

# GENDER DIFFERENCES IN BODY IMAGE INSECURITIES AND COSMETIC INTERVENTIONS

Mădălina Gabriela MATEI<sup>1</sup>, Andreea SĂLCUDEAN<sup>2</sup>, Cristina Raluca BODO<sup>2</sup>, Dora CÂMPIAN<sup>2</sup>, Elena Gabriela STRETE<sup>3</sup>, Ramona Amina POPOVICI<sup>4</sup>, Dana Emanuela PITIC<sup>4</sup>, Ramona Camelia ANCULIA<sup>5</sup>, Andreea Mihaela KIȘ<sup>6</sup>, Laura Diana POPOVICI<sup>7</sup>, Daniela Georgeta POPOVICI<sup>8</sup>

<sup>1</sup>Student University of Medicine and Pharmacy, Sciences and Technology, "George Emil Palade", Târgu Mureș, Romania; [mateimadalina32@yahoo.com](mailto:mateimadalina32@yahoo.com)

<sup>2</sup>Department of Ethics and Social Sciences, University of Medicine, Pharmacy, Sciences and Technology "George Emil Palade", Târgu Mureș, Romania; [andreea.salcudean@umfst.ro](mailto:andreea.salcudean@umfst.ro)

<sup>3</sup>Department of Psychiatry, University of Medicine, Pharmacy, Sciences and Technology "George Emil Palade", Târgu Mureș, Romania; [elena.buicu@umfst.ro](mailto:elena.buicu@umfst.ro)

<sup>4</sup>Department 1, Management and Communication in Dentistry, Faculty of Dentistry, University of Medicine and Pharmacy "Victor Babeș", Timișoara, Romania; [ramona.popovici@umft.ro](mailto:ramona.popovici@umft.ro); [dana.emanuela@gmail.com](mailto:dana.emanuela@gmail.com)

<sup>5</sup>University of Medicine and Pharmacy "Victor Babeș" Timișoara, Faculty of Medicine, Department V, Internal Medicine, Occupational Health; [ramona.anculia@umft.ro](mailto:ramona.anculia@umft.ro)

<sup>6</sup>Research Center for Pharmaco-Toxicological Evaluations, Faculty of Pharmacy, University of Medicine and Pharmacy "Victor Babeș", Timișoara, Romania; [kis.andreea@umft.ro](mailto:kis.andreea@umft.ro)

<sup>7</sup>Student at the Faculty of Medicine, University of Medicine and Pharmacy "Victor Babeș", Timișoara, Romania; [lauradianapopovici@gmail.com](mailto:lauradianapopovici@gmail.com)

<sup>8</sup>National Institute of Health Services Management, Bucharest, Romania; [gpovovici@inmss.ro](mailto:gpovovici@inmss.ro)

Correspondence: [mateimadalina32@yahoo.com](mailto:mateimadalina32@yahoo.com)

## INTRODUCTION

Body dysmorphic disorder is a severe psychological condition characterized by an excessive and unrealistic preoccupation with perceived physical defects that are usually insignificant or even nonexistent to others. It manifests itself in an obsession with certain physical features, such as skin, weight, hair, or facial structure, and these preoccupations can severely impair the social, professional, and personal lives of individuals suffering from this condition [1]. People suffering from this disorder may develop compulsive behavior to continuously check their perceived defects, such as constantly examining their appearance in the mirror, comparing themselves to other people, or even avoiding social situations and interactions that might expose these perceived defects [2]. These behaviors can lead to social isolation and a significant decrease in quality of life, and the anxiety associated with body image often becomes debilitating [3]. To correct these perceived defects, subjects often resort to cosmetic procedures, such as rhinoplasty (nose surgery), facelifts, liposuction (removal

**CONTEXT:** Body dysmorphic disorder (BDD) is a mental health condition characterized by excessive concern about perceived physical flaws. This study examines gender differences in the symptoms of the disorder, psychological distress, and attitudes toward cosmetic interventions.

**METHODS:** A cross-sectional study was conducted on a sample of 370 Romanian respondents through an anonymous online questionnaire. The collected data included awareness of BDD, body image concerns, and consideration of cosmetic enhancements.

**RESULTS:** Women showed greater awareness of BDD (71% compared to 49%) and higher levels of emotional distress (39% compared to 28%). Their main concerns were related to weight, skin, and body proportions, while men focused on muscle definition, weight, and height. More women (48%) considered cosmetic interventions compared to men (20%).

**CONCLUSION:** Gender differences in BDD are influenced by social beauty standards. Addressing these disparities through public health initiatives can improve body image perception and mental well-being.

**Keywords:** Body dysmorphic disorder, imperfections, gender differences, aesthetic procedures

of body fat), or various dermatological treatments, such as chemical peels or laser treatments. These interventions are often seen as a quick fix to improve physical appearance and reduce anxiety related to perceived imperfections [3]. However, these procedures often do not address the underlying psychological cause of the disorder and can deepen feelings of dissatisfaction and frustration, rather than providing a permanent solution [2]. As a patient undergoes multiple cosmetic procedures, the feeling of temporary satisfaction can lead to an addiction to the procedures, and this cycle can be repeated continuously without addressing the underlying issue of the disorder [1]. Women with BDD tend to focus on physical features associated with femininity and the beauty ideals promoted by society. The most common concerns include body weight and proportions, skin appearance, and breast appearance. Concerns about the waist, hips, and thighs are features that are often associated with female beauty ideals. Obsessive concerns about "looking thin" or having a body similar to that of media models may occur [3]. Acne, wrinkles, and other skin imperfections are frequently cited by women as sources of anxiety, which may lead to the use of cosmetic treatments or cosmetic surgery to improve the appearance of the skin [2]. In many cases, women with BDD may be obsessed with the size or shape of their breasts. These concerns may lead to the use of cosmetic procedures such as mammoplasty [3]. In contrast to women, men with BDD are typically more preoccupied with features associated with masculinity and physical strength. The most common concerns are about muscle mass and body definition, height, and hair loss. Men with BDD may be obsessed with achieving ideal muscle mass. They may use muscle building supplements and engage in extreme exercise regimens to achieve the "perfect" body. This is a characteristic of a phenomenon known as muscle dysmorphia, a subtype of BDD [4]. Many men with BDD perceive themselves as being too short, and this feeling can lead to dissatisfaction and various methods of correction, including the

use of height-increasing shoes or even height-increasing surgery [1]. Another concern for men is hair loss. Alopecia can lead to the perception that the man does not meet ideals of masculinity, which can cause emotional distress and avoidance behaviors or attempts to remedy the problem through hair transplants or the use of cosmetics [3]. Another important aspect is how men and women approach cosmetic procedures to correct their perceived imperfections. Women are more likely to undergo procedures such as rhinoplasty (nose job), liposuction, facelifts, skin treatments, and other procedures designed to improve the overall appearance of the body and face [5]. These procedures are often designed to correct features associated with femininity and to respond to social pressures to look "perfect." Men, on the other hand, are more interested in cosmetic surgery to increase muscle mass or procedures to treat hair loss [4]. They may also undergo liposuction or treatments to improve the overall appearance of the body, but their concerns are more oriented towards achieving a "stronger" or "masculine" body. Both men and women are influenced by social pressures and idealized representations of the body promoted by the media. However, women are often exposed to beauty ideals that promote a thin body and flawless skin, while men are encouraged to have a massive, well-defined body and pronounced musculature. [6] These pressures can amplify body image concerns and contribute to the development of BDD.

## OBJECTIVE

Analyzing gender differences in body image perception and attitudes toward cosmetic interventions.

## METHODS

A structured cross-sectional study was conducted on a sample of 370 individuals from Romania, 221 (60%) of whom were female, and the remaining 149 (40%) were male. An anonymous online questionnaire was used, consisting of 17 structured questions targeting the main insecurities related to physical appearance, sources of influence on body image, and willingness to resort to cosmetic procedures. Participants aged 18 and older were included to ensure a diverse representation of perspectives. Data processing was carried out using Google Forms and Microsoft Office Excel.

## RESULTS

*For female participants*, sources of insecurity related to physical appearance are diverse and reflect social and cultural pressures, which often promote idealized images of the female body. The most common and significant insecurities, listed in descending order of prevalence, are described below.

**Body weight (25% of participants):** One of the greatest concerns for women. This body image issue is often fueled by beauty standards promoted by the media and social media, which emphasize a slim body. Many participants feel pressured to achieve an ideal weight, leading to feelings of insecurity, even in the absence of health problems.

**Imperfect skin (18% of participants),** such as acne, spots, or scars, is a significant concern for many women. Skin is often seen as an indicator of health and beauty, and irregularities in this area can lead to feelings of shame or frustration. Women are also more likely to use cosmetic products to hide these imperfections, which can increase anxiety about their skin appearance.

**Body shape (17% of participants):** This is another major factor for women. These insecurities are linked to the distribution of body fat, where certain areas (such as hips, thighs, or abdomen) are perceived as less attractive. The media often promotes images of women with an "ideal" silhouette, often slim and well-defined, which creates significant pressure for women to meet these standards.

**Teeth (11% of participants):** A significant source of insecurity for many women, especially when teeth are crooked, discolored, or broken. In a culture where a beautiful smile is considered a sign of confidence and beauty, dental problems can affect how women perceive themselves and are perceived by others, leading to a decrease in self-esteem.

**Insufficient muscle mass (8% of participants):** Although less frequent than other insecurities, some participants are concerned about insufficient muscle development. This phenomenon reflects recent shifts in media and culture, which increasingly promote the idea of a toned and strong body as attractive. This insecurity may also stem from the fact that many women are encouraged to avoid strength training to prevent becoming "too big" or "too masculine," leading to dissatisfaction with their bodies.

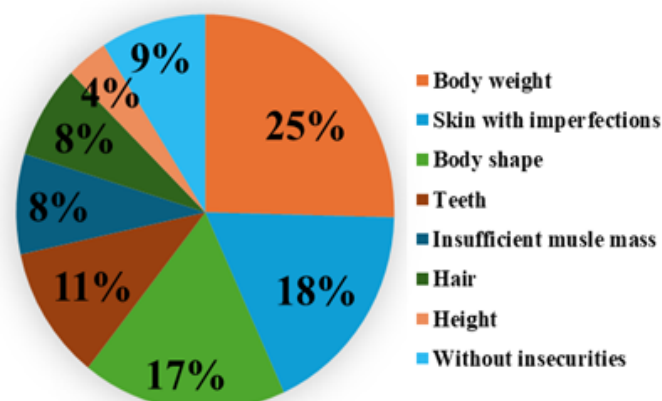
**Hair (8% of participants):** Concerns about hair are also a common source of insecurity. Whether it's hair loss, lack of volume, or quality, many women are affected by how their hair influences their self-image. Social pressures, which promote long, healthy, shiny hair as ideal, can contribute to anxiety about hair being considered "too thin" or "too light."

**Height (4% of participants):** This is a source of insecurity for a smaller percentage of women, but it cannot be ignored. Many women feel uncomfortable with their height, especially if it is considered too short or too tall compared to social expectations. Height is also a factor that can influence how women are perceived in terms of physical attraction, which can lead to a decrease in self-confidence. Additionally, 9% of the female participants surveyed stated that they had no insecurities related to their physical appearance, indicating a group of women who feel more confident about their self-image and are less influenced by social pressures related to beauty and appearance. (Chart 1)

*Regarding male participants*, the sources of insecurity related to physical appearance are varied, but there are certain significant trends that can be observed. The most important insecurities, in descending order of prevalence, are as follows:

**Insufficient muscle mass (20% of participants)** – This is the most common concern among men. Many of them express dissatisfaction with the insufficient development of muscle mass, which they consider essential for a satisfactory body image. Anxiety related to this topic can be

**Chart 1. Distribution of women based on the main sources of insecurity.**



influenced by social or media pressure, which often promotes the image of a muscular body as the ideal masculine ideal.

Body weight (19% of participants) – Another significant concern is body weight. Although more men face weight issues, they often express worries about being overweight or not reaching the ideal weight, which can lead to feelings of lack of control or inadequacy.

Body shape (16% of participants) – A significant percentage of men mention body shape as a major source of insecurity. This can include both fat distribution and aspects related to the general symmetry of the body, which may be influenced by the type of physical training or heredity.

Dentition (14% of participants) – Another significant factor of insecurity among men is related to teeth. Dental issues, whether it is missing teeth, discoloration, or incorrect alignment, can cause a constant concern related to aesthetics and self-confidence.

Skin imperfections (8% of participants) – Although less frequent among men compared to women, concerns related to skin imperfections are still a significant source of insecurity for some men. This can include acne, spots, or scars, which affect the overall perception of self-image.

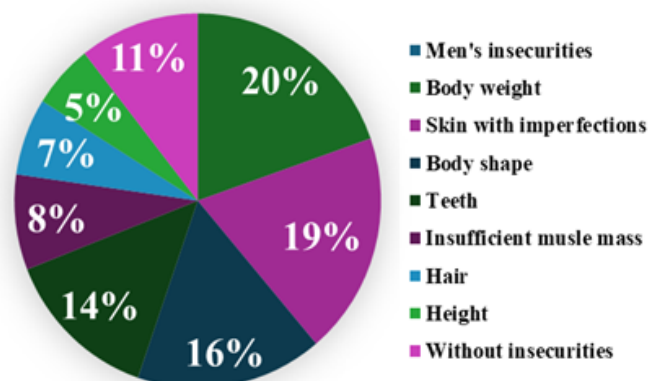
Hair (7% of participants) – Hair, particularly hair loss, represents another image problem for men. While this topic is often associated with women, many men are concerned about thinning hair or its quality, which can lead to feelings of vulnerability, especially in cases of premature baldness.

Height (5% of participants) – Height is a source of insecurity for a smaller percentage of men. They may feel affected by not reaching the "ideal" height, as considered socially or culturally, which can influence their confidence in social or professional interactions.

Additionally, 11% of male participants did not report any insecurity related to physical appearance. They appear to be less influenced by social norms and pressures related to body image or have a healthier relationship with their own body. (Chart 2)

Patients were invited to express their preferences and choices regarding various types of interventions and medical procedures they would be willing to undergo, con-

**Chart 2. Distribution of men based on the main sources of insecurity**



sidering their perception of their own physical appearance and its impact on their self-esteem and emotional well-being. (Table 1, Table 2)

## DISCUSSIONS

The study results confirm the existence of significant gender differences regarding body image perception and attitudes toward cosmetic interventions. Women tend to be more affected by societal beauty standards and experience a higher level of emotional distress related to perceived imperfections. In contrast, men focus their attention on traits associated with masculinity, such as muscle mass, height, and hair loss. An interesting aspect of the study is that women reported greater awareness of body dysmorphic disorder (BDD) and a higher openness to cosmetic interventions. This phenomenon may be explained by cultural and media influences that promote stricter aesthetic standards for women. At the same time, men who exhibit symptoms of BDD may be underdiagnosed due to the social stigma surrounding masculine aesthetic concerns. Regarding the reason individuals choose to undergo cosmetic interventions, the study shows that they are not only driven by the desire for physical improvement but also by the need for social validation and a reduction in anxiety related to body appearance. However, aesthetic interventions may represent only a temporary solution without addressing the underlying psychological causes of body dissatisfaction. Thus, it is essential that psychological intervention strategies, such as cognitive-behavioral therapy, be integrated into the management of body dysmorphic disorder.

These findings emphasize the importance of educational and public health initiatives aimed at promoting a realistic perception of body image and reducing the pressure imposed by unrealistic beauty ideals.

## CONCLUSIONS

The study highlights significant differences between women and men regarding body image insecurities and willingness to undergo aesthetic interventions. Women are more aware of body dysmorphic disorder and more likely to adopt cosmetic solutions to improve their appearance,

**Table 1. Women's preferences for aesthetic procedures and surgeries**

Surgical interventions and dermatocosmetic procedures	Number of female participants
Nose reconstruction surgery	29
Breasts implants	12
Facial Treatments for Imperfection Correction	7
Body Reshaping	7
Lip Augmentation with Hyaluronic acid	6
Botox injections	4
Eyelid Skin Correction	3
Abdominoplasty	3
Laser Therapy for Stretch Marks	2
Dental Brackets	2
Dental veneers	2
Breast lifting	1
Hair Transplant	1
<b>Total</b>	<b>79</b>

**Table 2. Aesthetic surgeries that men would consider undergoing**

Dermatological and cosmetic surgeries	Number of male participants
Hair transplant	5
Nose reconstruction surgery	4
Surgical correction of gynecomastia	2
Body contouring	2
Bariatric surgery	1
Eyelid skin correction	1
Botulinum toxin injections	1
Mandibular reconstructive surgery	1
Jaw reconstructive surgery	1
Teeth whitening treatment	1
Dental veneers	1
<b>Total</b>	<b>20</b>

while men tend to express their concerns through the desire to achieve a stronger and more defined body. These differences are influenced by socio-cultural factors and the aesthetic standards promoted in the media. Despite the availability of aesthetic procedures, lasting solutions for body image issues must also include psychological approaches to support the mental health of affected individuals. To combat the negative impact of unrealistic beauty standards, greater awareness of body image issues is needed, along with the development of educational programs that promote the acceptance of physical diversity. In this regard, both mental health professionals and society as a whole play a crucial role in supporting a healthier perception of one's body.

## References

1. Phillips, K. A. (2005). *Body Dysmorphic Disorder: A Review of the Literature*. Journal of the American Academy of Dermatology, 53(1), 1-17. doi:10.1016/j.jaad.2004.11.048.
2. Veale, D., & Riley, S. (2001). *Body Dysmorphic Disorder: A Cognitive-Behavioral Model*. Behavioral and Cognitive Psychotherapy, 29(1), 13-26.
3. Cash, T. F., & Deagle, E. A. (1997). *The Body Image Ideals of Women: A Comparison of the Netherlands, the United States, and New Zealand*. Personality and Social Psychology Bulletin, 23(9), 940-953.
4. Pope, H. G., Phillips, K. A., & Olivardia, R. (2000). *The Adonis Complex: The Secret Crisis of Male Body Obsession*. Free Press.
5. Sarwer, D. B., & Wadden, T. A. (2004). *Body Image and Obesity in Adults: The Role of Cosmetic Surgery*. Obesity Research, 12(6), 947-954.