the study was examined and compared women between the ages of 18-30 in terms of social appearance anxiety and coping strategies with face-related body image. There were three different groups within the scope of the research: those who have had botulinum toxin and dermal fillers before, those who are considering having botulinum toxin and dermal fillers but have not, and those who are not considering having botulinum toxin and dermal fillers now or in the future.

4.1. Relationship Between Having Botulinum Toxin and Dermal Fillers and Social Appearance Anxiety (H1)

The relationship between to have botulinum toxin and dermal fillers and social appearance anxiety was examined using the One-Way MANCOVA. According to the analysis of the present research, it was found that women who had botulinum toxin and dermal fillers show higher levels of social appearance anxiety than women who were considering having these procedures and women who had never considered having them throughout their lives. Thus, women who were considering having these procedures also show higher levels of social appearance anxiety than women who had never considering having these procures throughout their lives. Moreover, individuals who were considering having botulinum toxin and dermal filler procedures show more social appearance anxiety than women who have not had these procedures and would never consider having them. In

summary and according to the analysis, all groups differ significantly from each other in terms of social appearance anxiety.

In today's world, appearance anxiety is becoming a more significant issue that has an impact on people's social development, mental and physical health, and overall well-being (Pan, 2023). According to these results of the study, the difference between young adult women's social appearance anxiety may arise due to many factors. First of all, having a negative body image increases social appearance anxiety and intention to cosmetic procedures (Kim & Chung, 2016). Individuals with negative body image compare themselves more with others and spend more time examining themselves in the mirror (Kızılkaya & Özkaya, 2023). The results of a study conducted on women show that appearance comparisons are mostly made through social media (Fardouly, Pinkus & Vartanian, 2017) and social media use also increases the social appearance anxiety (Papapanou et al., 2023). According to Boursier, Gioia and Griffiths (2020), increased exposure to visual content on social media may promote social comparisons and reaffirm beauty concerns through dissatisfaction with one's looks. Due to social compliance and societal acceptance, social media has a detrimental impact on people by encouraging them to follow unhealthy beauty trends (Henriques & Patnaik, 2020). For instance, according to a survey conducted by the American Academy of Facial Plastic and Reconstructive Surgery (n.d.) the number of people undergoing cosmetic treatments to improve their selfie appearance increased by 15% between 2018 and 2019.

Considering that individuals turn to cosmetic interventions as a solution to issues related to their social appearance (Nugent, 2009), it is understandable that women with social appearance anxiety would turn to interventions that affect their appearance, such as botulinum toxin and dermal fillers, as a result of the research. When the literature is examined, it was found that the anxiety of individuals regarding their social appearance decreases after aesthetic interventions (McKeown, 2021). However, as stated in the first hypothesis of the study, while the social appearance anxiety of individuals who never consider having these procedures done is at the lowest level, it is seen that individuals who have had the procedures done experience this anxiety more than all other groups, thus this hypothesis is partially confirmed. Among other reasons, individuals who have botulinum toxin and dermal fillers have less social appearance anxiety than individuals who have not had these procedures, which may be explained by the fact that they do not seek these procedures because of their lower appearance anxiety. However, more research is needed on this subject. In this study, it is emphasized that the majority of participants who are

considering having botulinum toxin and dermal fillers have not yet started to experience signs of aging, but they want to age beautifully. In addition, although research has shown that social appearance anxiety decreases after procedures (McKeown, 2021), botulinum toxin (Crook, Jahromi & Konofos, 2022) and hyaluronic acid (Sanchez-Carpintero, Candelas & Ruiz-Rodriguez, 2010) which are frequently used dermal fillers, are temporary procedures, and the fact that individuals frequently turn to these procedures suggests that they may be causing a sustaining factor in social appearance anxiety. In future studies, information such as the frequency of procedures, when the last procedure was performed, etc. should be taken into consideration and social appearance anxiety should be evaluated in this context.

While Wang et al. (2024) found that social appearance anxiety decreases with age, in contrast, Türkçapar (2022) found no relationship between social appearance anxiety and age. However, in this study, in addition to the participants' statements indicating their motivation to considering have botulinum toxin and dermal fillers due to aging, it was found that individuals who had botulinum toxin and dermal fillers had more social appearance anxiety than others, and that women in the same group were significantly older than women who were not considering have these procedures. There was no relationship related to age of the group between considering have these procedures and other groups. According to research, rumination and negative feelings about one's appearance due to wrinkles and creases in the skin are the most important predictors of botulinum toxin injection in women (Khanzadeh, Yousefi & Aghamohamadi, 2023). Research has found that fear of aging is associated with having control over body appearance (Gendron & Lydecker, 2016). At the same time, it has been found in studies that aging anxiety and importance of appearance are associated with the tendency towards anti-aging processes (Carrard et al., 2019), and botulinum toxin and dermal fillers are also frequently used against visible aging signs (Fedorchenko, 2024). In this study, when individuals were asked why they turned to procedures such as botulinum toxin and dermal fillers, it was gathered that some of the individuals who had this procedure did so to prevent wrinkles, and the vast majority of those who were considering having it did so to eliminate wrinkles and age beautifully. In this context, even if they are in young adulthood, aging may stands out as an important factor for women who had or were considering having botulinum toxin and dermal fillers. Further research is needed on the relationship between the perception of the aging process in young adulthood and social appearance anxiety.

However, within the scope of the research, although the individuals who had botulinum toxin and dermal fillers were older, significant part of these participants stated that they had these procedures done due to situations that could be related to more aesthetics and beauty, such as the thinness of their lips, liking the look of the lip fillers and the shape of their nose. So, not only aging process but also aesthetic and beauty issues may be important within the scope of this research. It is stated that the widespread adoption of ideal beauty standards on the internet unknowingly pressures individuals searching for beauty to conform and feel stressed, as media spreads and influences aesthetic norms and easily passes on appearance-related anxiety to social media users (Siddique, Siddique & Jilani, 2022). For instance, although motivations for getting lip filler vary, participants have stated that the impact of social media is high on lip augmentation motivation, and researchers have stated that mental codes regarding the "natural" facial appearance shift as people are exposed to enhanced images on social media (Love et al., 2023). It was also stated that aesthetic surgery is becoming more and more popular due to idealistic female beauty standards (Bonell, Barlow & Griffiths, 2021).

Nowadays, achieving higher aesthetic standards through minimally invasive or surgical means has become the way for many beauty enthusiasts to alleviate appearance anxiety (Ramirez, Scehrz & Smith, 2021). Wollina and Goldman (2011) stated that for young adults, correction of facial sculpturing and correction of asymmetries are significant issues. Research also shows that individuals with high social appearance anxiety are more likely to notice appearance issues and find ways to improve their appearance and boost their self-confidence (Cohen et al., 2022), and social appearance anxiety is the significantly effect on managing behavior on appearance and intention to cosmetic surgery (Kim & Chung, 2016). Mobayed, Nguyen, and Jagdeo (2020) also emphasized that as appearance anxiety increases, aesthetic interventions are becoming more popular and are increasingly sought after by young people. Therefore, the fact that individuals who had botulinum toxin and dermal filler procedures had higher appearance anxiety than other groups within the scope of this study supports the literature.

However, in this study, as mentioned above, individuals who had not considered having botulinum toxin and dermal fillers applied throughout their lives had significantly lower social appearance concerns than other groups. Participants in this group were also significantly younger than individuals who had these procedures done at least once. In relation to literature, while Wang et al. (2024) found that social appearance anxiety decreases with age, in this study, individuals with less social appearance anxiety were younger in age.

The literature has not enough research to explain people against cosmetic interventions, especially minimally invasive procedures such as botulinum toxin and dermal filler. Even so, under the light of the literature, it is known that people against aesthetic interventions have beauty standards on natural appearance (Bonell, Barlow & Griffiths, 2021) and view of natural beauty is outstanding to artificial beauty (Ehlinger-Martin et al., 2015). There are also people who criticize and show resistance to unrealistic and harmful appearance ideals comes from media, family, peers and partners (Ando et al., 2021). Due to the lack of research in the literature on individuals who are against minimally invasive cosmetic interventions, the results of the research can be evaluated in the context of studies examining attitudes towards aesthetic surgery interventions. Studies examining the negative perception of plastic surgery in the literature also show that the results of surgical procedures are unnatural and people who have it done are stigmatized by society (Saxena, 2013). Likewise, in this study, most of the participants who did not want to have botulinum toxin and dermal fillers stated that they did not want to spoil their natural beauty and wanted to remain natural. However, there isn't any finding related to being stigmatized in this research. More research is needed.

Moreover, research also shows that individuals who are self-confident, comfortable in their own bodies, and have low self-deprecation are less likely to change their appearance through cosmetic surgery (Ricciardelli & Clow, 2009). Higher self-esteem is another important thing for lower social appearance anxiety (Şahin et al., 2014). Thus, self-esteem is an important protective factor for social appearance anxiety (Antonietti, Camerini & Marciano, 2020). In this study, individuals who do not consider botulinum toxin and dermal fillers, in addition to their emphasis on naturalness, also stated that they do not see the need for these procedures. This attitude of individuals can also be explained by their high self-confidence and self-esteem. Bakalim (2016) have found that self-confidence is related to social appearance anxiety, and body appreciation has an impact on this relationship. However, more detailed research is needed on this subject, especially regarding these procedures. On the other hand, in the group with the lowest social appearance anxiety, who stated that they would never have these procedures done because they were repetitive procedures and because they were a sin. Although its relationship with social appearance anxiety is not known in the literature, Al-Saairi and Bakarman (2015) emphasized that there are individuals who are against cosmetic surgeries because it is forbidden to make a change in appearance due to Islamic beliefs and at the same time there are individuals who see it as a waste of money.

4.2. Relationship Between Having Botulinum Toxin and Dermal Fillers and Body Image Coping Strategies (H2)

To adjust to or manage ideas, feelings, and circumstances that lead to stress in body perception, people choose a variety of cognitive and behavioral coping mechanisms (Cash & Pruzinsky, 2002). Although coping and body image have been studied extensively, their interface has received surprisingly less attention in the literature (Cash, Santos & Williams, 2005). Considering the lack of research on minimally invasive cosmetic interventions, the relationship between to have botulinum toxin and dermal fillers and coping strategies with body image was examined using the One-Way MANCOVA. In the literature, it is seen that not only body-related photographs but also face-related selfies on social media have a negative effect on body image (Rousseau, 2021). In this context, in this study, strategies to cope with body image were discussed from a face-related framework. In the present research, coping strategies with body image investigated under three coping styles which are appearance fixing, avoidance and positive rational acceptance.

4.2.1. Appearance Fixing (H2a)

As a result of the analysis, while women who had botulinum toxin and dermal fillers and who were considering them have tendency to higher levels of appearance fixing coping mechanism than women who have never had these procedures and were not considering have them in the future; however, there were not a difference between women who had these procedures before and who were considering but not have these procedures yet, which can be interpreted as both groups using the appearance fixing coping mechanism to cope with body image. Thus, in the context of the appearance fixing coping mechanism, the second hypothesis (H2a) was supported by the research.

Cash, Santos and Williams (2005) stated that women specifically use appearance fixing strategies to cope with their body image, which include changing appearance to desired outcome. In this study, significant relationships were found between tendency and motivation among to minimally invasive cosmetic procedures such as botulinum toxin and dermal fillers and coping mechanisms to body image, as in the study conducted by Callaghan et al. (2011), between surgical interventions and body image coping strategies such as appearance fixing. Callaghan et al. (2011) also explained that individuals may desire to change or eliminate a body part in order to cope with the psychological distress and body image problems caused by focusing on that body part. Individuals experiencing stress

regarding body image, aesthetic surgery is considered a problematic coping method used to cope with intrusive and unwanted thoughts, because this coping method is actually ineffective in reducing stress regarding body image (Yazdandoost, Hayatbini & Fatemi, 2017). At the same time, research by Ricciardelli and Clow (2009) found that individuals turn to cosmetic surgery to correct social problems as well as perceived physical defects.

When the motivations of individuals who undergo minimally invasive procedures are examined, Waldman et al. (2019) have found that it is for reasons such as feeling more self-confident, being less stigmatized, feeling less shame, being able to conceal undesirable physical features, looking younger and more normal, looking better in photographs, being able to manage social appearance concerns, etc. Thus, the fact that individuals who do not want to have botulinum toxin and dermal filler procedures in the future have less social appearance concerns than the other two groups, and that individuals who have had these procedures before or are considering them are more likely to cope body image with appearance fixing, is also supported in the context of the literature. When the other results of this research are examined, the statements of individuals who have had botulinum toxin and dermal filler procedures and those who are considering having them show that their motivations are to change the shape of their lips or nose, or to have masseter botox for teeth grinding treatment, and to achieve an aesthetic change on their faces, can be explained in this context. At the same time, the positive correlation found in this research between the social appearance anxiety and the appearance fixing coping strategy of individuals in the groups who had botulinum toxin and dermal filler before and who were considering having these procedures, can also be explained in this context. In conclusion, the situation that individuals change their appearance in order to cope with the stress caused by social appearance anxiety is also supported by the literature.

Interestingly, it is stated that younger people frequently seek cosmetic procedures to improve their appearance and increase their chances for both personal and professional opportunities (Wang et al., 2024). Brown (2017) criticizes not only the media's ideal female appearance, but also the aesthetic work of young women participating in academic and professional interviews, and the demand that femininity and the female body should be placed on an acceptable basis in professional life. Considering that the participants who turned to botulinum toxin and dermal fillers in this study were older and that the overall sample of the study was at least a university graduate and older in academic terms, the pressure on individuals in professional and academic life towards the ideal female appearance seems to be evaluated in this context. A study conducted on middle-aged, highly

educated and employed women found that pressure from their peers to appear younger at work was a major reason why women resorted to this procedure (Sobanko, Wilson & Margolis, 2015). However, with the contribution of this study, it seems that this situation is not only important in middle age, but also for those between the ages of 18-30.

Also, the majority of the participants in this study are students. Of course, not only the pressure to conform to the youth and beauty standards in professional life, but also social media has been found to be associated with young people experiencing dissatisfaction, anxiety and lack of confidence regarding their body image (Xie, 2024). Regarding this, the research conducted by Walker et al. (2021) revealed that because the negative perception created by social media on body image directs most young people to consider changing their appearance. At the same time, research indicated that social media and photo editing applications might be linked to a rise in the acceptance of cosmetic surgery (Chen et al., 2019). Additionally, appearance-based photo editing for social media was linked to higher intention to undergo cosmetic procedures, higher actual-ideal self-discrepancy, and lower facial satisfaction (Beos, Kemps & Prichard, 2021). Therefore, based on the literature, it can be interpreted that the majority of young people in this study are turning to botulinum toxin and dermal fillers because they are turning to the appearance fixing strategy as a coping strategy with the effects of the media on body image. More research about is needed.

Interestingly, as it is stated above, aging related issues also seems to be another motivation to people to tend these procedures. Prejuvenation is a condition that individuals attach particular importance to in order to age gracefully and delay the signs of aging (Hilton, 2019). Although Mobayed, Nguyen and Jagdeo (2019) emphasize that the Millennial generation, born between 1981 and 1996, has turned to botulinum toxin and dermal fillers as preventative measures against aging, this study points out that invasive preventive interventions against aging have also become quite important among young adults born between 1994 and 2006. Furthermore, Carrard et al. (2019) expressed the likelihood of engaging in "anti-aging" practices was linked to the significance of appearance and aging concern, as it appears that for a minority of women, the pressure to remain young increases with age. Likewise, in a study conducted on individuals in their mid-life, it was found that the importance of appearance and the concern about aging may be related to the use of anti-aging behaviors (Slevec & Tiggemann, 2010) and maintaining the current appearance (Maisel et al., 2018). In this study, a significant portion of individuals who had or considered having botulinum toxin and dermal fillers stated that they did so to eliminate or prevent expression lines and wrinkles with age. However, it may be evaluated in this study that

individuals may have concerns about their appearance regarding aging before they reach the age of 30 and may resort to methods such as botulinum toxin and dermal fillers at an early age for this reason. In fact, nearly 80% of the participants in the study by Dadkhahfar, Kalantari, and Ehsani (2021) stated that the reason they regularly had minimally invasive interventions was to postpone face-lift surgery for rejuvenation, and the researchers revealed that this arose from the individuals' own internal motivations, not from relationship and media pressure. As a small contribution of this research to future research, according to the statements of the participants, for young women born between 1994 and 2006, maintaining youthfulness and aging gracefully appear to be significant criteria in contemporary society. There is a need for further research on this topic, particularly focusing on young adults.

4.2.2. Avoidance (H2b)

When the avoidance mechanism is examined as a coping strategy with body image, the research showed that individuals who have had botulinum toxin filler procedures before tending to use this coping mechanism more than individuals who have not had these procedures but are considering them and those who have never considered them. However, regarding the body image and avoidance coping mechanism, there is no difference between individuals who have not had these procedures before but are considering them and those who have never considered them. In this context, when individuals who have had botulinum toxin and dermal filler procedures are evaluated, it can be said that these women also tend to use the avoidance coping mechanism when coping with body image. Thus, in the context of the avoidance coping mechanism, the second hypothesis (H2b) was partially supported by the research.

In that part, understanding avoidance coping mechanism gains importance. Avoidance coping strategy is a coping strategy that an individual uses to deal with external and internal stress sources ranging from daily life hassles to major events (Balmores-Paulino, 2020). Cash et al. (2005) state that using avoidance as a coping strategy with body image provides temporary relief from body image by avoiding the discomfort felt, however, it is a dysfunctional coping mechanism. In detail, individuals may avoid situations that may pose a potential threat to their body image (Johnson & Knobloch-Westerwick, 2014). They can show avoidance from social outing and physical intimacy (Rosen et al., 1991), sexual avoidance (La Rocque & Cioe, 2010) or gathering with friends like going to beach or gym (Trindade, Ferreira & Pinto-Gouveia, 2016). Researchers have stated that avoidance behaviors related to negative body image include behaviors such as avoiding social

environments where they will be evaluated, as well as repeatedly checking their appearance by looking in the mirror (Carmona, Tornero-Quinones & Sierra-Robles, 2015). In contrast, avoiding looking in the mirror and ignoring the situation is also be considered as avoidance (Smith-Jackson, Reel & Thackeray, 2011).

What stands out in this context is the avoidance of anxiety-provoking settings, but it is also associated with these individuals showing lower satisfaction and higher distress in their lives (Kent, 2003). Under this information, the difference in the avoidance coping mechanism of individuals who had previously had botulinum toxin and dermal fillers compared to the other two groups can also be explained by the fact that they were the group that experienced the highest social appearance anxiety in the present research. Thus, it can be assessed that this group, who turn to appearance fixing in order to cope with body image due to social appearance anxiety, has impaired functionality in terms of evaluating their body image and coping within the scope of the above-mentioned avoidances. As proof of this, in the correlational analysis, a significant relationship was found in social appearance anxiety and avoidance coping mechanism for the group who includes had botulinum toxin and dermal filler before. The research showed that avoidance is associated with body changes and body image-related psychological disorders (Bamford et al., 2014). It is also stated in the literature that women have more social appearance pressure than men, so individuals show avoidance as the quickest solution to manage stress (Smith-Jackson, Reel & Thackeray, 2011).

In this context, within the scope of the findings mentioned above, the fact that individuals who have had or are considering having the minimally invasive procedures included in the study tend to use the appearance fixing coping mechanism can be better understood. Therefore, within the scope of this study, social appearance anxiety can be interpreted as one of the most predictive factor for individuals using these two dysfunctional coping mechanisms (appearance fixing and avoidance). On the other hand, it was said that after minimally invasive aesthetic interventions applied by most aesthetic practitioners, individuals express an improvement in their low self-confidence and socially avoidant behavior (McKeown, 2021). However, it was seen in this study that individuals who have previously had botulinum toxin and dermal fillers had both the highest social appearance anxiety and differ significantly from other groups in the avoidance coping strategy. In relation to this, in the light of the information in the literature, it can be interpreted that the fact that there was no difference in terms of avoidance coping strategy according to the One-Way MANCOVA analysis between these two groups, who considered having botulinum

toxin and dermal fillers but did not and do not plan to have them in the future, is because their social appearance concerns did not reach a dysfunctional point. In this context, these procedures that individuals have done to improve their appearance can be interpreted as the fact that they still avoid environments that make them socially anxious within the scope of this study.

When social appearance anxiety, which describes the anxiety caused by being evaluated negatively by others (Hart et al., 2008), is taken into consideration, as mentioned above, individuals avoid social environments in order not to be evaluated negatively. Cash et al. (2005) emphasized that participants who showed more avoidant coping mechanisms had lower self-esteem and received less social support from friends and family. Here, studies have also evaluated the effect of low self-esteem when looking at cosmetic interventions that provide changes in body image and appearance (Sarwer, 2019). Considering the relationship between low self-esteem and high social appearance anxiety (Şahin et al., 2014), it can be interpreted that the self-esteem of the participants who had botulinum toxin and dermal fillers before and who were considering having them was also lower than the other group. The study conducted by Tan and Kuş (2022) shows that individuals with low self-esteem use appearance fixation and avoidance coping strategies with body image. Research has also emphasized the relationship between low appearance-contingent self-worth, self-objectification and high social appearance anxiety (Adams et al., 2017). Although research of Dayan et al. (2010) found an improvement in individuals' self-esteem after botulinum toxin injections, this research points out that individuals still need to show improvement in areas such as self-esteem after having these minimally invasive procedures, and that these cosmetic procedures are not sufficient for this.

On the other hand, and interestingly, correlation analyses conducted within the scope of the study found a significant relationship between social appearance anxiety and the avoidance coping mechanism in individuals who did not consider having botulinum toxin and dermal filler procedures. Cash et al. (2005) stated that although avoidance and appearance fixing coping mechanisms are very similar, they differ only in terms of making dysfunctional investments in appearance. At the same time, ignoring the situation is an avoidance coping mechanism (Smith-Jackson, Reel & Thackeray, 2011). So, sometimes people ignore something because they don't care, not because they are avoiding it (Shepperd & Howel, 2015). The fact that the participants in the study did not find these procedures necessary and stated that they did not need them can be interpreted as not caring about them or tendency to show avoidant coping mechanism regarding this issue. Because the

participants in this group also do not have tendency to show a functional coping mechanism such as positive rational acceptance. More detailed research about this topic is needed.

4.2.3. Positive Rational Acceptance (H2c)

Cash, Santos and Williams (2005) stated that compared to avoidant and appearance fixing coping strategies, positive rational acceptance was less dysfunctional, and includes positive self-care, rational self-talk and acceptance of the body. In their study, they found that positive rational acceptance was moderately negatively correlated with the other two coping mechanisms, especially in women. In the present study, regarding to body image coping strategies, no significant difference was found between the groups in the positive rational acceptance strategy so that second hypothesis (H2b) was not supported. In the correlational analyses, this coping strategy was not significantly related to any other strategy or social appearance anxiety in any group. Although there were women who never considered botulinum toxin and dermal filler procedures and stated that they did not see these procedures as necessary, it is also possible that the women in this group did not demonstrate a functional coping mechanism.

Findings can be explained in light of the literature in several ways. Very few women show using positive rational acceptance to cope with body-image threats (Smith-Jackson, Reel & Thackeray, 2011; Bailey, Lamarche and Gammage, 2014). As a statement consistent with the result of this research, Cash, Santos and Willims (2005) states that women are more prone to display appearance fixation and avoidance mechanisms because they are exposed to more body-image threats and take more action to become more in line with cultural ideals. Smith-Jackson, Reel and Thackeray (2011) found in a study that only one woman approached herself with self-acceptance among 30 women. Similarly, although it is supported by the literature that being religious or having a higher spirituality can cause positive rational acceptance in individuals, they also state that there is no scale item related to this in the scale. In this study, there was only one participant who evaluated the reason for never having botulinum toxin and dermal filler methods, within the framework of sin, which are expected to show positive rational acceptance. Therefore, the research also reveals that most women cannot show positive rational acceptance when coping with body image. As a result, the fourth hypothesis (H2c) of the study is not supported by the research results.

Regarding the positive rational acceptance coping mechanism, Cash, Santos and Williams (2005) found that women who reported a higher tendency of positive rational acceptance demonstrated reduced discrepancies between their self-perceptions and ideals,

experienced less frequent body image dysphoria, were less define themselves based on physical appearance, and reported a more favorable quality of life associated with their body image. Researchers also have found that individuals exposed to nature exposure show higher body appreciation and show more positive rational acceptance in coping with their body image (Swami, Robinson & Furnham, 2021). According to the statistics of the data collected by Dixon (2024) from Great Britain, 78% of young people aged 18-24 and 64% of individuals aged 25-49 use Instagram, 55% of young people aged 18-24 and 26% of individuals aged 25-49 use TikTok, 60% of young people aged 18-24 and 11% of individuals aged 25-49 use Snapchat. Researchers also emphasize that the COVID-19 Pandemic process has contributed to social media use, and therefore individuals' negative self-perception has increased, and their self-esteem has decreased (Wojtara, 2022). In relation to this information, according to the literature, it is known that media platforms such as Snapchat, Instagram and TikTok create inaccuracies in individuals' perception of their appearance (Caravelli, 2023), negatively affect body image (Vandenbosch, Fardoluly & Tiggemann, 2022), cause body image dissatisfaction and lower self-esteem (Alfonso-Fuertes et al., 2023). Social comparison may be another example of this, as research supports the reduction in body appreciation associated with upward comparison with social media influencers (Pedalino & Camerini, 2022). In this context, since this study only included young adult female participants aged 18-30, educated, and living in metropolitan areas, social media use may be an obstacle to positive rational acceptance being a functional coping mechanism when dealing with body image. Future research should address this issue. Apart from this, studies conducted in Turkey have found that there is a positive relationship between self-esteem and positive rational acceptance, and that individuals with high self-esteem tend to have less minimally invasive cosmetic procedures (Tan & Kuş, 2022). However, considering that the group with the lowest social appearance anxiety in this study, the group that never considers having procedures, may be the group with the highest self-esteem in light of the literature, positive rational acceptance again does not appear to be a significant coping mechanism among the participants.

4.3. Strengths, The Importance of the Results and Their Implications for Clinical Practice

Body image perception is very important in terms of psychological, behavioral, and developmental dimensions (Markey & Markey, 2011). Body-image has strong correlation

with depression, anxiety (Han et al., 2023) or eating disorders (Prnjak et al., 2021), such as anorexia nervosa, body dysmorphic disorders or bulimia nervosa (Markey & Markey, 2011). For example, the most comorbid disorder with social appearance anxiety is eating disorders (Levinson & Rodebaugh, 2012). It is well established that eating disorders can be exacerbated by dysfunctional coping methods, particularly those pertaining to body image (Cash et al., 2005). Not only psychiatric conditions but also the relationship with others is among the other areas affected like poor-opposite sex relations (Davison & McCabe, 2010). In these contexts, positive body image is very important for the well-being of individuals (Tylka & Wood, Barcalow, 2015). For better mental health outcomes, it is important to promote functional body image coping strategies like positive rational acceptance, specifically decrease the risk of extreme levels of depression, anxiety and stress levels (Regencia et al., 2023).

When appearance-related psychiatric conditions are examined, Body Dysmorphic Disorder stands out as individuals who perceive imaginary defects in their appearance and repeatedly check themselves in the mirror, use cosmetics, and show social avoidance (Hollander & Aronwitz, 1990). For example, those with Body Dysmorphic Disorder are more likely to seek cosmetic interventions rather than seek psychiatric treatment to correct their distorted and unhealthy perceptions of their perceived defects in their appearance (Crerand, Menard, & Phillips, 2010). Most of the research focused on Body Dysmorphic Disorder, however, this research showed that not those with Body Dysmorphic Disorder, but individuals, looking at the results of this research and supporting the literature, are turning to these minimally invasive interventions to cope with social appearance anxiety and body image. This study is also the first in Turkey and the world to compare individuals who have had botulinum toxin and dermal filler procedures, who are considering having them, and who have never considered having them, in terms of their social appearance anxiety and body image coping strategies. Furthermore, this study stands out as a rare investigation examining women aged 18-30 in the context of minimally invasive cosmetic procedures (e.g., botulinum toxin and dermal fillers), thus filling a significant gap in the literature and providing valuable insights for future research, with regarding to examining the relationship between minimally invasive interventions and psychological health, particularly in order to prevent individuals who use appearance fixation and avoidance to cope with body image and social appearance anxiety from being at risk for psychiatric conditions.

Research examining social appearance anxiety and negative body image is crucial because the importance of education that should be provided by experts in schools, in the

media, to family members or through community efforts to change appearance-based discrimination that causes negative body image will be better understood (Kim & Chung, 2016). In this regard, the results of this study show that individuals apply unhealthy coping strategies with the social appearance anxiety and body image they experience, and that this should be evaluated with utmost priority by every expert working in the field of psychological health. At the same time, things like self-esteem, which are protective factors for social appearance anxiety and body image, should also be evaluated on behalf of adolescents (Şahin et al., 2014), teaching functional coping strategies to decrease social appearance anxiety and increase resilience (Celen, Taş Arslan, Özdemir Koyu, 2022) and necessary interventions should be made in this regard to protect individuals. Apart from these, the fact that women between the ages of 18-30 do not exhibit positive rational acceptance, which is a healthy coping strategy, as revealed by this research, should be carefully addressed by experts, and it is of great importance that healthy coping strategies for body image and social appearance anxiety are taught to individuals in society by experts. People need to be made aware that inner beauty, which includes personality, is more important than external beauty (Kim & Chung, 2016). Experts should identify their clients who come for cosmetic and surgical interventions and direct them to the right mental health care institutions when they deem it necessary (Crerand, Franklin & Sarwer, 2006). On the other hand, researchers and studies have underlined the necessity of public health initiatives to improve a positive body image and increase awareness of social media influencers' posting habits, with a focus on girls who are especially at risk (Pedalino & Camerini, 2022).

One of the most significant and surprising findings of this study and its contribution to the literature is that young adult women are increasingly seeking or expressing a desire to seek cosmetic procedures motivated by the wish to age more gracefully or remain youthful. It is well-established that, in modern societies, older individuals are often targeted by advertising and social pressures to slow down or reverse the aging process through cosmetic interventions. Researchers highlight the need for appropriate interventions for older adults to prevent unnecessary expenditure on cosmetic procedures (Honigman & Castle, 2006). However, it appears that this issue is not only relevant for older individuals but also for young adults. In this context, there is a need for accurate interventions in the media and society to foster a more realistic perception of aging and growing older.

4.4. Limitations and Further Suggestions

The sample of the study, consisting solely of women aged 18-30, all of whom are educated and residing in metropolitan areas, limits the generalizability of the research findings. Men are increasingly turning to minimally invasive procedures in contemporary society (Flynn, 2007). For instance, research shows that 70% of male participants seek botulinum toxin treatments to look their age, while 51% do so to appear more youthful (Green & Keaney, 2017). In this study, the responses from women aged 18-30 appear to align with those of men related to literature. Therefore, future research could explore the differences between men and women in relation to cosmetic procedures. Within the scope of the research, due to the necessity of ensuring homogeneity between the groups, data reduction can be considered as a major limitation for the research. In this context, it is recommended that future research examine the differences between the groups within the scope of the topics related to this research with a larger sample.

Furthermore, while research examining women aged 23-40 has shown that aging is a significant factor driving the use of cosmetic procedures (Mobayed, Nguyen & Jagdeo, 2019), this study also reveals that aging is, similarly, a crucial factor for women aged 18-30 in seeking botulinum toxin and dermal filler treatments. Based on the participants' responses, when considering their perceptions of aging and motivations for preventing it, as well as their use of botulinum toxin and dermal fillers, the relationship between aging perceptions and the use of these procedures across different age groups, including young adults, adults, middle-aged individuals, and the elderly, should be further investigated in future research. Although studies have shown that concerns about social appearance tend to decrease with age (Wang et al., 2024), this study presents a contrasting finding, where concerns about social appearance actually increase with age. Additionally, literature shows that social appearance anxiety decreases after these procedures (McKeown, 2021) and individuals' functionality in social areas increases (Cohen et al., 2022). In this study, no data was obtained on how often individuals who turn to botulinum toxin and dermal filler procedures have these procedures, when the procedure was last done, and how many times they have had these procedures up until now. It is clearly seen that in future studies, it is necessary to investigate the frequency with which individuals turn to botulinum toxin and dermal filler procedures and its relationship with social appearance anxiety and body image coping strategies.

Many individuals may be unable to access procedures such as botulinum toxin and dermal fillers due to their cost (Ehlinger-Martin et al., 2015). Research similarly indicates that many women turn to cosmetic interventions to enhance opportunities in both their professional and personal lives (Wang et al., 2024). Furthermore, due to the demands within academic and professional settings, women's desire to attain a more feminine and idealized female appearance has been highlighted (Brown, 2017). Particularly, studies conducted on middle-aged, highly educated, and employed women highlight the pressures to appear younger in the workplace, which consequently lead to a greater tendency to seek minimally invasive interventions (Sobanko et al., 2015). A limitation of this study is the lack of inquiry into whether participants are employed and their economic status. In this context, future research should explore the motivations behind women's use of botulinum toxin and dermal fillers to enhance their acceptance in academic and professional environments and to increase their opportunities, focusing on both young adult and adult women.

In this study, the lack of information regarding women's social media usage can be considered another limitation. A review of the literature reveals that numerous studies have identified social media-created perceptions of body image (Walker et al., 2021), photo editing (Chen et al., 2019), and motivations to appear better in selfies (The American Academy of Facial Plastic and Reconstructive Surgery, n.d.) as major factors driving women's decisions to pursue aesthetic procedures. Similarly, considering that a large majority of young adults actively use social media (Dixon, 2024), a key question arises regarding the reasons behind the inclination towards botulinum toxin and dermal filler treatments, particularly the influence of ideal body image perceptions encountered on social media, and how individuals may resort to appearance-fixing and avoidance strategies to cope with these perceptions. This raises concerns about the lack of functional coping skills such as positive rational acceptance of body image. Additionally, the study findings reveal that even participants who never considered botulinum toxin and dermal fillers did not demonstrate positive rational acceptance, an area that warrants further investigation. Several scholars in the literature have also found that very few women display positive rational acceptance (Smith-Jackson, Reel & Thackeray, 2011; Bailey, Lamarche & Gammage, 2014).

Furthermore, regarding individuals who oppose botulinum toxin and dermal filler procedures, while their resistance may be attributed to various factors such as the motivation to remain natural (Bonell, Barlow & Griffiths, 2021), the belief that altering a natural appearance is sinful (Al-Saairi and Bakarman, 2015), and other reasons, this study stands

out as one of the rare studies collecting data on individuals' opposition to these procedures. According to the results of this research, the positive correlation between social appearance anxiety and avoidance coping mechanisms exhibited by individuals who have never considered botulinum toxin and dermal fillers suggests that ignoring the issue can also be viewed as a form of avoidance (Smith-Jackson, Reel & Thackeray, 2011). This indicates a gap in the literature regarding individuals who oppose minimally invasive procedures, which future research needs to address.

Finally, there are numerous studies examining the relationship between social appearance anxiety, negative body image, and protective factors such as self-esteem (Şahin et al., 2014; Antonietti, Camerini & Marciano, 2020), self-confidence and body appreciation (Bakalim, 2016), and media literacy (McLean, Paxton & Wertheim, 2016). In relation to these, the gap in the literature regarding potential mediating variables that may have a negative correlation with negative body image and social appearance anxiety, and their relationship with the inclination toward cosmetic procedures like botulinum toxin and dermal fillers, is also noteworthy. Additional research is needed to bridge the existing gaps in the current data.

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APPENDICES

APPENDIX 1: INFORMED CONSENT FORM

Değerli Katılımcı,

Bu araştırma, Başkent Üniversitesi Fen-Edebiyat Fakültesi Klinik Psikoloji Tezli Yüksek Lisans Programı öğrencisi Psk. Rana Beyza Çayırılı tarafından Doç. Dr. Elvin Doğutepe danışmanlığında yürütülmektedir. Bu çalışmada kişilerin fiziksel ve sosyal görünümlerine yönelik algılarının incelenmesi amaçlanmaktadır.

Bu çalışmaya katılım tamamen gönüllülük esasına dayanmaktadır. Araştırmaya **18-30 yaş aralığındaki kadınların** katılımı beklenmektedir. Çalışma sırasında vereceğiniz cevapların doğruluğu veya yanlışlığı söz konusu değildir. Elde edilen verilerin tümü saklanacak, sadece bilimsel amaçlarla kullanılacak ve araştırmanın hiçbir kısmında kimlik bilgileri yayınlanmayacaktır. Elde edilen veriler toplu bir biçimde değerlendirilecek, sonuçları yalnızca bilimsel amaçlarla kullanılacak ve rapor edilecektir. Araştırmaya katılım herhangi bir risk taşımamaktadır. Araştırma bulgularının sağlıklı ve geçerli olması açısından sorulara samimi bir şekilde eksiksiz yanıt vermeniz oldukça önemlidir. Bütün bir çalışmanın tahminen 20-30 dakika arasında sürmesi beklenmektedir. Araştırmaya katılmayı reddedilebilir veya herhangi bir nedenden dolayı rahatsızlık hissedilmesi durumunda çalışmayı yarıda bırakabilirsiniz. Çalışmanın yarıda bırakılması halinde elde edilen veriler araştırması kapsamında kullanılmayacaktır.

Veri toplama ve analiz sürecinin sonunda elde edilen bulgularla ilgili tüm sorularınız cevaplandırılacaktır. Araştırma sonuçları hakkında bilgi almak için **Rana Beyza Çayırılı** ile iletişime geçebilirsiniz. Katılım ve katkılarınız için çok teşekkür ederiz.

Araştırma hakkında ayrıntılı olarak bilgilendirildim. Bu çalışmaya gönüllü olarak katılmayı kendi rızamla kabul ediyorum.

- *Katılıyorum*
- *Katılmıyorum*

APPENDIX 2: DEMOGRAPHIC FORM

1. Yaşadığınız Şehir:

2. Doğum Yılıınız:

3. Cinsiyetiniz:

- Kadın
- Erkek
- Diğer ()
- Belirtmek istemiyorum.

4. Şu anda okuyor musunuz?

- Evet.

Şu anda hangi eğitim düzeyinde eğitim aldığınızı lütfen işaretleyiniz:

- Lise
- Ön Lisans
- Üniversite
- Yüksek Lisans
- Doktora

- Hayır, mezunum.

Mezun olduğunuz eğitim düzeyini lütfen aşağıda işaretleyiniz:

- İlkokul
- Ortaokul
- Lise
- Ön Lisans
- Yüksek Lisans
- Doktora

5. İlişki durumunuz nedir?

- Hiç ilişkim olmadı.
- Daha önceden ilişkim oldu ama şu an herhangi bir ilişkim bulunmamakta.
- İlişkim var (Flört, romantik ilişki, evlilik).

Bilgilendirme: Botoks, Botulinum nörotoksini olarak geçmekte ve Clostridium Botulinum bakterisi tarafından üretilmektedir. Hem tedavi amaçlı (diş sıkma, eklem rahatsızlıkları vb.) hem de kozmetik amaçlı (ciltteki çizgileri ve kırışıklıkları gidermek) kullanılan botoks, vücuda enjekte edildiği zaman kısmi ve geçici süre kaslarda paralizasyon oluşturarak kasların fazla kasılmasını önlemektedir (Soğancı & Yağcı, 2016). Son yıllarda oldukça artan dermal dolgular ise, hacim eksikliği, yara izleri gibi tıbbi ve ciltteki kırışıklıkların giderilmesi, yüz şekillendirme (örneğin dudak hacminin artırılması) gibi kozmetik amaçlarla kullanılan bir yöntemdir (Ballin, Brandt & Cazzaniga, 2015). Lütfen aşağıdaki soruları, bu bilgiler bağlamında cevaplayınız.

6. Daha önce botox işlemleri uygulattınız mı?

- Evet, bir ve daha fazla kez yaptırđım. Yaptırma sebebinizi açıklayınız: _____
- Hayır, yaptırmadım ancak ileride veya yakın zamanda yaptırmayı düşünüyorum. Yaptırma isteğininizi sebebini açıklayınız: ____
- Hayır, hiç yaptırmadım ve yaptırmayı düşünmüyorum. Sebebini açıklayınız: _____

7. Daha önce dermal dolgu işlemleri uygulattınız mı?

- Evet, bir ve daha fazla kez yaptırđım. Yaptırma sebebinizi açıklayınız: _____
- Hayır, yaptırmadım ancak ileride veya yakın zamanda yaptırmayı düşünüyorum. Yaptırma isteğininizi sebebini açıklayınız: ____
- Hayır, hiç yaptırmadım ve yaptırmayı düşünmüyorum. Sebebini açıklayınız: _____

8. Botoks ve dolgu işlemlerinden sonra uzun süreli, işlemin etkisi geçene kadar süren bazı komplikasyonlar yaşanabilir. Daha önce botoks ve dolgu işlemi yaptırdıysanız, işlemler sonrasında herhangi bir komplikasyon yaşadınız mı?

- Evet

Komplikasyonu açıklayınız: _____

- Hayır.



APPENDIX 3: THE SOCIAL APPEARANCE ANXIETY SCALE (SAAS)

		Hiç Uygun Değil	Uygun Değil	Biraz Uygun	Uygun	Tamamen Uygun
1	Dış görünüşümle ilgili kendimi rahat hissedirim.	1	2	3	4	5
2	Fotoğrafım çekilirken kendimi gergin hissedirim.	1	2	3	4	5
3	İnsanlar doğrudan bana baktıklarında gerilirim.	1	2	3	4	5
4	İnsanların görünüşümden dolayı benden hoşlanmayacakları konusunda endişelenirim.	1	2	3	4	5
5	Yanlarında olmadığım zamanlarda insanların, görünüşümle ilgili kusurlarımı konuşacaklarından endişelenirim.	1	2	3	4	5
6	Görünüşümden dolayı insanların benimle beraber vakit geçirmek istemeyeceklerinden endişelenirim.	1	2	3	4	5
7	İnsanların beni çekici bulmamalarından korkarım.	1	2	3	4	5
8	Görünüşümün yaşamımı zorlaştıracığından endişe duyarım.	1	2	3	4	5
9	Karşıma çıkan fırsatları görünüşümden dolayı kaybetmekten kaygılanırım.	1	2	3	4	5
10	İnsanlarla konuşurken görünüşümden dolayı gerginlik yaşarım.	1	2	3	4	5
11	Diğer insanlar görünüşümle ilgili bir şey söylediklerinde kaygılanırım.	1	2	3	4	5
12	Dış görünüşümle ilgili başkalarının beklentilerini karşılayamamaktan endişeleniyorum.	1	2	3	4	5
13	İnsanların görünüşümü olumsuz olarak değerlendirecekleri konusunda endişelenirim.	1	2	3	4	5
14	Diğer insanların görünüşümdeki bir kusurun farkına vardıklarını düşündüğümde kendimi rahatsız hissedirim.	1	2	3	4	5
15	Sevdiğim kişinin görünüşümden dolayı beni terk edeceğinden endişe duyuyorum.	1	2	3	4	5
16	İnsanların görünüşümün iyi olmadığını düşünmelerinden endişeleniyorum.	1	2	3	4	5

APPENDIX 4: THE BODY IMAGE COPING STRATEGIES INVENTORY(BICSI)

		Hiç katılmıyorum	Katılmıyorum	Katılıyorum	Tamamen katılıyorum
Görünüşü Düzeltme	1.Daha çekici görünmek için bir şeyler yaparım.	1	2	3	4
	2.Görünüşümle ilgili hoşlanmadığım yönlerimi düzeltmek için fazladan zaman harcarım.	1	2	3	4
	3.Görünüşümü değiştirmek için ne yapmam gerektiğini düşünürüm.	1	2	3	4
	4.Fiziksel olarak çekici insanlarla kendi görünüşümü karşılaştırırım.	1	2	3	4
	5.Görünüşümle ilgili hoşlanmadığım yönlerimi gizlemek için özel bir çaba harcarım.	1	2	3	4
	6.En iyi şekilde görünebilmek için özel bir çaba harcarım.	1	2	3	4
	7.Görünüşümle ilgili beğenmediğim yönlerimi nasıl gizleyeceğimi düşünürüm.	1	2	3	4
	8.Farklı görünmeyi hayal ederim.	1	2	3	4
	9.Ayna karşısında çok zaman harcarım	1	2	3	4
	10.Diğer insanlardan görünüşümle ilgili olumlu tepkiler beklerim.	1	2	3	4
Olumlu Mantıksal Kabullenme	11.Görünüşümle ilgili bir olumsuzluk yaşadığımda, bir süre sonra kendimi daha iyi hissedeceğimi düşünürüm.	1	2	3	4
	12.Kendi kendime görünüşümle ilgili bir olumsuzluğu abartıyor olabileceğimi söylerim.	1	2	3	4
	13.Görünüşümle ilgili bir olumsuzluk yaşadığımda, kendime bu durumun geçeceğini söylerim.	1	2	3	4
	14.Görünüşümden memnun olmadığımda kendime hissettiğimden daha iyi görünüyor olabileceğimi söylerim.	1	2	3	4
	15.Görünüşümü beğenmediğimde, kendime, görünüşümle ilgili iyi özelliklerimi hatırlatırım.	1	2	3	4
	16.Görünüşümle ilgili bir olumsuzluk olduğunda bu durumdan neden olumsuz etkilendiğimi anlamaya çalışırım.	1	2	3	4
	17.Kendime nasıl göründüğümde daha önemli şeylerin olduğunu söylerim.	1	2	3	4
	18.Kendime fiziksel görünüşümle ilgili olumsuz düşüncelerimin gerçekçi olmadığını söylerim.	1	2	3	4
	19.Kendime, görünüşümle ilgili olumsuzlukların çok da önemli olmadığını söylerim.	1	2	3	4
	20.Görünüşümle ilgili kendime hoşgörölüyümdür.	1	2	3	4
Kaçınma	21.Görünüşümle ilgili olarak kendimi daha iyi hissetmemi sağlayacak bazı şeyleri bilinçli olarak yaparım.	1	2	3	4
	22.Görünüşümle ilgili olumsuz bir durum karşısında bu durumun üstesinden gelmek için hiçbir girişimde bulunmam.	1	2	3	4
	23.Görünüşümden hoşlanmadığımda aşırı yerim.	1	2	3	4
	24.Görünüşümle ilgili olumsuz duygu ve düşüncelerimi görmezden gelmeye çalışırım.	1	2	3	4
	25.Görünüşümden dolayı, içime kapanır ve diğer insanlarla daha az etkileşime girerim.	1	2	3	4
	26.Aynada kendime bakmaktan kaçınırım.	1	2	3	4
	27.Görünüşümle ilgili bir olumsuzluk olduğunda bunun üstesinden gelmek için kendimi yemeye veririm.	1	2	3	4
	28.Görünüşümle ilgili beğenmediğim yönlerimi değiştirmek için bir şeyler yapma konusunda çaresiz olduğumu düşünürüm.	1	2	3	4
	29.Görünüşümle ilgili olumsuz duygu ve düşüncelerimi görmezden gelmeye çalışırım.	1	2	3	4

APPENDIX 5: ETHICAL APPROVALS

Evrak Tarih ve Sayısı: 01.07.2024-354852



T.C.
BAŞKENT ÜNİVERSİTESİ REKTÖRLÜĞÜ
Akademik Değerlendirme Koordinatörlüğü



Sayı : E-62310886-605-354852
Konu : Rana Beyza Çayırılı'nın Etik Onayı

01.07.2024

SOSYAL BİLİMLER ENSTİTÜSÜ MÜDÜRLÜĞÜNE

İlgi : 10.06.2024 tarih ve 350118 sayılı yazımız.

Enstitünüz Klinik Psikoloji (Tezli) Yüksek Lisans Programı öğrencisi Rana Beyza Çayırılı'nın, Doç. Dr. Elvin Doğutepe danışmanlığında yürüteceği, "Am I Looking Better Now?: Social Apperance Anxiety and Coping With Negative Body Image Related to Botox and Dermal Fillers" adlı çalışma değerlendirilmiş ve bilgilerinize ekte sunulmuştur.

Prof. Dr. Sadegül AKBABA ALTUN
Kurul Başkanı

Ek: Değerlendirme Formu

Bu belge, güvenli elektronik imza ile imzalanmıştır.

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25 Haziran 2024

İlgili Makama

Üniversitemiz Sosyal Bilimler Enstitüsü, Klinik Psikoloji (Tezli) Yüksek Lisans Programı öğrencisi Rana Beyza Çayırılı'nın, Doç. Dr. Elvin Doğutepe danışmanlığında yürütmekte olduğu, "Am I Looking Better Now?: Social Apperance Anxiety and Coping With Negative Body Image Related to Botox and Dermal Fillers" başlıklı tez çalışması değerlendirilmiş ve yapılmasında bir sakınca olmadığı tespit edilmiştir. Bilgilerinize saygılarımızla sunarız.

Başkent Üniversitesi Sosyal ve Beşeri Bilimler ve Sanat Alan Araştırma Kurulu

Ad, Soyad	Değerlendirme	İmza
Prof. Dr. Gözen Güner Aktaş	Olumlu/Olumsuz	
Prof. Dr. Sadegül Akbaba Altun	Olumlu/ ~~Olumsuz~~	
Prof. Dr. Fatih Çetin	Olumlu/Olumsuz	
Prof. Dr. Hasan Tahsin Fendoğlu	Olumlu/Olumsuz	
Prof. Dr. Filiz Kalelioğlu	Olumlu/ ~~Olumsuz~~	
Prof. Dr. Hidayet Hale Künuçen	Olumlu/ ~~Olumsuz~~	
Prof. Dr. Özcan Yağcı	Olumlu/Olumsuz	

APPENDIX 6: PERMISSION TO USE INVENTORY

