Aspects of Plastic Surgery

Psychiatric Aspects of Referral

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Introduction

A handsome appearance is greatly prized in our contemporary society and persistently portrayed by the advertising media as a sure road to happiness and success. Physical attractiveness may indeed often be associated with a sense of confidence and self-esteem, but, as Marilyn Munroe's tragic life and death so clearly illustrate, these personal qualities are not invariable accompaniments of good looks.

In the animal world a damaged or deformed member of the species tends to be ostracized or actively persecuted by the rest of the group. Likewise in human society a person whose appearance falls below the contemporary aesthetic standard for the culture runs the risk of being the target for prejudice and discrimination. There are widely held erroneous beliefs, firmly rooted in folk-lore, connecting appearance with personality traits. For instance, it is falsely claimed that a receding chin denotes weakness of character, a squint implies deceitfulness, and misshapen features are linked with criminality. As a result many disfigured individuals feel they are rarely judged by others on their real abilities or personal qualities but are stereotyped unfavourably from the first encounter.

Reaction to Deformity

Persons with bodily deformities may react to the challenge in various ways: some take an aggressive stance and strive hard for power, distinction, or financial success as compensation for their ugliness or as alternative means of winning approval; another style is epitomized by the comedian Jimmy "Schnozzle" Durante, who made his fame and fortune by constantly drawing attention to his outsize nose in his songs and jokes; a more radical approach is to persuade a plastic surgeon to alter the offending feature to a shape considered by the patient to be more acceptable to society. Members of certain professions, where appearance is paramount—for example, actors or models—may seek plastic surgery to further their careers, despite being moderately successful and socially well adjusted.

Nevertheless, other less robust characters may possess such an intense sense of bodily deformity and inferiority that they progressively isolate themselves from social contacts. Meeting other people becomes in their own mind an ordeal fraught with the risk of humiliation. They anticipate rejection from others, but may themselves help to bring this about by their own abrupt or defensive manner. Ultimately job efficiency may suffer, they become reactively depressed, and may apply for plastic surgery in a state of near desperation.

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Psychiatric Referrals

Though there are many applicants for plastic surgery with significant social and psychological aspects, two groups of adult patients are most frequently referred to psychiatrists by plastic surgeons: (*a*) those who are highly motivated for an operation despite having only minimal anatomical deformities, and (*b*) those displaying signs and symptoms suggestive of psychosis.

APPLICANTS WITH MINIMAL DEFORMITIES

Patients with minimal deformities are beset by an intense sense of shame and inferiority about part of their anatomy that objectively is only mildly disfigured, or whose appearance may even lie within the normal limits for their culture. Nevertheless, they often experience serious social handicap and may insist that a plastic operation is the only solution to their present life difficulties. Usually it is one of the clearly visible facial features such as the nose, ears, chin, or facial skin that is the focus of the complaint, but other bodily parts such as the breasts or genitalia may be the prime source of concern.

Research projects by Edgerton *et al.*,[1] Hay[2], and McGregor *et al.*[3] have all included patients in this category and I am carrying out a follow-up study of 32 applicants with minimal deformities referred to me for psychiatric assessment by Mr. I. F. K. Muir, the area consultant plastic surgeon in Aberdeen.

UNMARRIED WOMEN

Young unmarried women constituted the most numerous group of applicants in several of the above series. Consideration of the typical candidate in the Aberdeen study illustrates many features which are common to other age groups and other types and grades of disfigurement.

She is a single woman in her late teens or twenties working in a shop or factory and concerned about her nose. Despite reassurances to the contrary from her family, she is convinced that her nose is too large for her face or is noticeably misshapen. Her first awareness of the "deformity" occurred at about 14, probably after a period of nasal growth, but also around the time that she became actively interested in the opposite sex.

Occasionally the disfigurement is related to an accident in childhood, but more frequently she sees a resemblance to the nose of one of her parents, who incidentally rarely shares the patient's ultrasensitivity. She can nearly always recount incidents where other people appeared to stare rudely at her and made jokes or unfavourable comments about her nose. Where there is a definite, albeit mild, deformity, there may have been more systematic teasing at home, school, work, or at dances and a nickname such as "nosey" applied. The patient finds such bantering extremely hurtful even when there was no malicious intent.

Her early home life was often characterized by insecurity or conflict. Her parents' marriage had often broken down by separation, divorce, father's early death, his aggressiveness and abuse of alcohol.

In the Aberdeen series 40% of patients reported such a background. Several applicants described their envy of a younger sister

who was more extroverted and sexually attractive and also gained a greater share of parental attention. Generally the applicant's own relationships with the opposite sex have been either nonexistent or a dismal failure. Often these difficulties are blamed specifically on "the deformity." Over the space of five or ten years she has become progressively more selfconscious in public, and may try to draw attention away from her nose or conceal it by various means. In cafes or on buses she will hide her face behind a newspaper, cover her nose with her hand, or take a corner seat, where her profile cannot be seen. Broad-brimmed hats or elaborate hair styles are employed as camouflage.

By the time of referral her self-confidence is probably quite low, her social life restricted, and her work efficiency impaired. With her present nose she is convinced that chances of future happiness and in particular her prospects of marriage are negligible. The idea of having her nose altered to a more acceptable shape may have crystallized out after reading an article in a woman's magazine about cosmetic surgery. Alternatively she may have heard about a pop-star who has had a rhinoplasty or may even know someone personally who has had a plastic operation. In a few instances a sister has had cosmetic surgery with beneficial results.

Other members of the family often find it hard to understand her seclusiveness and her moods of depression. If she does eventually confide in her mother, the latter may initially attempt to reassure her that her appearance is not abnormal and dissuade her from an operation. Nevertheless, the patient's determination to obtain plastic surgery at whatever cost, despite her modest income, is usually so intense that in the end the mother agrees—somewhat unenthusiastically—to support her daughter's plans.

With some degree of trepidation and a sense of embarrassment the girl eventually plucks up enough courage to approach her general practitioner and request referral to a plastic surgeon.

MARRIED WOMEN

Married women in their 20s and 30s were another major group. In the Aberdeen series all had problems with their marriages, being either separated, divorced, or in serious conflict with their husbands. Their present "deformity" had usually been a source of concern during adolescence and was associated with a general lack of self-confidence.

Despite this they had managed to marry, though often this was precipitated by pregnancy. A history of sexual difficulties and frigidity throughout marriage was common. In the first few years when preoccupied with childbearing and childrearing their hypersensitivity about the deformity had waned, to intensify again later when their marriage began to deteriorate. They now wanted a plastic operation to give them a new start in life often hoping to find another marriage partner but occasionally wanting a reconciliation with their husband. Without cosmetic surgery they judged that any new relationship would end in the same dismal way as before. Many had come seeking rhinoplasty, but this group also contained the augmentation mammoplasty candidates. According to Edgerton, few unmarried women apply for this operation.[4]

In some series, particularly those including applicants for face lifts there is a substantial group of married women over 40 years of age.[5] Sometimes referral occurs following a traumatic event, such as the death of a husband, and it is therefore important to exclude a depressive illness in this age group.

MALE APPLICANTS

Male candidates with minimal deformities tend to be in the minority in most studies, and in the Aberdeen series they were only one-third of the total. Many patients considered that the "deformity" had seriously hindered their career prospects, but they had also experienced difficulties in heterosexual adjustment.

There is some controversy about the psychiatric status of male applicants. Jacobson *et al.*[6] claim that there is a much higher incidence of serious psychiatric problems among men seeking plastic surgery compared with female applicants. Since greater emphasis is placed on a woman's comely appearance in our society it is argued that the men must have correspondingly greater internal pressures impelling them to seek cosmetic surgery. On the other hand, Hay found no significant sex differences with psychiatric diagnosis of various personality and symptom measures in his study of rhinoplasty candidates.[2]

Sensitivity about Bodily Appearance

One can understand the feelings of inferiority and the social withdrawal associated with appreciable disfigurements, but why should the applicant with minimal deformity be so concerned about this particular body part?

There are a few clues, many speculations, but as yet no definitive explanations. A common psychodynamic theme is the applicant's unconscious displacement of emotional conflicts or feelings of inferiority about himself on to a bodily part. In recent years the relationship between the self and the body has re-emerged as a topic of psychological interest. The body occupies a key place in the psychology of the individual for its surface marks the boundary with the outside world, its appearance often determines the quality of social and sexual relationships, and its continuity in time is linked to a person's sense of identity. Sudden changes in appearance—for example, after severe facial burns—may disrupt this feeling of self identity and may also result in severe depressive reactions. In the latter case the patient can be considered as mourning the loss of a valued possession—a presentable appearance, and anticipating rejection by others.

The general importance that we place on bodily appearance is often learned from socialization experiences in the context of the family. Similarly, our "body image"—that is, our feelings and attitudes towards our own body—whether we regard it as pleasant or repulsive, clean or dirty, liked or disliked seems to be constructed substantially out of verbal and nonverbal feedback from parents or other significant figures in our early environment.[7]

Many candidates with minimal deformities seem to have had unfavourable childhood experiences producing enduring feelings of being unloved, insecure, and rejected and associated with a general lack of self-esteem.

Certain personality traits, notable introversion, obsessionality, and tendency to self-blame are also linked to hypersensitivity.[2] Subjection to teasing about bodily appearance especially by a peer group at school, work, or at social functions may also heighten bodily concern and cause the patient to focus on the feature in question. This underlines the psychological importance in the case of disfigured children of early operation, if at all possible well before 5 years of age when, according to McGregor *et al.*,[3] playmates begin to take notice of abnormalities and initiate the teasing process.

Several other hypotheses have also been advanced to account for the choice of body part for surgery. Some psychoanalytic writers comment on the sexual symbolism of the chosen part. Others describe the applicant's desire to resemble an admired parent, or alternatively an unconscious need to break away from an earlier identification with a parent considered to have a similar anatomical abnormality.[8] Clinical experience suggests that motivations are diverse and a unitary explanation unlikely.

References

1 Edgerton, M. T., Jacobson, W. E., and Meyer, E., *British Journal of Plastic Surgery*, 1960, **13**, 136.
2 Hay, G. G., *British Journal of Psychiatry*, 1970, **116**, 85.
3 McGregor, F. C., *et al.*, *Facial Deformities and Plastic Surgery*. Springfield, Ill., Charles C. Thomas, 1953.
4 Edgerton, M. T., Meyer, E., and Jacobson, W. E., *Journal of Plastic and Reconstructive Surgery*, 1961, **27**, 279.
5 Webb, W. L., *et al.*, *Psychosomatic Medicine*, 1965, **27**, 183.
6 Jacobson, W. E., *et al.*, *Journal of Plastic and Reconstructive Surgery*, 1960, **26**, 356.
7 Kolb, L. C., *American Handbook of Psychiatry*, ed. S. Arieti, p. 749. New York, Basic Books Inc., 1959.
8 Meyer, E., *et al.*, *Psychosomatic Medicine*, 1960, **22**, 193.