

Effect of Cosmetic Surgery on Body Image and Body Image Specific Quality of Life

Bindu P. Nair and George Baboo
University of Kerala, Tribandrum

The present study examined whether cosmetic surgery has any effect on the patient's perception of body image and body image specific quality of life. The selected sample (N=40), a purposively chosen one, consist of both males and females in the age group 20-40 years, who have undergone cosmetic surgery for enhancing their body image. The Perceived Body Image scale (PBIS) and Body Image Quality of Life Questionnaire (BIQLQ) were used to collect information from the participants pre-operatively as well as post-operatively after 40 days. Results of the Related Samples Wilcoxon Signed Rank Test indicated that there was a significant difference in perceived body image and body image specific quality of life after the surgery suggesting that cosmetic surgery has a positive effect on these variables.

Keywords: Cosmetic surgery, Body image, Body image quality of life

Body image is a subjective, self-evaluation of appearance and it is a construct that includes affective, cognitive, behavioral, and perceptual features. It can have a profound effect on how one perceives his or her world, and, among other things that can affect an individual's self-esteem, mood, eating behaviours, and social interactions (Burke, Schaefer, & Thompson, 2012). Croll (2005) points out that body image is strongly affected by cultural messages and societal standards of appearance and attractiveness. Body image evaluations and emotions derive in part from self perceived discrepancies from internalized physical ideals.

Among the theories that seek to explain the body image and body image disturbances, at one end are the socio-cultural theoretical models that tend to look at the macro level influences (e.g., society, media) and posits that the current societal standards of beauty emphasize the importance of thinness for women and muscularity for men. The interpersonal perspective, on the other hand, takes a more micro-level approach to examine the proximal sub cultural influences (parents, peers, romantic partners, and personal acquaintances) on body satisfaction. The cognitive behavioural model emphasizes on the developmental influences

on body image as cultural socialization, interpersonal experiences (e.g., being teased about one's weight), physical characteristics, and personality attributes (e.g., perfectionism) as factors contributing to one's body image schema. The feminist perspective questions the social and cultural constructions and values of what constitutes attractiveness in women and the unnecessary bodily alterations she submits herself to as a result of societal pressures. The objectification theory asserts that as a result of the constant sexual identification from the social environment, girls learn to view themselves from a third-person perspective and subsequently internalize an outsider's perspective as their own primary view of themselves (self-objectification). This leads to habitual body monitoring, which in turn leads to body anxiety, lowered bodily awareness and finally body dissatisfaction (Burke et al., 2012). Concerns about weight and shape though conventionally associated with females, (Fallon & Rozin, 1985; Prevos, 2005), has increased for both genders (Burke, et al., 2012).

Body image quality of life is a concept developed by Cash and Fleming (2002) and it pertains to a person's body image experiences that affect a broad range of life domains including

the sense of self, social functioning, sexuality, emotional well being, eating, exercise, grooming, etc. Cash and Fleming also developed a body image quality of life inventory (BIQOL) where negative or positive effect of body image on multiple spheres of psychosocial functioning are assessed.

In order to fit into the society's ideal picture of perfect body, people are increasingly resorting to cosmetic surgery as a way of altering their bodily imperfections. Cosmetic surgery, a sub-specialty of plastic surgery, should be distinguished from reconstructive surgery. Reconstructive plastic surgery is performed to correct functional impairments caused by burns, traumatic injuries such as facial bone fractures, congenital abnormalities, developmental abnormalities, infection and disease, and cancer or tumors. Cosmetic surgery, on the other hand, is primarily concerned with the maintenance, restoration, or enhancement of an individual's physical appearance through surgical and medical techniques. Common cosmetic procedures include abdominoplasty (tummy tuck), blepharoplasty (reshaping of eyelid), breast and buttock augmentation, rhinoplasty (re-shaping of nose), chin and cheek augmentation, cosmetic dental surgery, etc.

Many studies conducted in the West have reported that cosmetic surgery has significant positive effects on an individual's body image (Kamburoglu & Ozgur, 2007; Soesta, Kvalene, Roaldb & Skolleborg, 2009). Even though, studies evaluating the quality of life in patients undergoing aesthetic plastic surgery procedures have been reported (Boton, Pruzinsky, Cash & Persing, 2003; Litner, Rotenberg, Dennis & Adamson, 2008; Papadopoulos et al., 2007;); what has been less studied is the outcome in psychosocial terms. Also, unwarranted cosmetic procedures can result in physical, emotional, financial, and cultural side effects especially among those with skewed vision of their body.

Thus, it is essential to explore the impact of cosmetic enhancement on body image and body image specific quality of life of individuals. Also, there is dearth of studies in India and particularly in Kerala, relating to body image and body image quality of life concerning cosmetic

surgery. The present study was undertaken to fill this research gap. The objectives of the study were to compare the effects of cosmetic surgery on the patient's perception of body image and body image quality of life.

Method

Participants

The research design consisted of one group pretest and post test in this study. The sample is a purposively chosen one, consisting of 40 subjects who had undergone cosmetic surgery for enhancing their body image. The sample covered an age group of 20–40 years, across different levels of gender (17 males and 23 females), marital status (40 single and 40 married), educational background (25 graduates, 15 post-graduates) and the type of cosmetic surgery [Teeth (8), Abdominal Wall (8), Eye (8), Chin (8), Nose (8)]. The subjects were drawn from the private clinics of Kottayam, Ernakulam, and Thiruvanthapuram district through a snow ball technique. Only graduates above 16 years, who underwent surgery for enhancing their body image, were included in the sample. Those who have undergone reconstructive plastic surgery were excluded.

Measures

Personal Data Schedule : The personal data schedule was used to collect information on the socio demographic variables such as the gender, age, marital /educational /employment status. Besides, it was also used to obtain certain basic descriptive information. Before surgery, prospective patients were asked which 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. Post-operatively, after 40 days, patients were asked how satisfied they were with the surgical result, whether people had commented, either positively or negatively, on their appearance since surgery. Respondents also were asked to rate both their overall physical appearance and the appearance of the feature altered by the surgery. Finally, respondents were asked to indicate if they would have the surgery

again and if they would recommend the surgery to others.

Perceived Body Image Scale (PBIS): This scale is a 25 item measure of how a person perceives and evaluates his/her own physical appearance. The PBIS is scored using a Likert scale. Some of the items found in the PBI scale include: "I often get depressed by the way my body looks", and "My life would have been totally different if I were better looking". The total score, obtained by summing up the values, ranges from 25 to 100, with a higher score indicating higher self perception of the body image. The reliability coefficient, which was assessed using the Cronbach's alpha (N = 40; No. of items = 25) was found to be 0.941. The content validity of the test was ensured through consensus judgment of the subject experts regarding the items.

Body Image Quality of Life Questionnaire: This questionnaire (BIQLQ)((Baboo & Bindu, 2010)) has 24 items that refer to how a person's body image experiences affect a broad range of life domains—including a sense of self, social functioning, sexuality, emotional well-being, eating, exercise, grooming, family, work and school context etc. It is scored on a Likert scale. Some of the items are 'I am satisfied with my body appearance', 'I check my features very often in the mirror', and 'I have a feeling that I am a burden to my family members'. The total score, obtained by summing, ranges from 24 to 96, with higher scores indicating, higher dissatisfaction of body image related to the quality of life, i.e., the score is interpreted in a reverse order. The internal consistency of the scale was determined by using the Cronbach alpha (N = 40; No: of items = 24), which was found to be 0.958.

Procedure

Cosmetic surgery subjects were contacted through a snow ball sampling technique, as well as by interviewing the inpatients from Plastic Surgery department of the hospitals selected for the study. Friends and relatives of those who had undergone cosmetic surgery were also consulted for checking the authenticity of information. The apprehensions of the subjects were addressed and the confidentiality of the responses assured. An average of 30 minutes was taken with each subject for the interview. Care was taken to see that none of the subjects had any doubts while answering the questions. The subjects were given the same questionnaire 40 days after the surgery to assess the post-operative benefits.

Results

The significant difference in the study variables, body image and body image quality of life among the patients who have undergone cosmetic surgery was assessed using the Related Samples Wilcoxon Signed Rank test. Table 1 displays the means, standard deviations and Z-statistics of the subjects for perceived body image and body image quality of life, before and after the cosmetic procedure.

Table 1 indicates that cosmetic surgery has a significant and positive effect on both body image [pre-test mean (M=53.10, SD=15.50), post test mean (M=71.68, SD=8.40), Z(39) = 4.71, p<0.01] and body image quality of life of the subjects [pretest mean (M=71.38, SD=14.5), post test (M=44.25, SD=5.49), Z(39) = -5.35, p<0.01).

Table 1. Means, Standard deviations, and the Related Samples Wilcoxon signed rank test values of subjects for perceived body image and body image quality of life before and after cosmetic procedure

Variable	Measure	Mean	Std. Deviation	Z statistic	Sig.
Perceived Body Image	Post test	71.68	8.401		
	Pretest	53.10	15.502	4.71	.000
	Difference	18.575	17.362		
Body Image Quality of Life	Post test	44.25	5.495		
	Pretest	71.38	14.500	-5.35	.000
	Difference	-27.125	16.514		

Discussion

Beauty and physical attractiveness is of eternal importance to humanity -- thus, many strive for a perfect look. Cosmetic surgery offers a solution to those who think that their body falls short of perfection.

As indicated in Table 1, the body image score of the subjects after the cosmetic procedure is significantly higher than the perceived body image score before the procedure suggesting that the body image is found to improve when one feels an improvement in a body part, which (s)/he previously thought as uncorrectable. This finding is in consonance with that of Sarwe et al. (2005) who reported an increased satisfaction among patients a year after receiving cosmetic surgery. However, Cash and Pruzinsky (2004) suggests that though cosmetic surgery may be a good body image treatment for people with specific concerns, for those who are dissatisfied with their body image as a whole, cosmetic surgery may not improve their self esteem.

The body image specific quality of life scores before and after the cosmetic procedure, suggest that body image quality improved markedly after the cosmetic surgery, thus, attesting the findings of Rankin, Borah, Perry and Wey (1998) on the beneficial psychosocial effects of the procedure.

Even though the study established that cosmetic surgery has a significant and positive effect on perceived body image and body image quality of life of the subjects, the absence of a control group, a purposively chosen sample, inadequate sample size, and time gap of 40 days after the cosmetic procedure, limit the generalizability of the results. Hence, replicating the study on a larger sample using a control group, assessing the role of the individual in popularizing cosmetic procedures by employing rigorous statistical techniques and doing a follow-up after different time periods (6 months to one year) would be ideal to study what gains after the surgery have been consolidated.

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Bindu P. Nair (Corresponding author), Assistant Professor, Dept. of Psychology, University of Kerala, Trivandrum 695581 (Reprint request and Correspondence).
Email: bindupsych67@gmail.com.

George Baboo, P.G. Student, Department of Psychology, University of Kerala, Trivandrum.

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