

Body Image Dissatisfaction in Male Cosmetic Surgery Patients

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Abstract. This study was the first empirical investigation of body image dissatisfaction in male cosmetic surgery patients. Thirty men completed two body image measures prior to their initial consultation. Results were compared to the norms for each of the measures and with a sample of 30 women seeking similar cosmetic procedures. Results indicated that patients did not demonstrate greater dissatisfaction with their overall appearance than men in a normative sample. However, when asked about the bodily feature they were considering for surgery, they reported significantly greater levels of dissatisfaction than the normative sample. As compared to male patients, female patients reported a greater investment in their physical appearance. Implications of these findings are discussed with respect to the nature of body image dissatisfaction and the relevance of body image in the psychology of male plastic surgery patients.

Key words: Plastic surgery—Body image—Body dysmorphic disorder—Male patients

Traditionally, males seeking cosmetic surgery have been considered more psychologically disturbed than their female counterparts. Once labeled the “psychologically sicker animal than the female” [16] males pursuing cosmetic surgery have been thought to require special psychological care [5–7]. Although occurrences of physical violence done to surgeons by disgruntled male patients are rare, such cases are widely known [7,8]. More commonly, there has been a sense that men may be more prone to greater postoperative emotional turmoil [5,7,9]. While lore suggests that men make for especially diffi-

cult cosmetic surgery patients [9], there is little objective data to confirm the impression [15].

In a recent review of the psychology of cosmetic surgery patients [15], the present authors suggested that research focused on identifying psychopathology has been largely unfruitful. Frequently used clinical interview investigations have been biased and have led to diagnostic labeling of cosmetic surgery patients—labels that have proved of little value in predicting postsurgical psychological adjustment. In contrast, studies utilizing standardized measures of psychopathology have almost always showed either nonexistent or trivial differences between patients and nonsurgical control groups.

We offered the concept of body image as an alternative perspective to understanding the psychology of cosmetic surgery patients [15]. Defined as the perceptions, thoughts, and feelings about the body and bodily experiences [4], body image targets an area of concern which a priori would seem to have special relevance for cosmetic surgery patients. If these patients differ from the general population along some psychological dimension (which they may since not everyone who can afford cosmetic surgery pursues it), then thoughts and feelings about the body are relevant areas for study.

In a recent investigation of 100 women seeking cosmetic surgery, the authors found significant dissatisfaction with the body part for which patients sought cosmetic surgery [14]. Furthermore, seven women met diagnostic criteria for Body Dysmorphic Disorder (BDD), the only diagnosis specifically addressing body image concerns in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) [1]. BDD is defined by a preoccupation with a defect in appearance that is either imagined or slight, and leads to significant distress or impairment in social, occupational, or other areas of functioning. These seven women shared significant levels of preoccupation and distress, but were responding to potentially correctable cosmetic defects.

These initial findings suggested that body image is a

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useful way of understanding at least one aspect of the psychology of cosmetic surgery patients. In the present investigation, we applied the same methodology to a series of male patients. We compared responses of 30 prospective patients with those of normative samples on a general measure of body image, the Multidimensional Body-Self Relations Questionnaire [2,3], and a more specific measure of the symptoms of BDD, the Body Dysmorphic Disorder Examination Self-Report [13]. In addition, we compared male patients to a sample of 30 female patients undergoing similar cosmetic procedures. Women have been shown to experience greater body image dissatisfaction than men [3].

Method

Participants

Eligible participants were 30 men who were seen for a cosmetic surgery consultation from December 1995 through January 1997 with one of five plastic surgeons at the Center for Human Appearance at the University of Pennsylvania Medical Center. Approximately 2 weeks before their appointment, these men were mailed a packet of questionnaires which they were to complete and bring with them to their consultation. A sample of 30 female patients seen for a plastic surgery consultation and undergoing similar procedures also completed the questionnaires.

Procedure

The packet consisted of the following three questionnaires.

Patient Information Questionnaire. This questionnaire provided basic descriptive information. Patients were asked what feature they were considering for surgery; how long they had been considering surgery; if they had experienced any major life changes, stress, anxiety, or depression within the past year; and if they had sought mental health treatment for these problems.

Multidimensional Body-Self Relations Questionnaire (MBSRQ). The MBSRQ is a widely used, self-report measure of body image. It has 10 subscales which assess both an individuals' investment in as well as evaluation of their appearance, fitness, health, and illness, and weight and shape. The subscales are Appearance Evaluation, Appearance Orientation, Fitness Evaluation, Fitness Orientation, Health Evaluation, Health Orientation, Illness Orientation, Body-Areas Satisfaction, Overweight Preoccupation, and Self-Classified Weight. The MBSRQ has acceptable validity and reliability and norms based upon a large, national sample [2,3].

Three subscales, Appearance Orientation, Appearance Evaluation, and Body-Areas Satisfaction, most directly assess individuals' thoughts and feelings about their bodies. The Appearance Orientation subscale assesses the

Table 1. Plastic surgery procedures for the 30 male patients

Type of surgery	Number of men
Rhinoplasty	7
Rhytidectomy	7
Blepharoplasty	5
Liposuction	4
Abdominoplasty	2
Hair transplantation	2
Forehead contouring	1
Chin augmentation	1
Laser resurfacing	1

extent of investment in appearance, with high scorers placing greater importance on how they look. Similarly, high scores on the Appearance Evaluation subscale reflect greater satisfaction with appearance, in general. In contrast, the Body-Areas Satisfaction Scale measures satisfaction with discrete aspects of appearance, such as the face, hair, upper torso, lower torso, etc., with higher scores reflecting greater satisfaction.

Body Dysmorphic Disorder Examination-Self-Report (BDDE-SR). The BDDE-SR is a more specific measure of body image dissatisfaction, as well as the symptoms of BDD. From a list of physical features, persons first rank the five features with which they are most dissatisfied. Then, using the body part they ranked highest in dissatisfaction, they answer a series of questions that assess preoccupation and negative evaluation of appearance, excessive importance of appearance in self-evaluation, avoidance of activities and places, and body camouflaging. The measure has adequate internal consistency and test-retest reliability [13].

In addition to providing a total score for BDD symptom severity, the measure includes several questions which operationalize the diagnostic criteria of BDD. Thus, the measure can be used to generate a diagnosis of BDD.

Results

Men in the sample had an average (\pm SD) age of 43.20 \pm 14.08 years and had been considering surgery for 37.73 \pm 38.37 months. Six men reported a change in employment within the past year. Seven men also reported experiencing increased stress within the past year, of whom three sought treatment with a mental health professional. Table 1 shows the cosmetic procedures elected by the men. The most common were rhinoplasty ($n = 7$) and rhytidectomy ($n = 7$), followed by blepharoplasty ($n = 5$), and liposuction ($n = 4$).

MBSRQ

Scores on the MBSRQ were compared, using a series of t -tests, to norms for men in the national sample. To con-

Table 2. MBSRQ and BDDE scores for the 30 men

Subscale	Sample		<i>p</i>
	Patient	Normative	
Appearance evaluation	3.46 ± 0.80	3.49 ± 0.83	0.823
Appearance orientation	3.72 ± 0.63	3.60 ± 0.68	0.288
Body area satisfaction	3.62 ± 0.68	3.50 ± 0.63	0.352
Fitness evaluation	3.86 ± 0.89	3.72 ± 0.91	0.409
Fitness orientation	3.89 ± 0.71	3.41 ± 0.89	0.001*
Health evaluation	4.26 ± 0.63	3.95 ± 0.72	0.013
Health orientation	3.98 ± 0.54	3.61 ± 0.70	0.001*
Illness orientation	3.29 ± 0.85	3.18 ± 0.83	0.495
Classified weight	3.23 ± 0.60	2.96 ± 0.62	0.018
Weight preoccupation	2.58 ± 0.82	2.47 ± 0.92	0.453
BDDE total score	37.52 ± 24.23	15.5 ± 11.3	0.000*

Note: * < 0.005.

trol for increased experimental error rate due to repeated tests, a Bonferroni correction was used ($p < 0.005$). Prospective patients scored significantly higher than the normative sample on the Fitness Orientation, $t(29) = 3.75$, $p < 0.001$, and Health Orientation subscales, $t(29) = 3.81$, $p < 0.001$. Both scales assess the extent to which an individual is invested in his health and fitness. The two groups did not differ on the Appearance Evaluation, Appearance Orientation, or Body Area Satisfaction subscales assessing a general investment in and dissatisfaction with physical appearance (Table 2).

BDDE-SR

Mens' rankings of the body part with which they were most dissatisfied are shown in Table 3. Eight men identified their nose, five their eyes, five their waist, and three their chin. In all but a few cases, this feature was identical to or a part of the feature considered for surgery (Table 3).

Prospective patients scored an average of 37.52 ± 24.73 on the BDDE-SR, a score that was significantly higher than that of an age-comparable sample of men provided with the measure, $t(29) = 4.79$, $p < .0001$ (Table 2). Thus, male cosmetic surgery patients reported significantly more symptoms of BDD than men not seeking cosmetic surgery.

One patient met diagnostic criteria for BDD. He was a 50-year-old man interested in a chin augmentation. He reported a recent change in employment but no change in psychiatric symptoms and no psychiatric treatment history. On the BDDE, he indicated that thinking about his chin made him upset a majority of the days of the month and that he experienced a moderate amount of worry or embarrassment in both public and social settings. He also indicated that his appearance was the most important criteria in evaluating himself. As a result, he held an overall negative self-evaluation. Finally, he did not feel that his appearance was normal, when in fact his chin was well within the aesthetic parameters of normal as determined by his surgeon.

Table 3. Body part "most dissatisfied with" from the BDDE-SR

Body part	Number of men
Nose	8
Eyes	5
Waist	5
Chin	3
Neck	2
Head hair	2
Eyebrows	1
Entire face	1
Back	1
Lower body	1
Chest	1

Male versus Female Patients

The sample of male patients was compared to a sample of 30 prospective female cosmetic surgery patients interested in comparable procedures. These women had an average age similar to the men (44.87 ± 14.94 years). The most commonly elected procedure for these women was rhytidectomy ($n = 9$), followed by rhinoplasty ($n = 7$), blepharoplasty ($n = 5$), liposuction ($n = 4$), laser resurfacing ($n = 2$), abdominoplasty ($n = 2$), and lip augmentation ($n = 1$).

Male and female patients only differed on the Appearance Orientation subscale of the MBSRQ, $t(58) = 3.56$, $p < 0.001$, with women indicating a significantly greater investment in their overall appearance. The two groups did not differ in the number of BDD symptoms they endorsed (Table 4).

Discussion

Plastic surgery lore has suggested that male patients are highly psychopathological. Evidence from this initial empirical investigation of body image in prospective male patients presents a somewhat different picture. As compared to a normative sample of men, prospective patients did not display greater levels of general body image dissatisfaction as measured by the Body Area Satisfaction, Appearance Evaluation, and Appearance Orientation subscales of the MBSRQ. This finding suggests that prospective male patients are not more critical or preoccupied with their overall physical appearance than men in general.

The body image concerns of male cosmetic surgery patients also were remarkably similar to a sample of female cosmetic surgery patients interested in similar procedures. The two groups only differed on the Appearance Orientation subscale of the MBSRQ, suggesting that women place a greater investment in their physical appearance than men. Furthermore, they did not differ in the degree of dissatisfaction with the specific body part

Table 4. MBSRO and BDDE scores for men and female patients

Subscale	Male patients	Female patients	<i>p</i>
Appearance evaluation	3.46 ± 0.80	3.51 ± 0.75	0.793
Appearance orientation	3.72 ± 0.63	4.21 ± 0.41	0.001*
Body area satisfaction	3.62 ± 0.68	3.30 ± 0.61	0.062
Fitness evaluation	3.86 ± 0.89	3.73 ± 0.70	0.559
Fitness orientation	3.89 ± 0.71	3.51 ± 0.69	0.037
Health evaluation	4.26 ± 0.63	3.81 ± 0.93	0.037
Health orientation	3.98 ± 0.54	4.11 ± 0.73	0.452
Illness orientation	3.29 ± 0.85	3.43 ± 0.99	0.540
Classified weight	3.23 ± 0.60	3.25 ± 0.61	0.915
Weight preoccupation	2.58 ± 0.82	2.94 ± 0.74	0.080
BDDE total score	37.52 ± 24.73	46.83 ± 28.58	0.190

Note: * < 0.005.

they were considering for surgery, as assessed with the BDDE-SR. Investigations in nonplastic surgery populations consistently have found greater body image dissatisfaction in women than men [3]. Perhaps these investigations have tapped more diffuse body image concerns, whereas male and female cosmetic surgery patients have more focused concerns.

When men in the present were asked about the *specific* bodily feature they were considering for cosmetic surgery, they displayed significantly greater levels of body image dissatisfaction. Their mean score on the BDDE-SR (37.52) was almost two standard deviations higher than that of an age-comparable sample of men (15.5 ± 11.3) [13]. This increase in dissatisfaction with a specific bodily feature is similar to that previously found in female cosmetic surgery patients [14]. Together, these results suggest that men and women seeking cosmetic surgery are quite similar to each other with regard to their body image concerns. However, they appear to differ from other members of their gender as they have significantly increased levels of dissatisfaction with the specific feature for which they are considering cosmetic surgery.

The degree of body image dissatisfaction in cosmetic surgery patients is important when the diagnosis of BDD is considered. A recent study found that 7% of female cosmetic surgery patients met diagnostic criteria for BDD [14]. In this study, only one of the 30 men met diagnostic criteria, suggesting a smaller prevalence rate of BDD. However, 12 men scored within one standard deviation of a sample of men undergoing psychological assessment for body image concerns (63.7 ± 23.3) [13].

Thus, 40% of male patients displayed body image concerns similar to those of men seeking psychotherapy for their body image.

Sarwer and colleagues [15] suggested that body image dissatisfaction may be the motivational component behind the pursuit of cosmetic surgery. The results of this and other investigations of body image raise the issue of how much body image dissatisfaction is too much for surgery. Current data suggest that cosmetic surgery is not beneficial to individuals with BDD, as they appear to have an exacerbation of psychological symptoms postoperatively [10]. Less clear is the utility of cosmetic surgery for persons with increased levels of body image dissatisfaction who do not meet diagnostic criteria. While cognitive-behavioral psychotherapy has been empirically demonstrated to be effective with these individuals [11,12], the utility of surgery as "body image therapy" will be most likely answered through comparisons of pre- and postoperative assessments.

Men in the present investigation demonstrated a greater investment in issues of health and fitness than those of the normative sample, as determined by higher scores on the Health and Fitness Orientation scales of the MBSRQ. This finding is similar to that for female cosmetic surgery patients [14]. It appears that both male and female patients may consider a surgical change in appearance as a self-care strategy, on par with programmed exercise and a healthy diet. Taking the "look good, feel good" motto literally, they may consider plastic surgery as a health care intervention rather than a purely cosmetic alteration. However, these differences also may reflect a change in sociocultural norms. The normative sample of the MBSRQ was collected in 1986, most likely at the onset of the health and fitness craze we now experience. Future investigations using contemporary norms should explore if these differences reflect a change in the cultural emphasis or a unique quality of cosmetic surgery patients.

In addition to assessing postoperative change in body image dissatisfaction, future research should continue to investigate body image concerns in both male and female patient groups. While comparisons to normative groups like those in the present study yield useful information, future studies should include appropriate control samples of nonsurgical patients. In addition, larger samples of male cosmetic surgery patients are needed to more firmly establish the prevalence rate of BDD in this population. Such investigations will provide additional evidence for the importance of body image in cosmetic surgery.

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