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THE PSYCHOLOGY OF COSMETIC SURGERY: A REVIEW AND RECONCEPTUALIZATION

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ABSTRACT. *This article discusses the psychology of cosmetic surgery. A review of the research on the psychological characteristics of individuals who seek cosmetic surgery yielded contradictory findings. Interview-based investigations revealed high levels of psychopathology in cosmetic surgery patients, whereas studies that used standardized measurements reported far less disturbance. It is difficult to fully resolve the discrepancy between these two sets of findings. We believe that investigating the construct of body image in cosmetic surgery patients will yield more useful findings. Thus, we propose a model of the relationship between body image dissatisfaction and cosmetic surgery and outline a research agenda based upon the model. Such research will generate information that is useful to the medical and mental health communities and, ultimately, the patients themselves. © 1998 Elsevier Science Ltd*

EACH YEAR tens of thousands of persons undergo elective, cosmetic surgery to alter their physical appearance. In 1994, for example, the American Society of Plastic and Reconstructive Surgeons (ASPRS) reported its membership performed more than 390,000 cosmetic procedures, the most common including liposuction (fat removal from various body regions), breast augmentation, rhinoplasty (nose alteration), and rhytidectomy (face lift) (ASPRS, 1994). This is an underestimation of the actual number performed, as general surgeons and physicians from other specialties also perform cosmetic procedures. Ultimately, these procedures were undertaken to improve individuals' satisfaction with their appearance, and presumably, in many cases, their self-esteem. In this regard, cosmetic surgery can be considered a psychological intervention or, at a minimum, a surgical procedure with psychological consequences.

Remarkably little is known about either the psychological status of persons who seek cosmetic surgery or potential psychological changes following surgery. For example,

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do such individuals suffer from some degree of body image dissatisfaction, including the clinically significant Body Dysmorphic Disorder? Alternatively, are such individuals psychologically healthy and seek surgery to enhance an already favorable self-image? Perhaps such persons intuitively grasp what social scientists have learned over the last three decades — that people associate physical attractiveness with numerous highly favorable personality traits including intelligence, competence, and social desirability (e.g., Hatfield & Sprecher, 1986).

This article discusses the psychology of cosmetic surgery. It begins by reviewing the psychological research on cosmetic surgery patients and then discusses recent advances in the psychology of body image. Most contemporary theorists believe that body image concerns are central to understanding cosmetic surgery patients. However, there has been little formal study of this relationship. Thus, we propose a model of the relationship between body image dissatisfaction and cosmetic surgery, and provide recommendations for empirical research on this relationship. We note at the outset that research on the psychology of cosmetic surgery patients is generally of limited scope and quality, consisting largely of clinical reports. In light of the high number of procedures performed annually, and given the potential for psychological harm as well as benefit from a surgical alteration of appearance, advances in theory and research are urgently needed.

THE PSYCHOLOGY OF COSMETIC SURGERY

In his historical review, Gifford (1972) traced interest in the psychology of cosmetic surgery patients to Freud's (1918) Wolf-Man, whose obsessive concern with a trivial scar from a cyst removal became a focus of one of the most famous cases in psychiatric annals. Soon after, surgical advances following World War I were accompanied by enthusiastic reports of the emotional relief experienced by disfigured individuals who underwent reconstructive surgery. These positive reports fueled the growth of plastic surgery as an elective procedure for nondisfigured individuals.

Formal psychiatric evaluations of persons seeking elective cosmetic surgery first appeared in the literature during the 1940s and 1950s. Typically, these reports reflected the dominance of psychoanalytic thinking in American psychiatry and generally characterized patients as highly neurotic and/or narcissistic (e.g., Hill & Silver, 1950; Linn & Goldman, 1949). Patients' appearance complaints frequently were conceptualized in terms of intrapsychic conflicts displaced onto somatic concerns. Surgeons were cautioned of the psychopathology of the male patient, as well as of the "insatiable" surgery patient who sought out numerous cosmetic procedures in pursuit of the perfect face. Although patients of the era were thought to be psychologically disturbed, surgery rarely was ruled out, and the psychiatric outcomes typically were described as positive (Gifford, 1972).

The majority of the psychological literature on cosmetic surgery patients has been published from 1960 to the present. Typically, these investigations have been the product of collaborations between plastic surgeons and psychiatrists or psychologists. They have reflected surgeons' interest in identifying patients who are psychologically inappropriate for surgery, as well as psychiatrists' interest in relating psychopathology to specific cosmetic procedures. Plastic surgeons also perform reconstructive procedures to correct congenital defects or those resulting from traumatic injury. While these latter procedures may involve a significant psychological component, the present review is limited to cosmetic procedures.

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