Journal of Professional & Applied Psychology *Original Article*

The Development and Validation of an Aesthetic Treatment Psychosocial Experiences Scale: The Mind Behind the Mirror

Samra Sabeel[1*], Ayesha Jabeen[2], Sadia Saleem[3]

Abstract

Aesthetic treatment procedures have got increased attention during current era, however, there is a significant gap in assessing the psychological aspect linked to these procedures. The current research found the manifestation and expression of treatment experiences of adults taking aesthetic procedures in Pakistan. The scale development was carried out in four phases. In phase I, in-depth interviews were conducted to elicit the key characteristics of treatment experiences from 20 adults. In the Phase II, the content validity index was established and in phase III, pilot testing was done on 20 participants to check the feasibility, layout and comprehension of the scale. In the main study, phase 300 adults (Men=45%, Women=55%) were given the Treatment experiences scale along with Depression, Anxiety, Stress Scale (DASS) to determine the psychometric properties. The principal component factor analysis using varimax rotation generated three factors of treatment experiences namely *need for appraise, fear of treatment failure* and *result oriented thinking.* Furthermore, results depict the high internal consistency, split half reliability, test-retest reliability and construct validity. The reliability of the aesthetic treatment experiences scale was (r=. 86, p< .001) and validity was (r = .25 p < .001).

Keywords: Adults, Aesthetic Procedures, Reliability, Treatment Experiences, Validity

Received: 16 March 2025; Revised Received: 22 June 2025; Accepted: 23 June 2025

[1*]PhD Scholar, Institute of Clinical Psychology, School of Professional Psychology, University of Management & Technology, Lahore, Pakistan.

[2]Assistant Professor, Institute of Clinical Psychology, School of Professional Psychology, University of Management & Technology, Lahore, Pakistan.

[3]Associate Professor, Malaysia Jeffrey Cheah School of Medicine & Health Sciences, Monash University, Kuala Lumpur, Malaysia.

***Corresponding Author Email:**
samra.sabeel@gmail.com

Introduction

Aesthetic procedures are undergoing continuous improvements which results in shifting beauty ideals and new technological developments (Kashmar et al., 2019). Aesthetic enhancement nowadays is not decided solely on having invasive surgeries, but it also consists of the use of non-invasive procedures such as fillers and Botox, that have increased the accessibility and acceptability of aesthetic improvement (Anoixiadou et al., 2023).

The influence of gender on the aesthetic treatment has changed with time, changing the standards of beauty and the rising attitudes of acceptance of the facial appearance modifications for both genders (McKeown, 2021). Aesthetic procedures are initially been dominated by women, but it has broadened. Media, social pressures and the trend of everyday life normalization of aesthetic enhancements drive greater numbers of men and younger adults to have cosmetic treatments (Praveena et al., 2025). Media and culture play a very integral role in determining the values that people base when judging one personality and this is another

factor in self-image. Advertising, television and the internet tend to display images that give a more attractive appearance. The flawless images can deliberately be a high standard and may create a yardstick to which young girls and women compare themselves. Cultural norms, values and standards of beauty to play a huge. Cultural tendencies to expressed manifestation of face attributes, body forms and skin colours can stimulate valuable edits to come about (Henley & Porath, 2021). Cultural influence in initiating the decision to have cosmetic surgery is complicated, not only determining the types of procedures one has but also the reasons for getting those procedures (Madan et al., 2018). In South Asian cultures, including Pakistan, cultural norms, societal expectations, community perceptions play a crucial role in shaping individual choices regarding aesthetic facial procedures (Elfving-Hwang, 2021). Cosmetic procedures are frequently pursued to conform to prevailing beauty standards, which are influenced by cultural traditions, media portrayals, social acceptability and historical ideals. In many cases, such treatments are sought to improve marriage prospects or professional standing, reflecting the broader societal value placed on physical appearance (Skinfudge, 2023).

The representation of beauty by media outlets has long been a critical factor in setting social standards of beauty, frequently directed towards an inaccessible and oftentimes unrealistic idea that may invoke individuals to undergo aesthetic treatments to adapt to such ideal (Paleebutt & Thaipwaree, 2022). In Pakistan, the influence of global social media merged with local cultural norms has shaped unique beauty standards that significantly affect women. The widespread promotion of skin-lightening products, weight-loss solutions and cosmetic procedures has rushed, which idealized representations on social media. Many Pakistani women experience intense pressure to adapt these standards to contribute the growing demand for aesthetic enhancements and raising concerns about mental well-being. This pressure is strong among younger women, who are more engaged with social media platforms and as a result, more susceptible to these beauty ideals (Khan et al., 2023). This is a shift in how cosmetic treatments are viewed, from being purely cosmetic enhancements to potentially life changing choices with the potential for major personal and social benefits (Maisel-Campbell et al., 2024).

Therefore, the psychosocial experiences of undergoing aesthetic treatments remain complex. These experiences can be positive as it may enhance the self- satisfaction and confidence where some may experience dissatisfaction, if the outcome of a procedure does not meet these expectations, this can lead to disappointment which will then be followed by more interventions to rectify the perceived flaws (Payer et al., 2024). Unrealistic expectations regarding cosmetic outcomes are dictated by digital alterations of images in journalism and of beauty standards in the media are one of the primary predictors of dissatisfaction (Reddinger et al., 2024). Mori et al. (2024) investigated the connection between pre-existing expectations in patients and satisfaction with cosmetic treatment. Study revealed that developing highly idealized prescriptions for post-treatment looks, individuals were significantly more likely to be dissatisfied with the results.

High level of psychopathology found between those individuals who are seeking plastic surgery (Brown, 2016). Significant connection found is that people who undergo surgery because of aesthetical reasons have higher rates of major depression and anxiety as well. One-third of a total number of individuals undergoing cosmetic operations might be suffering from depressive and/or anxious moods (Brogan, 2020).

Patients' reactions to treatment outcomes are dependent upon cognitive and emotional pathways as enunciated through cognitive appraisal theory and affective forecasting. The Cognitive Appraisal Theory states that a person evaluates the treatment outcomes as the difference between actual feelings and original expectations which then impacts emotional responses. If the outcomes happen or exceed what is expected, likely positive emotions such as satisfaction or relief are generated. On the contrary when outcomes do not meet expectations, disappointment, frustration and even distress may occur. Affective Forecasting further complicates this dynamic, as patients inaccurately forecast how they will emotionally react to their treatment's outcomes (Warnick, 2024). Errors of that kind can lead patients to be dissatisfied and to suffer mental health problems when they overestimate the positive impact of treatment and underestimate their ability to cope with suboptimal results. Underlying these cognitive and emotional processes is the need to establish realistic expectations and provide adequate psychological support for enhanced treatment satisfaction and mental well-being. Beyond the physical outcomes of aesthetic procedures, limited research has explored the psychological and social experiences of the aesthetic procedures. Multiple studies occur on aesthetic procedures are in western countries, resulting in a shortage of studies from different cultural and ethnic groups. People with cultural differences in attitudes toward beauty and body image vary greatly and are motivated by and experience aesthetic treatment differently (Shi, 2024). Studies in underrepresented populations need to develop culturally sensitive approaches to cosmetic procedures. It is also necessary to take into account the impact of cultural identity and acculturation on the formation of attitudes toward aesthetic treatments. Most psychological assessment measures related to aesthetic procedures focus on patient satisfaction, body dysmorphic concerns and quality of life. These scales primarily oriented towards Western narratives, focus on highlighting individual autonomy and self-enhancements while failing to cater for the regional constructs of social influence, religious reasons and familial pressure that is so deeply cultured within Pakistani societies.

Beyond the physical outcomes of aesthetic procedures, limited research has explored the psychological and social experiences of the aesthetic procedures. Multiple studies occur on aesthetic procedures are in western countries, resulting in a shortage of studies from different cultural and ethnic groups. People with cultural differences in attitudes toward beauty and body image vary greatly and are motivated by and experience aesthetic treatment differently (Shi, 2024). Studies in underrepresented populations need to develop culturally sensitive approaches to cosmetic procedures. It is also necessary to take into account the impact of cultural identity and acculturation on the formation of attitudes toward aesthetic treatments. Most psychological assessment measures related to aesthetic procedures focus on patient satisfaction, body dysmorphic concerns and quality of life. These scales primarily oriented towards Western narratives, focus on highlighting individual autonomy and self-enhancements while failing to cater for the regional constructs of social influence, religious reasons and familial pressure that is so deeply cultured within Pakistani societies. Although certain available tools evaluate outcomes related to general feelings of body image dissatisfaction or psychological distress specifically associated with cosmetic procedures, none adequately account for the cognitive-emotional maladjustments that may arise before and after treatment, particularly for individuals living in a culture where aesthetic adjudications are potentially inappropriate or irrelevant.

Additionally, sociocultural aspects, such as the social stigma related to undergoing aesthetic procedures in Pakistan have an impact on decision-making, indicating the necessity for the development of an assessment tool based on these cultural experiences. Furthermore, social media has a real impact on the perception of beauty and body image (Rahman et al., 2024). There has been less work on how social media plays a role in the desire to get an aesthetic procedure.

In light of these limitations, there is a need to develop a standardized, culturally appropriate instrument that investigates the emotional, cognitive and social experiences after taking aesthetic treatments beyond satisfaction or body image issues. This instrument should include aspects such as social pressure, family expectations, religious factors, changes in self-esteem and psychological adjustment following treatment. A culturally sensitive evaluation tool will yield a richer and more accurate understanding of how people in Pakistan perceive and process their aesthetic changes.

The purpose of current research is to develop and test the Aesthetic Treatment Psychosocial Experiences Scale that will be used to assess the psychosocial effect of aesthetic treatments in Pakistan. This scale will provide researchers, clinicians and aesthetic practitioners with an insight into patient motivations, psychological hazards and social influences, with a view to improving pre-treatment counseling and post-treatment care. By incorporating culturally specific psychosocial variables, the scale will bridge an essential research need and provide a useful instrument for determining the comprehensive effects of aesthetic treatments.

Aim

The aim of current study was to find out the treatment experiences of adults seeking aesthetic procedures.

Research Question

What are the psychosocial experiences of individuals taking aesthetic treatment procedures?

Method

The treatment experiences scale was developed in four phases which were following.

Phase I: Item Generation

In the first phase, expressions and attributes in verbatims were gather and correct them0into expressions in short phrases. Participants of the study were 20 adults (women = 10; men = 10), selected from the private aesthetic clinics of Lahore, Pakistan. The non probability purposive sampling technique was used to select the sample of the participants who have his or her perceived experience of the aesthetic treatments (Smith et al., 2021).

Each participant was informed the purpose of the study and their verbal consent was taken to be part of the study. They were also assured of the confidentiality of their responses and explained that they have freedom to withdraw from the study any time. It was important to bring these aspects of ethical consideration and to allow participants feel at ease in sharing their experiences comfortably.

An open-ended, in-depth interviews were conducted to know the treatment experiences based on gender, divided into male and female subgroups with age range 20 to 45 years. There was equality of male and female participants in all the age groups where 10 participants were selected in each age group to conduct interviews. After the sample was determined, qualitative interviews were carried out in order to obtain the participants treatment journey. During interviews participants shared their thoughts and emotions about numerous beauty enhancement therapies such as Botox, dermal fillers, laser treatment and face lift. The interviews were planned as the goal-directed

conversation which implied the use of open-ended questions that allowed the participants to focus on certain aspects of their experience of receiving treatment including expectations and satisfaction after the treatment was over. The responses of the participants were noted down comprehensively.

The process of taking interviews were ended when duplication of responses started accruing. After completion of the interview from the participants, researcher transcribed all the interviews. Verbatims of the participants were converted into short phrases and list of items were generated. After that items which were dubious, overlapped, vague in the list were removed with the help of experts.

Phase II: Experts Validation (Content Validity Index)

The content of the newly developed aesthetic treatment experience scale was to validate. For this purpose, the content validity index (CVI) for the items (I- CVIs)

as well as (S-CVI) were calculated. For expert validation of the scale, 10 qualified clinical psychologists with a minimum of 5 years' experience were taken by using purposive sampling strategy for expert validation of scale. The list of generated items were converted into 4-point Likert scale in which 1=not relevant, 2=somewhat relevant, 3= quite relevant, 4=highly relevant constructed. This method is adopted from Lynn (1986) which is regarded as a standard procedure in determining relevance of items and content validity. After establishing the rating scale, the experts were approached and the researcher provided operational definition of treatment experiences to the expert. The verbal consent was taken from the experts to participate in the validation process of newly developed scale. The experts were requested to rate each item on the basis of how well each item relates.

At the end, I-CVIs and S-CVI were established. The I-CVIs were calculated by dividing the numbers of experts who involved to rate the item 3 or 4(splitting the scale into relevant and non-relevant parts) with total number of experts. The criteria is suggested by Lynn (1986) that the I-CVIs should be 1. 00 when there are 5 or less then experts judge and when there 6 or more experts judges I-CVIs should not be lower than .78.

First, averages of the proportion of items rated relevant by experts were determined. Second, the averages of I-CVIs were calculated (S-CVI/Ave). In the current research, S-CVI of treatment experiences was found .98 hence indicating good content validity index of the scale as Lynn (1986) proposed that S-CVI must be .90 or higher. After establishing the content validity of the scale, 34 items of TES were transformed into self-report measure using a four-point rating scale (0-3).

Phase III: Pilot Study

In this phase, the reader friendliness of final TES was check which helped to know the comprehension issues and errors. For pilot study sample of 10 men and 10 women were selected from the private aesthetic clinics with the age ranges 20to 45. Permission was taken from the authorities of private clinics to collect the data. Informed verbal consent was obtained from the participants and detailed clear instructions and purpose were explained. The participants were asked that they understand and comprehend the items, font size, font style layout and written instructions clearly or not. After the successful completion of pilot study, items which are reader friendly, understandable were retained for the final scales. Items were reviewed and made understandable which were not cleared to the patients.

Phase IV: Main Study

In current phase, the factor structure, reliability and validity of the TES were established. To establish the psychometric properties of TES, 300 adults (Men=45%,

Women=55%) having age between 20 t0 45 were selected from the private aesthetic clinics of Lahore, Pakistan. The sample of this phase was selected by using multistage sampling technique. The sample was divided into two strata including men and women.

Measures

Treatment Experiences Scale (TES)

In the pilot study Treatment Experiences Scale which was finalised in the study was used to measure the treatment experiences of the people taking aesthetic procedures in private clinics. It consists 34 items measured on the 4-point rating scale 0 (Never), 1(rarely), 2(to some extent) and 3 (very much). Participants were given instructions to rate each statement of the scale to the extent to which it is right. The scores on TES were gained by adding scores of each item. High score depicts the greater level of treatment experience.

Depression Stress Anxiety Scale-21 (DASS21)

Depression Stress Anxiety Scale (Lovibond & Lovibond, 1995) was use to establish the construct validity of TES. The scale contained 21 items and having 4-point Likert scale (0= strongly disagree, 3= strongly agree) which measures three dimensions of mental health: depression, anxiety and stress. Higher scores indicate more severe mental health problems.

Procedure

Initially approval gained from the Institutional Review Board (IRB), after that 8 aesthetic clinics were visited by the researcher, aims and objectives of the research were explained to the competent authorities of clinics. Permission was taken from the aesthetic clinics through permission letters. After getting the verbal consent and permission were taken before administration of scale to sample and those patients were given the research scale who will be willing to participate in research. Then researcher explained the purpose of the research with clear instructions. Participants were assured the confidentiality and privacy of the data collected. They were also encouraged to asked the any query regarding protocol. It was observed that participants were taking almost 18 to 20 minutes to complete the research protocol. Latterly, participants were given time for debriefing and feedback of the study. Further 10% contributors were re-tested later one-week of interval to retest the reliability of TES.

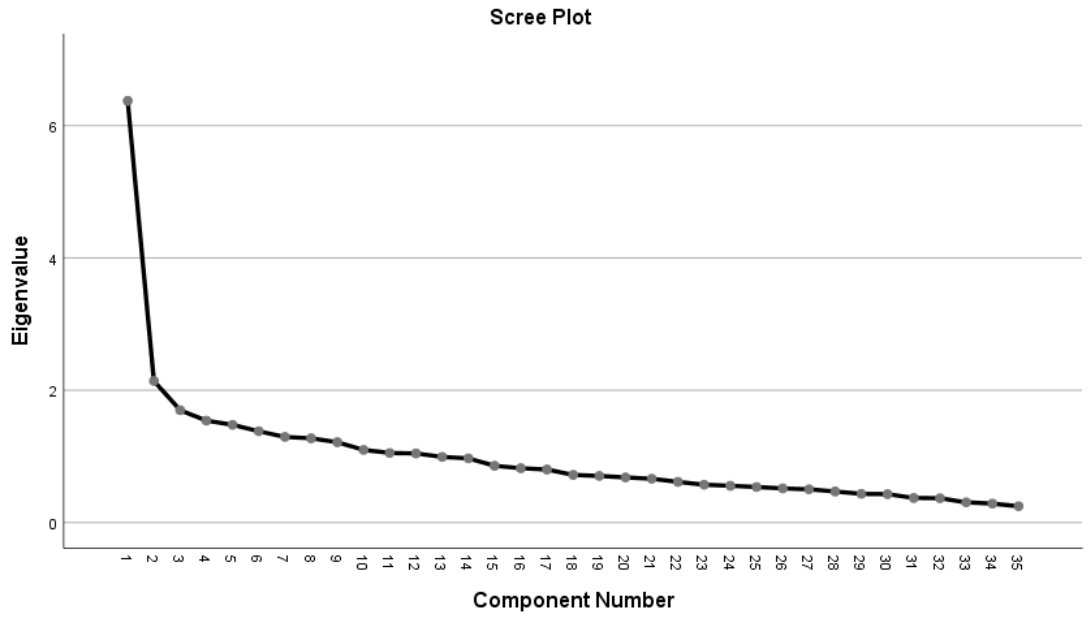
Results

This part describes the psychometric properties of the Treatment Experiences Scale (TES).

Factor analysis of Treatment Experiences Scale (TES)

To find out the key factors of TES, Exploratory Factor Analysis (EFA) with varimax rotation was conducted. The internal consistency of the scale was found through Cronbach's alpha which was .87 it revealed suitability of the data to carry out factor analysis. Further, the Kaiser- Myer-Olkin Measure of Sample adequacy (KMO) was .76 and the Bartlett's test of sphericity was significant ($p< .000$) which discovered the suitability of data is appropriate to run the factor analysis (Field, 2013). To determine the adequacy of the data which should be >.70 with the alpha level ($p<0.05$; Field, 2013) both parameters were used. To explore the number of factors the criteria which was use is Eigenvalue >1 and factor loading >.30 on that particular factor (Kaiser, 1974, Kline, 1994; Tabachnik & Fidell, 2013). In addition, the scree plot's visual examination as suggested by Cattle (1966) was employed to decide the number of factor.

Figure 1
Scree Plot of Treatment Experiences Scale



To find out subfactors with theoretical relevance a common factor model Maximum likelihood using varimax rotation was employed. Maximum likelihood is used with the assumption that factors of the Treatment Experiences should be correlated with each other as used in previous researches on similar constructs (Miyake & Friedman, 2012). The Pattern matrix was inspected for items extraction. One item could not fulfil the criteria of inter-item correlation >.30 so it was omitted in factor analysis. After that two, three and four-factor solutions were tried by the researcher though, the three-factor solution was found to be the best fit and more expressive for treatment experiences.

The three-factor solution considered for 29.176 % of the variance explained. The factor loading of all the items in the scale was >.30. The factor loadings of the 34 items are revealed in table given below.

Table 1
Factor Loadings of 34 Items of Treatment Experiences Scale (TES) (N=300)

Items	F1	F2	F3	Items	F1	F2	F3
5	**.59**	.02	-.01	17	.37	.12	**.53**
3	**.58**	-.25	.17	32	.12	-.10	**.52**
1	**.57**	.08	.05	15	-.00	.18	**.51**
16	**.51**	.34	.12	6	.16	-.06	**.47**
7	**.48**	-.07	.03	19	-.05	.43	**.44**
24	**.49**	.16	.36	34	.28	-.03	**.42**
18	**.38**	.36	.19	13	.27	.30	**.42**
22	**.38**	.20	.06	21	-.10	-.14	**.41**
2	**.36**	.10	.14	26	.03	.36	**.40**

25	**.36**	.23	.21	30	.11	.14	**.39**
20	**.36**	.24	06	8	.09	.08	**.38**
12	**.36**	.23	.35	27	.26	.35	**.37**
28	**.34**	.15	.28	4	.13	.12	**.34**
33	.06	**.71**	.00	Eigen Values	6.3	2.1	1.6
29	.07	**.59**	.21	% of Variance	18.2	6.1	4.8
31	.27	**.58**	-.29	Cumulative %	18.2	24.3	29.1
10	.18	**.47**	.20				
14	.23	**.45**	.07				
23	.01	**.42**	-.07				
11	-.12	**.41**	.14				
9	.19	**.35**	.05				

Note. Factor loading above .30 are boldface.

Table 1 illustrates three-factor solution of treatment experiences scale, items having .34 or above loading were retained in their corresponding factors and remaining were omitted, as there was only one item which was omitted. Results given in table 1 included that 34 items of TES having three key factors labelled as *Need for Appraise, Fear of Treatment Failure and Result Oriented Thinking* by the researcher. Labels given to the factors by seeing harmony of items in each factor.

Factor Description

On the basis of close examination each factor of the scale was labelled on the basis of commonality of items in the factors.

Table 2

Sample Items of Three Factors of TES (N=300)

Factor 1	***Need for Appraise (13 items)***
Item 1	Becoming more eager for praise
Item 2	Repeatedly seeing his/her self
Item 3	Feeling upset for not getting appreciation
Item 5	Taking praise as a fun
Item 7	Expecting appreciation from others
Item 12	Receiving criticism for wasting money
Item 16	Feeling happy when others surprised by change
Item 18	Not satisfied from the treatment
Item 20	Feeling upset by others jokes
Item 22	Taking treatments to gain attention
Item 25	Changing doctors again and again
Item 26	Getting angry at doctor after unsuccessful treatment
Item 29	Favoring others decisions over own treatment
Factor 2	***Fear of Treatment Failure (8 items)***
Item 9	Giving advice to others for treatment
Item 10	Tring home remedies when not satisfying

Item 11	Feeling confident
Item 14	Getting worried when no difference is seen
Item 24	Taking more treatments by watching others successful experiences
Item 30	Worrying with negative thoughts before treatment
Item 32	Leaving incomplete treatment due to high cost
Item 34	Feeling hopeless after no difference
Factor 3	***Result Oriented Thinking (13 items)***
Item 4	Expecting praise
Item 6	Fearing for looking worse than before
Item 8	Losing self-confidence because of criticism
Item 13	Feeling satisfied after praise
Item 15	Influenced to take treatment after seeing effective results
Item 17	Being overconfident and considering others inferior
Item 19	Dishearten after unsuccessful experience
Item 21	Leaving incomplete treatments during painful stage
Item 27	Seeing temporary results on face
Item 28	Start taking unnecessary treatments after watching multiple advertisements
Item 31	Getting into habit of taking treatment
Item 33	Expecting 100 percent results after first session
Item 35	Having fear that face will become more worse than before

Table 3

Summary of Inter Correlations, Mean, Standard Deviations and Cronbach Alpha (N = 300)

Factors	**F1**	**F2**	**F3**	**TE Total**	**F1**	**F2**	**F3**	**DASS Total**
F1. Need for Appraise	-	.42**	.48**	.81**	.27**	.16**	.13*	.24**
F2. Fear of Treatment Failure	-	-	.33**	.66**	.16**	.14*	.06	.15**
F3. Result Oriented Thinking	-	-	-	.83**	.24***	.10	.11*	.19**
TES Total	-	-	-	-	.30**	.17**	.13*	.25**
F1. Anxiety	-	-	-	-	-	.41**	.40**	.75**
F2. Depression	-	-	-	-	-	-	.45**	.77**
F3. Stress	-	-	-	-	-	-	-	.82**
DASS Total								-
M	36.36	26.28	43.30	115.86	23.49	23.45	23.34	70.28
SD	3.88	2.92	4.91	10.21	2.23	2.13	2.71	5.56

Note. TES= Treatment Experiences Scale, DASS = Depression Anxiety Stress Scale. *p < .05, **p < .01, ***p < .001.

Reliability of Treatment Experience Scale (TES)

To establish the test-retest reliability of the TES participants were retested after one week interval. Results revealed significant test-retest reliability (r=.78, p< .001) of TES. Additionally, TES split half reliability was also determined by using Even-Odd method.

Findings indicate the split half reliability (r=. 86, p< .001) of TES.

Validity of Treatment Experience Scale (TES)

Construct validity of the TES was determined by using Urdu version of the Depression Stress Anxiety Scale, DASS21 (Lovibond & Lovibond, 1995). Results depicts that significant positive association of treatment experiences with depression anxiety stress (r = .25 p < .001) confirming the construct validity of TES.

Discussion

The non-surgical and minimally invasive procedures are in trend (Anoixiadou et al., 2023). The arrival of minimally invasive techniques like Botox and laser, the number of people opting for cosmetic modifications increased, and the idea of having these modifications became more acceptable so long as it is affordable by the larger population. (Li et al., 2022). One of the main reasons for the popularity of aesthetic medicine procedures is that developments in medical technology have made them safer, more efficient and less invasive. Laser therapy, non-invasive body shaping and minimally intrusive facelifts give patients significant results with less risk and downtime (Chirico et al., 2021). Cultural tendencies to expressed manifestation of some face attributes, body forms or skin colors can stimulate valuable edits to come about (Henley & Porath, 2021).Cultural influence in initiating the decision to have cosmetic surgery is complicated, not only determining the types of procedures one has but also the reasons for getting those procedures (Madan et al., 2018).

The preliminary stage of the current study was included of a in-depth interview method to find the expressions and manifestation of treatment experiences of adults taking aesthetic procedures. Further the current study explored the three underlying dimensions of treatment experiences named as need for appraise, fear of treatment failure and result oriented thinking. The first factor represents need for appraise is manifested as getting upset when not receiving appreciation, taking praise as a fun, expecting appreciation from others, receiving criticism for wasting money, feeling happy when others surprised by change, feeling upset by others jokes taking treatments to gain attention, changing doctors again and again, getting angry at doctor after unsuccessful treatment, favouring others decisions over own treatment.

The deep-rooted preference for fair skin is one of the main beauty standards in Pakistan. Media, matrimonial advertisements and social media promote skin whitening products and aesthetic treatment which perpetuates this preference (Kalim & Mujahid, 2024). Pakistani youth are more prone to have an awareness and desire for the enhancement of their physical qualities under the increase in global beauty standards. The influence of social media further contradicts traditional cultural norms, causing a kind of double pressure to follow both modern and conventional beauty ideals (Ejaz et al., 2024). As media and culture play a very integral role in determining the values that people judging one personality and this is another factor in self-image. Advertising, television and the internet tend to display images that have been doctored to give a more appealing appearance. The flawless images can deliberately be a high standard and may create a benchmark to which young girls and women compare themselves and need appraise from others.

The second factor signifies fear of treatment failure and highlights the sense of fear and phobia, getting worried when no difference is seen, worrying with negative thoughts before

treatment, leaving incomplete treatment due to high cost, feeling hopeless after no difference, taking more unnecessary treatments by watching others successful experiences and trying home remedies when not satisfying. The intersection of mental health and aesthetic procedures is another critical aspect. The stigma associated with mental health issues in Pakistan can lead individuals to seek aesthetic treatments as a coping mechanism for low self-esteem, depression, or social anxiety (Asad et al., 2024). As mentioned earlier that one significant connection found is that people who undergo surgery because of aesthetical reasons have higher rates of major depression and anxiety as well. It is remarkable that the rates of these conditions get higher in those who have the need for cosmetic surgery than the prevalence in the general population. The indication is that nearly one-third of a total number of individuals undergoing cosmetic operations might be suffering from depressive and/or anxious moods (Brogan, 2020).

The third factor of TES represents the result-oriented thinking which denotes the expecting praise, feeling satisfied after praise, being overconfident and considering others inferior, fearing for looking worse than before, influenced to take treatment after seeing effective results, dishearten after unsuccessful experience, seeing temporary results on face start taking unnecessary treatments after watching multiple advertisements, getting into habit of taking treatment, expecting perfect results after first session and having fear that face will become more worse than before. One study emphasizes that while treatments can significantly enhance self-confidence and mental health, they also carry risks, particularly when expectations are unrealistic. Conditions like body dysmorphic disorder (BDD) are highlighted as potential negative outcomes when patients fail to achieve the desired results (Ventura & Arthur, 2023).

Conclusion

As aesthetic procedures have become increasingly popular and accepted due to advancements in minimally invasive technologies and evolving cultural and societal influences. In Pakistani society, motivations for cosmetic treatments are deeply influenced by media-driven beauty ideals, familial expectations and societal pressures. The psychosocial impact of these procedures is complex, with outcomes ranging from increased self-esteem to dissatisfaction and emotional distress after taking aesthetic procedures when expectations are unrealistic. The newly developed aesthetic treatment psychosocial experiences scale aims to fill the research gap by providing a culturally sensitive tool to assess not only satisfaction but also the emotional, cognitive and social experiences associated with aesthetic treatments in Pakistan, ultimately supporting better patient care and mental well-being.

Limitations & Suggestions

Despite the strengths of present study, there are many limitations that should be occupied into explanation for future research. The study was based on a cross-sectional research design, which delivers only a picture of the data at a single point in time. To gain deeper insights, future studies should consider adopting a longitudinal approach, for a more comprehensive treatment experiences over an extended period. The current study collected data exclusively from a Lahore population only. To enhance the generalizability of findings, future research should include multiple cities. The method would deliver additional comprehensive understanding of subject matter across diverse demographics.

Ethics Statement

All the ethical standards of APA were met. Informed consent was taken in written form from all the respondents to participate in this study.

Contribution of Authors

Samra Sabeel: Conceptualization, Investigation, Methodology, Data Curation, Formal Analysis, Writing – Original Draft

Ayesha Jabeen: Methodology, Writing - Reviewing & Editing, Supervision

Sadia Saleem: Conceptualization, Methodology, Writing - Reviewing & Editing

Conflict of Interest

There is no conflict of interest declared by the authors.

Source of Funding

The authors declared no source of funding.

Data Availability Statement

The datasets of the current study are not available publicly due to ethical reasons but are available from the corresponding author [S.S.] upon the reasonable request.

Reference

Anoixiadou, S., Parashis, A., & Vouros, I. (2023). Minimally invasive non-surgical technique in the treatment of intrabony defects—A narrative review. *Dentistry Journal, 11*(1), 25. https://doi.org/10.3390/dj11010025

Asad, S., Hussain, S., Khalid, Z., Zaheer, W., & Sohail, W. (2024). Perceived emotional invalidation, physical appearance comparisons, and attitude towards cosmetic surgery among female undergraduate university students. *Current Psychology*, *43*(9), 11114–11126. https://doi.org/10.1007/s12144-023-05237-1

Brogan, J. L. (2020). *Body image dissatisfaction and quality of life: The role of self-esteem and depression in individuals seeking cosmetic surgeries* (Unpublished master's thesis). University of Edinburgh. https://doi.org/10.7488/era/938

Brown, T. (2016). Cosmetic or aesthetic? *Aesthetic Surgery Journal, 36*(4), NP163–NP164. https://doi.org/10.1093/asj/sjv252

Cattell, R. B. (1966). The scree test for the number of factors. *Multivariate Behavioral Research, 1*, 245–276.

Chirico, F., Colella, G., Cortese, A., Bove, P., Fragola, R., Rugge, L., Audino, G., Sgaramella, N., & Tartaro, G. (2021). Non-surgical touch-up with hyaluronic acid fillers following facial reconstructive surgery. *Applied Sciences, 11*(16), 7507. https://doi.org/10.3390/app11167507

Ejaz, A., Rehman, F. U., Nasrullah, H., Saeed, S., & Riaz, S. (2024). Impact of social media on the adoption of cosmetic procedures among Pakistani youth. *African Journal of Biological Sciences, 6*(9), 5770–5778. https://doi.org/10.48047/AFJBS.6.9.2024.5770-5778

Elfving-Hwang, J. K. (2021). Man made beautiful: The social role of grooming and body work in performing middle-aged corporate masculinity in South Korea. *Men and Masculinities, 24*(2), 207–227.

Field, A. (2013). *Discovering statistics using IBM SPSS statistics* (4th ed.). SAGE.

Henley, D., & Porath, N. (2021). Body modification in East Asia: History and debates. *Asian Studies Review, 45*(2), 198–216. https://doi.org/10.1080/10357823.2020.1849026

Kaiser, H. F. (1974). An index of factorial simplicity. *Psychometrika, 39*, 31–36.

Kalim, S., & Mujahid, M. (2024). Eurocentric beauty standards: A corpus-assisted discourse analysis of

Pakistani skincare blogs. *Academia.edu*.

Kashmar, M., Alsufyani, M. A., Ghalamkarpour, F., Chalouhi, M., Alomer, G., Ghannam, S., El Minawi, H., Saedi, B., Hunter, N., & Alkobaisi, A. (2019). Consensus opinions on facial beauty and implications for aesthetic treatment in Middle Eastern women. *Plastic and Reconstructive Surgery Global Open, 7*(4). e2220. https://doi.org/10.1097/GOX.0000000000002220

Khan, S., Shahid, S., & Nawaz, Z. (2023). Social media and its impact on beauty standards among Pakistani women. *Journal of South Asian Studies, 38*(1), 112–130. https://doi.org/10.70135/seejph.vi.5978

Khan Tribune. (2023, October 12). Glow up Pakistan: From fairness to self-care. *The Express Tribune*. https://tribune.com.pk

Kline, P. (1994). *An easy guide to factor analysis*. Routledge.

Li, K., Meng, F., Li, Y. R., Tian, Y., Chen, H., Jia, Q., Cai, H., & Jiang, H. B. (2022). Application of nonsurgical modalities in improving facial aging. *International Journal of Dentistry, 2022*. https://doi.org/10.1155/2022/8332631

Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales* (2nd ed.). Psychology Foundation.

Lynn, M. R. (1986). Determination and quantification of content validity. *Nursing Research, 35*(6), 382–386. https://doi.org/10.1097/00006199-198611000-00017

Madan, S., Basu, S., Ng, S., & Ching Lim, E. A. (2018). Impact of culture on the pursuit of beauty: Evidence from five countries. *Journal of International Marketing, 26*(4), 54–68. https://doi.org/10.1177/1069031X18805493

Maisel-Campbell, A., Waldman, A., Dave, L., Poon, E., & Alam, M. (2024). Why different types of patients seek cosmetic treatments. *Archives of Dermatological Research, 316*, 84. https://doi.org/10.1007/s00403-023-02813-0

McKeown, D. J. (2021). Impact of minimally invasive aesthetic procedures on the psychological and social dimensions of health. *Plastic and Reconstructive Surgery Global Open, 9*(4), e3578. https://doi.org/10.1097/GOX.0000000000003578

Miyake, A., & Friedman, N. P. (2012). The nature and organization of individual differences in executive functions: Four general conclusions. *Current Directions in Psychological Science, 21*, 8–14. https://doi.org/10.1177/0963721411429458

Mori, F., Melita, D., Innocenti, M., & Ciancio, F. (2024). Reduction of the areolar diameter after ultrasound-assisted liposuction for gynecomastia. *Academia.edu*.

Paleebutt, W., & Thaipwaree, T. (2022). *The mythology of beauty and social media influences* [Unpublished master's thesis, Silpakorn University]. Silpakorn University Institutional Repository. https://sure.su.ac.th/handle/123456789/715

Payer, J., Chalkidis, N., Polackova, P., & Patzelt, M. (2024). MAMAS: A standardized template of pre-operative marking and step-by-step surgical procedure. *JPRAS Open*, *40*, 293–304.

https://doi.org/10.1016/j.jpra.2024.03.007

Praveena, J., Gokulakrishnan, Narasimman, P., & Sankar, G. (2025). Pilot study on the role of facial acupuncture in achieving skin hydration and oil equilibrium. *Indian Journal of Integrative Medicine*, 5(2), 1-6. https://mansapublishers.com/index.php/ijim/article/view/4949/4196

Rahman, E., Carruthers, J. D. A., Rao, P., Abu-Farsakh, H. N., Garcia, P. E., Ioannidis, S., Sayed, K., Philipp-Dormston, W. G., Mosahebi, A., & Webb, W. R. (2025). Regenerative Aesthetics: A Genuine Frontier or Just a Facet of Regenerative Medicine: A Systematic Review. *Aesthetic Plastic Surgery*, *49*(1), 341–355. https://doi.org/10.1007/s00266-024-04287-5

Reddinger, S., Felimban, M., Shaikh, A. H., Jamal, A., Timraz, J. H., Khan, A. A., Rashid, W., Sultan, S. R. M., Khan, S., Hashim, S. N., Thalib, H. I., Albeez, S. F., Makki, F., & Khan, A. (2024). *The impact of social media on beauty standards: A systematic review and meta-analysis of patient and cosmetic provider perspectives*. *South Eastern European Journal of Public Health*, *26*(S2), 4045–4067. https://doi.org/10.70135/seejph.vi.5978

Shi, J. (2024). *Psychosocial determinants and outcomes of female facial plastic surgery: A data-driven analysis* [Working paper]. SSRN. https://doi.org/10.2139/ssrn.4906606

Skin Fudge. (2023, October 13). Cultural significance of aesthetic enhancements in Pakistan. *SKINFUDGE Lahore | Dermatologist, Allergy & Aesthetic Center*. https://www.skinfudge.com

Smith, J., Doe, A., & Roe, M. (2021). Social media and self-objectification: A new look at body image issues. *Journal of Digital Mental Health, 3*(2), 45–59. https://doi.org/10.1000/jdmh.2021.0023

Tabachnik, B. G., & Fidell, L. S. (2013). *Using multivariate statistics*. Harper Collins.

Ventura, N., & Arthur, E. (2023, July 24). Psychological effects of cosmetic procedures extend far beneath the surface. *Dermatology Times, 44*(7). https://www.dermatologytimes.com

Warnick, S. (2024). *Complexities of companionship: Exploring the human–dog relationship through mtDNA analysis of Bridge River canine remains* (Master's thesis, University of Montana). ScholarWorks at University of Montana. https://scholarworks.umt.edu/etd/12365