Body image, and more specifically body image dissatisfaction, is believed to play a central role in motivating a number of appearance-enhancing behaviors—including weight loss, cosmetic and fashion purchases, and aesthetic surgery. The term “body image” has been defined in a number of different ways. It most commonly refers to an individual’s experiences of embodiment, especially self-perceptions and self-attitudes toward one’s appearance. Body image is typically viewed as a multidimensional construct, consisting of perceptual, attitudinal, and behavioral components. The two most central body image dimensions are body image evaluation (e.g., satisfaction or dissatisfaction) and body image investment (i.e., the psychological importance of one’s appearance to his or her sense of self or self-worth).

Much like the growth of aesthetic surgery, interest in the psychological construct of body image has blossomed in popularity over the past few decades. Much of this growth has been attributed to the increased attention on eating disorders and obesity in the mental health community. As a result, the field often has taken a rather myopic view of body image, focusing primarily on weight and shape concerns. In reality, the future of the field of body image likely lies at the interface of behavioral and medical sciences, including plastic surgery.

This interaction is reflected in important peer-reviewed publications such as *Aesthetic Surgery Journal* and the relatively new *Body Image: An International Journal of Research*, launched in 2004. The recent inclusion of *Body Image* in Medline further validates the importance of quality, scholarly work in this area. From a clinical perspective, we also believe it is important for mental health and medical professionals to understand the psychological aspects of physical appearance and body image, so that they may provide the best possible guidance and care to their patients.

Body image has long been discussed in the context of plastic surgery, appearing in the seminal work of the Edgerton et al. in the 1950s and 1960s. Only within the past decade, however, has there been empirical study of the relationship between body image and cosmetic surgery. A number of studies have found that body image dissatisfaction is associated with more favorable attitudes toward cosmetic surgery. Other investigations have suggested that cosmetic surgery patients typically report increased investment in and dissatisfaction with their body image before cosmetic surgery and as compared to persons not interested in aesthetic procedures.

While some degree of body image dissatisfaction appears to be common among persons considering cosmetic surgery, some individuals may be experiencing excessive dissatisfaction with their appearance. Body image dissatisfaction is a feature of several psychiatric disorders, from eating disorders and depression to gender identity disorder and schizophrenia. To date, there has been relatively little study of the rate of these disorders among cosmetic surgery patients or, more importantly, their relationship to postoperative outcomes.

The psychiatric disorder of perhaps greatest relevance to aesthetic surgery is body dysmorphic disorder (BDD). BDD is characterized as a preoccupation with a slight or imagined defect in appearance that leads to significant disruption in daily functioning. Between 1% and 2% of the population is believed to suffer from the disorder, although a number of studies conducted throughout the world have found that 5% to 15% of cosmetic surgery and dermatology patients present for treatment with some form of the condition. Unfortunately, the vast majority of persons with BDD who undergo these treatments report either no change or a worsening in their symptoms. BDD also is associated with a high rate of suicidality. Furthermore, anecdotal reports suggest that persons with BDD may be more likely to threaten or bring legal action against their provider, or threaten or commit acts of violence directed at the surgical team. For all of these reasons, BDD is increasingly seen as a contraindication to aesthetic procedures.

Unfortunately, the recognition of BDD may be difficult for the aesthetic surgeon, because individuals with the condition may intentionally minimize their symp-
toms of BDD during an initial consultation. There are a number of specific questions that surgeons can ask which may reveal the excessive appearance preoccupation or disruption in daily functioning often seen with the disorder.3, 6 Because aesthetic surgeons often obtain medical clearance from a patient’s primary care physician before proceeding with surgery, a greater awareness of BDD and the appropriateness or inappropriateness of certain aesthetic surgery treatments among treating surgeons and primary care physicians could help to avoid unsatisfactory outcomes for both patients and surgeons.

Patients without BDD typically report high levels of satisfaction following aesthetic surgery. Others report significant improvements in body image.8 Evidence on the effects of cosmetic surgery on other areas of psychological functioning, such as self-esteem and quality of life, are less conclusive. Unfortunately, the psychological benefits of aesthetic procedures may be tempered by the experience of a postoperative complication. This issue has received relatively little study to date, although some studies have suggested that the experience of a complication is negatively related to postoperative satisfaction and less favorable changes in body image.9

Aesthetic surgery, including minimally invasive cosmetic procedures, has exploded in popularity over the past decade, perhaps more so than anyone could have predicted. There is little reason to think that, as a society, we will not continue to grow more and more comfortable with the idea of using medical procedures to change our external appearance. As has been suggested by many plastic surgeons over the years, the greatest benefits of plastic surgery are psychological in nature. It appears that most of these benefits fall into the realm of body image. While research on the psychological aspects of aesthetic surgery also has evolved over the past decade, it must keep pace with the technical advances in the field. Such research is critically important to support the efficacy of plastic surgery—that it not only improves individuals’ external appearance but also their internal body image. Likewise, it is important that a broad range of mental health and medical professionals have the widest possible access to the latest advances in body image research as well as aesthetic surgery, so that they can better recognize the types of problems that may be successfully addressed through either psychological or surgical interventions.  

DISCLOSURES

The authors have no disclosures with respect to the contents of this editorial.

REFERENCES


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