Plastic Surgery

Plastic Surgery and Body Image

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Introduction

Body image is the perception that the patient has about his or her own body. It is not a realistic or objective impression comparable to other people’s impressions of the patient’s body. Body image has to do with body “imagination,” with the “imaginative thinking” that the patient has gathered throughout life. Objective findings can influence this image, but also psychological factors. However, it is very difficult to assess the relative importance of psychological factors and sociocultural and behavioral factors that influence the patient’s own body image.

It is easier to objectively assess someone else’s body than one’s own body. Some stereoperception may be missing. Also the degree of perfection in somatic body perception varies from one patient to another. The plastic surgeon should be able to detect the “unrealistic expectations” when requesting cosmetic “body contour changing” operations. However, the ability to evaluate cosmetic patients on the basis of the flimsy and superficial knowledge gathered during one or two rather short interviews unfortunately is more a matter of intuitiveness than of behavioral science (Rees 1980). Also the concept of beauty is changing and today is very much influenced by the excellent visual standards achieved by professional photographers. Many techniques to improve the beauty of a picture are not understood by the patient. Therefore trying to achieve beauty as seen in photographic magazines can further disturb the body image of the patient.

Psychological counseling and help provided by the psychologist or psychotherapist often do not bring the patient to a more realistic perception of his or her own body. Thereby fantasies in the patients’ mind about his or her body and expectation of beauty are not brought down to realistic proportions by psychologists. The plastic surgeon in his or her contacts with the patients should be able to estimate the degree of perfection that the patient is trying to achieve when seeking help for surgical corrections of body image. Close collaboration between a plastic surgeon and a psychologist or a sexologist should be available. The ideal collaboration can only be achieved...
when the surgeon is fully aware of the therapeutic possibilities of the psychologist.

Also the therapist should be fully aware of the objective achievements of plastic surgery. This means that the psychologist should know the result that can be achieved after an operation. Not only the final result but he or she should be able to point out to the patient the early discomfort after an operation and the healing time required for edema and bruising to disappear and to wait until final wound healing and wound maturation has been achieved. Also he or she should be aware of the possible complications and their relative frequency and should be able to help the patient overcome this psychologically very distressing period after the operation.

However, most important for the psychologist is the ability to assess and evaluate the psychological effect of the somatic body change to the patient’s psychological condition.

As plastic surgeons, we only are able to operate, and thus our big risk is that we will only propose an operation as a treatment for the patient’s complaint. However, when the body image is totally different from the objective body picture as seen through a photographic camera, then a very thorough psychological investigation should be performed and deeper problems should be assessed and treated. When these psychological problems can be corrected, then the patient will become aware of the fact that only psychotherapy will solve his or her problem, and surgery is no longer required.

On the other hand, when the body image, the way that the patient perceives or feels or evaluates his or her own body, is objectively comparable to the body picture of a camera-taken perception of the patient, then an indication for plastic surgery to change the body image can be indicated.

There is no surgical treatment for a psychological problem. Surgical treatment of a patient who has a psychological problem that he or she attributes to a deformation in one part of his or her body or whole body will never result in a solution for the patient’s problem. After surgery, the patient will only find a result which is different from his or her expectation about the operation, and this unsatisfied patient will now have a real, objective, reason for being unhappy about his or her body image. After the operation he or she will be able to see that his or her body picture has changed and now has a real somatic reason for his or her complaint. The psychological instability will not allow this patient to cope in a serene and objective way with the real somatic body problem that is a result of the surgery. This situation will aggravate the psychological problem and the general well-being of the patient will deteriorate. A real solution for the patient’s problem will then be much more difficult to achieve.

When in doubt about the psychological effect of the proposed somatic problem a thorough psychological investigation must be performed before surgery should be attempted. Schematically we can construct a table in which we combine the relative importance of the somatic and the psychological