

Review article

Body dysmorphic disorder and appearance enhancing medical treatments

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Abstract

This article reviews the literature on body dysmorphic disorder (BDD) in persons who seek appearance enhancing medical treatments such as cosmetic surgery and dermatological treatment. We begin with a discussion of the growing popularity of cosmetic surgical and minimally invasive treatments. The literature investigating the psychological characteristics is briefly highlighted. Studies investigating the rate of BDD among persons who seek appearance enhancing treatments are detailed and, collectively, suggest that approximately 5–15% of individuals who seek these treatments suffer from BDD. Retrospective reports suggest that persons with BDD rarely experience improvement in their symptoms following these treatments, leading some to suggest that BDD is a contraindication to cosmetic surgery and other treatments. The clinical management of patients with BDD who present for these treatments is briefly described and directions for future research are provided.

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The popularity of appearance enhancing medical treatments

According to the American Society of Plastic Surgeons, 10.9 million cosmetic surgical and minimally invasive treatments were performed in 2006 (ASPS, 2007). Just under 2 million of these treatments were traditional cosmetic surgical procedures such as liposuction, breast augmentation, and rhinoplasty. The vast majority, over 9.1 million, were minimally invasive procedures such as Botox[®] injections and chemical peels. The number of all of these procedures

has increased by 48% since 2000 and over 800% since 1992, the first year that the ASPS started reporting procedural statistics. While these numbers are staggering, they likely are an underestimate of the number of procedures performed annually, as they do not account for the growing number of non-plastic surgeons who now offer these and other appearance enhancing treatments.

A discussion of the popularity of cosmetic surgery must consider a number of contemporary theoretical explanations (Sarwer, Crerand, & Gibbons, 2007; Sarwer & Magee, 2006). These include the large body of social psychological research on the role of physical appearance in daily life as well as the growing literature on body image and, specifically, its contribution to the pursuit of appearance modifying behaviors. The role of

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the mass media and entertainment industries, from the relentless bombardment of images of physical perfection to the popularity of “reality-based” cosmetic surgery television programs, undoubtedly contribute to the popularity. The technological advances in cosmetic medicine, which have made both surgical and non-surgical procedures safer than ever before, have likely fueled the growth. Finally, evolutionary theories of physical attractiveness also can be used to explain the popularity (Sarwer & Magee, 2006), as many procedures are designed to enhance facial symmetry and youthfulness, or alter the waist-to-hip ratio.

Psychological aspects of cosmetic surgery

Surprising to many individuals, there is a large literature on the psychological aspects of cosmetic surgery (Crerand, Cash, & Whitaker, 2006; Sarwer, *in press*; Sarwer & Crerand, 2004; Sarwer, Didie, & Gibbons, 2006). Research in this area dates back almost 50 years to the pioneering work of plastic surgeons and psychiatrists at Johns Hopkins University. Early studies in this area relied heavily on unstructured clinical interviews performed by psychoanalytically trained psychiatrists. Perhaps not surprisingly, many of the patients in these early studies were characterized as psychopathological. Subsequent studies began to include valid and reliable psychometric measures of personality (such as the MMPI) and psychological symptoms. These studies reported lower rates of psychopathology among individuals interested in cosmetic surgery. Several of these studies also suggested that cosmetic surgery led to improvements in psychological functioning.

Unfortunately, much of the research in this area has suffered from a range of methodological problems (Crerand, Cash, et al., 2006; Sarwer, *in press*; Sarwer & Crerand, 2004; Sarwer, Didie, et al., 2006). Interviews of patients typically have been non-standardized, and, as a result, subject to bias. Studies that have used psychometric measures have frequently relied on small sample sizes or failed to include comparison or control groups. As a result, it is difficult to draw firm conclusions regarding the psychological characteristics of cosmetic surgery patients and, perhaps most importantly, how these characteristics relate to post-operative outcome.

Within the past decade, many of the studies on the psychological aspects of cosmetic surgery have focused on body image. Body image dissatisfaction is believed to motivate the pursuit of cosmetic surgery (Sarwer & Crerand, 2004; Sarwer, Pertschuk, Wadden, & Whi-

taker, 1998; Sarwer, Wadden, Pertschuk, & Whitaker, 1998b), just as it motivates other appearance enhancing behaviors. A number of studies have found increased body image dissatisfaction among persons who present for a number of cosmetic procedures (Didie & Sarwer, 2003; Pertschuk, Sarwer, Wadden, & Whitaker, 1998; Sarwer, Bartlett, Whitaker, Pertschuk, & Wadden, 1998; Sarwer, LaRossa, et al., 2003; Sarwer, Pertschuk, et al., 1998; Sarwer, Whitaker, Wadden, & Pertschuk, 1997; von Soest, Kvalem, Skolleborg, & Roald, 2006). Other investigations have documented improvements in body image postoperatively (Banbury et al., 2004; Bolton, Pruzinsky, Cash, & Persing, 2003; Cash, Duel, & Perkins, 2002; Sarwer, Gibbons, et al., 2005; Sarwer, Wadden, & Whitaker, 2002).

These results findings raise an interesting question regarding the relationship between body image and cosmetic surgery: Can someone be too dissatisfied with their body image for cosmetic surgery? Body image dissatisfaction plays an important role in a number of psychiatric disorders, including eating disorders, social anxiety disorder, gender identity disorder, and the psychiatric condition believed to be most relevant to appearance enhancing medical treatments—body dysmorphic disorder.

BDD and appearance enhancing medical treatments

Descriptive and diagnostic issues

Case reports in the cosmetic surgery and dermatology literatures describing symptoms consistent with body dysmorphic disorder (BDD) appeared prior to the disorder’s inclusion in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Descriptions of “minimal deformity” and “insatiable” patients were reported in the cosmetic surgery literature in the 1960s (Edgerton, Jacobson, & Meyer, 1960; Knorr, Edgerton, & Hoopes, 1967). Case reports of “dysmorphophobia” and “dermatological non-disease” appeared in the dermatology literature soon after (Cotterill, 1981). In both sets of reports, patients requested multiple procedures to improve slight or imagined defects, and, typically, reported high levels of dissatisfaction with their postoperative results, descriptions remarkably consistent with those seen in patients with BDD today.

Applying the BDD diagnostic criteria to individuals interested in appearance enhancing treatments can be difficult (Crerand, Franklin, & Sarwer, 2006; Sarwer, Crerand, & Didie, 2003; Sarwer, Crerand, & Gibbons,

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