



## Predicting consideration of cosmetic surgery in a college population: A continuum of body image disturbance and the importance of coping strategies<sup>☆</sup>

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### ABSTRACT

Elective cosmetic surgeries are increasing in the American population with reasons linked to body image disturbance and body dysmorphic disorder (BDD). Little research exists documenting the continuum of body image disturbance and its relationship to seeking surgery. The present research examined data from 544 participants, 55 of whom were diagnosable with BDD. Using assessments for body image disturbance, problematic coping strategies, and BDD symptomatology, results provided evidence for a continuum of body image distress. Logistic regression analysis supported the hypothesis that increased levels of body image disturbance and one type of problematic coping strategy (Appearance Fixing) predicted consideration of cosmetic surgery. Of participants diagnosable with BDD, those who considered cosmetic surgery showed more severe body image disturbance and problematic coping than those who did not consider surgery. These results have implications for pre-surgical assessment as well as psychological interventions rather than invasive medical interventions.

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### Introduction

According to the American Society of Plastic Surgeons (ASPS), 13.1 million cosmetic procedures were performed in 2010 (ASPS, 2011). The ASPS reports this as an increase of 77% from 2000 to 2010 of both cosmetic surgical and cosmetic minimally invasive procedures. Likely, this number is under-representative of the actual amount of cosmetic procedures in part due to numerous physicians from other specialties who offer cosmetic interventions. The ASPS reported that in 2010 minimally invasive cosmetic procedures (e.g., Botox<sup>®</sup>) were the most popular, followed by reconstructive procedures (e.g., tumor removal), and finally elective cosmetic surgical procedures (e.g., breast augmentation). Advances in the safety of cosmetic surgery and the reduced expense of such procedures have contributed to lessened anxiety in those who pursue cosmetic procedures (Edmonds, 2007). Sarwer and colleagues attribute a portion of the rise in popularity for cosmetic procedures to negative body image and explain that one's physical appearance is the foundation upon which an individual's body image is psychologically built (Sarwer & Crerand, 2004; Sarwer,

Wadden, Pertschuk, & Whitaker, 1998). Indeed, as Pruzinsky and Edgerton (1990) stated "... the purpose of aesthetic surgery is to facilitate positive psychological changes... In fact, the *only* rationale for performing aesthetic plastic surgery is to improve the patient's psychological well-being" (p. 217).

There exist many additional reasons for seeking cosmetic surgery that lie beyond, but possibly contribute to, body image disturbance. For instance, Calogero, Pina, Park, and Rahemtulla (2010) attribute part of the desire to consider cosmetic surgery in women to sexual objectification, body shame, and self-surveillance. The researchers suggest two types of motives for seeking cosmetic surgery: social and intrapersonal. Grabe, Ward, and Hyde (2008) conducted a meta-analysis on the influence of the media and found that for women, exposure to presentations of an ideal thin image is related to body image concerns. Henderson-King and Henderson-King (2005) found that an increase in accepting cosmetic surgery is related to a decrease in satisfaction with physical appearance, worries of becoming unattractive, and older age.

The media appears to have a powerful effect on body image evaluation and consideration of cosmetic surgery (e.g., Swami, 2009). A recent surge of reality television shows depicting contestants undergoing cosmetic surgery has emerged and appears to impact the desire to seek this type of surgery. Correlational and experimental designs have produced data to support a relationship between viewing reality television depicting cosmetic surgery and an interest in surgically altering one's own appearance (Markey & Markey, 2010; Nabi, 2009). Sarwer, Cash, et al. (2005) and Sarwer, Gibbons,

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et al. (2005) reported that female undergraduates who had internalized media messages and had a high psychological investment in their appearance also held more favorable opinions about the use of cosmetic surgery. In addition, Sperry, Thompson, Sarwer, and Cash (2009) found that viewing cosmetic surgery reality television shows was related to favorable opinions of cosmetic surgery, pressure to obtain that type of surgery, less fear of surgery, body dissatisfaction, and disordered eating among other factors.

Research specifically examining female undergraduates has demonstrated that weight status, internalization of media messages, and physical appearance teasing predicted body dissatisfaction that, in turn, predicted interest in pursuing cosmetic surgery (Markey & Markey, 2009). Similarly, Park, Calogero, Young, and Diraddo (2010) reported that female and male undergraduates who believe that others reject them because of the way they look show an increase in Body dysmorphic disorder (BDD) symptomatology and acceptance of cosmetic surgery. Clearly, a variety of social and intrapersonal psychological factors exist that may prompt an individual to seek cosmetic surgery. An important area of research concerning the relationship between psychology and physical appearance, particularly the desire to alter that appearance, lies in body image (for a thorough review see Cash & Pruzinsky, 2002).

BDD is the most extreme version of body image disturbance (*DSM-IV-TR*, American Psychiatric Association, 2000). BDD is categorized as dissatisfaction with an imagined or exaggerated defect of the body that causes distress and impairment in functioning. Individuals diagnosed with BDD ruminate over their perceived defect and experience high levels of perceived stress and a lower quality of life (Demarco, Li, Phillips, & McElroy, 1998; Phillips, 1991, 2000). In a study of 200 patients with BDD, Phillips, Menard, Fay, and Weisberg (2005) found that both treated and untreated individuals suffered from functional impairment, had concerns about numerous areas of the body, had high comorbidity rates with other psychological disorders, and had higher rates of suicidal ideation and attempts.

Individuals with more severe BDD symptomatology tend to desire more non-psychiatric treatments (e.g., cosmetic surgery, dermatologic, and dental) compared to people who do not have BDD (Phillips, Grant, Siniscalchi, & Albertini, 2001). In a recent review of the literature, Sarwer and Crerand (2008) found that 5–15% of patients who seek cosmetic procedures may qualify for a diagnosis of BDD. Researchers have found that up to 76% of those diagnosed with BDD actively investigated cosmetic interventions and the majority of those individuals (64–66%) actually obtained cosmetic procedures (Crerand, Phillips, Menard, & Fay, 2005; Phillips et al., 2001).

There are equivocal data regarding the effectiveness in alleviating BDD symptomatology, though cosmetic surgery is rarely effective in treating BDD. A common outcome for those with BDD who receive cosmetic surgery is no change in symptomatology (Phillips et al., 2001; Tignol, Biraben-Gotzamanis, Martin-Guehl, Grabot, & Aouizerate, 2007; Veale, 2000). Tignol et al. (2007) found that the vast majority of patients diagnosed with BDD who had cosmetic surgery still carried the diagnosis after surgery, and Phillips et al. (2001) discovered that the majority of cosmetic interventions for BDD participants resulted in either a worsening of BDD severity or a transfer of focus of their distress (e.g., becoming preoccupied with another part of the body). Crerand, Menard, and Phillips (2010) found that patients with BDD who requested and received minimally invasive procedures or cosmetic surgery reported less severe symptomatology and decreased their preoccupations with the treated body part than those BDD sufferers who did not have these interventions. However, they also reported that only 2% of these treatments resulted in any long-term decrease in BDD severity. Moreover, some individuals continue to seek cosmetic surgery

after their first intervention (Phillips et al., 2001). Unfortunately, given its lack in efficacy in reducing psychological distress, those who seek this route of coping often receive what they request from plastic surgeons (e.g., cf. Crerand et al., 2010; Phillips et al., 2001; Tignol et al., 2007).

Although a high percentage of those diagnosable with BDD do seek and sometimes obtain cosmetic surgery (Crerand et al., 2010; Phillips et al., 2001), not every individual who seeks cosmetic surgery has BDD. It remains important to distinguish between those seeking elective cosmetic procedures for aesthetic purposes from those seeking them in an effort to address larger concerns with an imagined defect. Correspondingly, one area of research has focused on the differential rate of seeking cosmetic surgery between those diagnosable with BDD and those not diagnosable (for example, see Sarwer & Crerand, 2008; Tignol et al., 2007). This research question can be broadened to include those *without* a diagnosis of BDD but who struggle on a spectrum of body image disturbance. For those who have degrees of body image distress, desiring cosmetic surgery may be used as a coping strategy in order to eliminate intrusive or unwanted cognitions; this type of psychological avoidance is similar to compulsive hand washing which can be seen with those suffering from obsessive compulsive disorder. While several studies have shown postoperative improvements in body image concerns (e.g., Banbury et al., 2004; Bolton, Pruzinsky, Cash, & Persing, 2003; Cash, Duel, & Perkins, 2002; Sarwer, Cash, et al., 2005; Sarwer, Gibbons, et al., 2005), cosmetic surgery does not typically improve overall body dissatisfaction (Crerand et al., 2010; Sarwer, Wadden, & Whitaker, 2002). This coping is problematic in that it appears to be ineffective in reducing distress or BDD symptomatology. Problematic coping strategies (including focusing on one's appearance and avoidance strategies) have been documented by other researchers (e.g., Cash, Goldenberg-Bivens, & Grasso, 2005; Cash, Santos, & Williams, 2005).

With the emergence of BDD in adolescence (Phillips et al., 2005) and significant prevalence of body image disturbance, BDD, and favorable attitudes towards cosmetic surgery found in undergraduate populations (Sarwer, Cash, et al., 2005; Sarwer, Gibbons, et al., 2005), the purpose of this study was to clarify the relationship between considering elective cosmetic surgery and body image disturbance (including those diagnosable with BDD) in a diverse undergraduate university sample. An overarching goal of this study was to demonstrate a continuum of body image distress in its relation to problematic coping strategies, including seeking elective cosmetic surgery. Given the current literature, we hypothesized that (1) participants with more body image disturbance and those with more problematic coping strategies would be more likely to consider elective cosmetic surgery; (2) participants diagnosable with BDD would use more problematic coping strategies than the non-diagnosed group; (3) consistent with the literature, those participants with diagnosable BDD would be proportionately more likely to consider seeking elective cosmetic surgery than those not diagnosable with BDD; and (4) participants diagnosable with BDD who were considering elective cosmetic surgery would show more severe symptomatology, more body image disturbance, and more problematic coping strategies than those not considering surgical procedures. Taken together, these hypotheses underlie a broader thesis that body image disturbance lies on a continuum of psychological distress and that problematic coping strategies, including seeking surgery, increase as a function of that distress.

## Method

### Participants

A sample of convenience of 544 diverse undergraduate university students consisting of 373 women (68.6%) and 171 men

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