ABSTRACT
In this beauty-crazed superficial world where surgically enhanced and digitally airbrushed media images have become an unquestioned standard, millions of men and women are selecting surgical treatments to enhance, minimize, nip and tuck just about every inch of the body. But when cosmetic procedures are met with little satisfaction, and fuel the desire for more surgical enhancements an underlying psychological cause may be to blame. This paper aims to understand the surge in the requests for cosmetic surgery by evaluating whether there is any connection between body dysmorphic disorder and addiction to cosmetic surgery.

Keywords: Body dysmorphic disorder

If we go by the definition, cosmetic surgery indicates a medical specialty, which is concerned with the correction and restoration of form and function. This medical method has its origins in ancient India where Sushruta developed it as early as 800 BC. In this modern age, this medical treatment has spread its tentacles everywhere. According to the 1American Society of Plastic Surgeons (ASPS), cosmetic surgery is a surgical procedure performed to reshape normal structures of the body, or to adorn the body to improve the consumer’s appearance and self-esteem. It is also acknowledged that the judgements about their appearances are subjective.

According to an article of The Times of India, “The statistics, released by the 2International Society of Aesthetic Plastic Surgery (ISAPS), shows that cosmetic surgery is becoming popular in countries with emerging economies, such as India and China. ISAPS president Dr. Foad Nahai in Atlanta said, “Countries like China and India with emerging economies are generating a lot wealth and as that wealth is passed around, people are choosing to spend their discretionary income on aesthetic procedures.” Psychoanalyst Madhu Sarin sums up the phenomenon, “Affluence and availability of technology have enabled people who merely fantasised to go ahead and realise their fantasies” (Mehra, 1995).

Out of the 15 million people worldwide who resorted to plastic surgery in 2011 to enhance their looks, there were no fewer than 466,231 Indians, placing India 8th in a league of 25 countries (The Sunday Guardian, 2013). The most popular surgical procedures performed there are 3liposuction, 4rhinoplasty, breast augmentation, and, according to some surgeons, otoplasty (surgery on the ears) as a result of heavy ear ornamentation among women (Thomas 2011). The annual poll from the 5American Academy of Facial and Reconstructive Surgery (AAFPRS) reports that social media activity may be driving an uptick in plastic surgery requests (Sifferlin, 2013). In the year 2013, one finding stuck out: surgeons were seeing a 31% increase in plastic surgery requests as a result of how people wanted to present themselves on social media. “We live in a very visual world, and have come to expect that we will be
‘Googled’ or ‘Facebooked’ even before actually meeting someone socially or professionally,” says Dr. Sam Rizk, an AAFPRS member and director of Manhattan Facial Plastic Surgery in New York. “Between high definition television, Facebook, YouTube and Instagram, how you look in photos and video clips has definitely become a driver for all cosmetic procedures from Botox to neck lifts. Whether you think it is harmful or not, it is a trend and I don’t think we will see it slowing down anytime soon,” says Rizk. “There is the potential in some individuals with low self esteem and psychological issues to fixate on certain features, such as a prominent nose or a weak chin or a heavy neck, when the concern about your appearance or specific features starts to border on obsession that can be a red flag.” He says plastic surgeons try to screen out patients who suffer from body dysmorphia, and will turn down their requests for surgery.” However, even if I refuse, they can always find someone who is willing to operate on them.” (Sifferlin, 2013)

Cosmetic surgery is one of the fastest growing and most lucrative of medical specialties (Haiken, 1997; Sullivan, 2001). Ganguly (2006) asserts “The desire to look good has always been there but now thanks to the images on the idiot box and hip-gyrating GenNext movies, it has become the order of the day. And it isn’t just women who are making a beeline for cosmetic surgery; men are taking the plunge to get what was ‘naturally’ denied to them. Today cosmetic surgery, isn’t a luxury anymore, it has also become a requirement, socially as well as professionally.”

The present study aims to find out whether an underlying psychological cause is to be blamed when cosmetic procedures are met with little contentment, and fuel the desire for more surgical enhancements. The interdisciplinary nature of the study of cosmetic surgery allows for a multitude of theoretical frameworks and directions, which appear in various publications examined over the course of this study.

An important concept that the present study seeks to incorporate is Body Dysmorphic Disorder (BDD). Italian physician Enrique Morselli first described Body Dysmorphic Disorder (BDD) in 1891 by using the term “dysmorphobia,” defined as the fear of having a deformity. The Diagnostic and Statistical Manual of Mental Disorders defines body dysmorphic disorder as a somatoform disorder marked by a preoccupation with an imagined or trivial defect in appearance that causes clinically significant distress or impairment in social, occupational or other important areas of functioning. The individual’s symptoms must not be better accounted for by another disorder; for example, weight concern in the case of anorexia nervosa. The disorder generally is diagnosed in those who are extremely critical of their mirror image, physique or self-image, even though there may be no noticeable disfigurement or defect. The three most common areas of which those suffering from BDD will feel critical have to do with the face: the hair, the skin, and the nose. Outside opinion will typically disagree and may protest that there even is a defect.

Pitts-Taylor (2007) highlights that the cosmetic surgery patients can be categorized into two types, “good patients” who have ordinary, desirable forms of surgery and “bad patients” who are hopelessly addicted and unable to stop subjecting themselves to modification. The “normal” end of the spectrum includes those who desire to have their bodies and lives transformed through the surgery. Examples of this in mainstream culture include television shows such as Extreme Makeover and The Swan. On the other end of the spectrum are obsessed victims of what has been diagnosed as Body Dysmorphic Disorder (BDD). According to Taylor, the boom in cosmetic surgery represents a new population at risk for Body Dysmorphic Disorder. Body Dysmorphic disorder “renders its victims vulnerable to obsession with and addiction to cosmetic surgery” (Taylor, 2007; Crerand et al., 2006). Taylor asserts that the surgery literature contains many descriptions of BDD, referring to these patients as having ‘minimal deformity,’ as ‘insatiable’ surgery patients, as ‘psychologically disturbed’ patients, and as ‘polysurgery addicts’ (2007:109). Pitts-Taylor is of the opinion that the psychiatrists see the profession of cosmetic surgery as largely ignorant of the pathology and as catering to the pathological demands of sick people.

A person with BDD may be preoccupied with a slight, or even an imagined, defect, usually in a facial feature
Crerand et al. (2006; Lai et al., 2010) point out that patients with this disorder are unlikely to be satisfied with the results of cosmetic surgery. Besides being unhappy with the surgical outcomes, patients with BDD may have very unrealistic expectations about surgery, thinking it will lead to a better relationship or a higher paying job, may be satisfied with the requested procedure, but then “suddenly realize” another feature is unacceptable, says Crerand, and desire additional surgeries and they place a disproportionate amount of emphasis on their physical appearance. Bower (1995) believes that of particular concern is the tendency of BDD sufferers to go from one physician to another and end up receiving numerous cosmetic procedures and in some cases—while experiencing an escalating sense of dissatisfaction with the results. Those with BDD might seek medical help (cosmetic surgery) rather than attend a psychiatric clinic (Lai et al., 2010; Bower, 1995). Therefore, it is often under-diagnosed.

Richard Schickel claims that because it is positioned in our very own homes, television most nearly invites the false sense of intimacy with celebrities and as a result we also feel as though their bodies are more achievable role models (Giles, 2002). Haiken (1997:96) and Blum (2003) locates the rise of cosmetic surgery in relation to the people developing an insatiable fascination for the stars it spawned and their pursuit of cosmetic surgery as they serve as models of ideal beauty (Elliot, 2008; Cashmore, 2006; Blum, 2003; Chae, 2011; Northrop, 2012). Chae (2011) indicated that the distance between the people and the celebrities has been closing. It is well known that most celebrities have had cosmetic surgery. This means that all of us can buy good looks just as they did (Cashmore, 2006, p. 109-112).

**Methodology**

The research methodology used by the researcher in doing this present study has been qualitative research technique. The sites selected for collection of data are different cosmetic surgery clinics, hospitals and nursing homes with cosmetic surgery department and psychological clinics of Kolkata and the subjects are cosmetic surgeons, psychologists, cosmetic surgery patients and clients planning to undergo cosmetic surgery in future. The data is collected mainly through personalized, semi-structured in-depth interview with the above group of respondents.

**Case Studies**

The present researcher has followed case study method to basically grasp the perspectives of the experts in the field of cosmetic surgery, psychologists, cosmetic surgery patients and clients planning to undergo cosmetic surgery in future to grasp an idea about the presence of any correlation between a psychological disorder and the fixation with cosmetic procedures.

**Case studies of the cosmetic surgeons**

Dr. Subhrajit Bhattacharya is a consultant aesthetic, plastic and reconstructive surgeon of Ruby General Hospital, Kolkata and also a member of the Association of Plastic Surgeons of India. He says, “people want to undergo cosmetic surgeries primarily because they feel a lack of self-confidence with their appearance. After all, who doesn’t want to look good?” He asserts, “there are some clients who come to me asking for body alteration even if they have a perfect face or body. Some are quite obsessed with their physical appearance and for them the definition of ‘perfection’ is quite vague! These are the clients who are most difficult to satisfy. They come back to me several times if their level of satisfaction is not reached. Some patients also go for surgeon shopping.”

He says that many people come with very unrealistic expectations and think that plastic surgeons are gods who can make them look like their idol, the common one being Angelina Jolie. He asserts “all we can do is make you a better version of yourself and work on your flaws”.

Dr Rajesh Shergill is a plastic surgeon and assistant professor of a medical college and also heads a cosmetic and laser surgery clinic. He says both females and males request for cosmetic surgery. He believes people go for cosmetic surgeries not only because they are stigmatized for their looks by the society but also to fit in the criteria set up by a profession. He indicates, “Some clients show disgust about their appearance and indicate that they will be accepted in society only if they undergo surgery to correct their perceived deformity. They are the victims
of body dysmorphic disorder. They come with multiple weird requests and I find no option but to give in to their quixotic demands.” He also highlights, “media projects beauty which in turn motivates people to improve their appearance.” On the other hand he opines, “One should go for cosmetic surgery as it enhances one’s self-confidence, helps them to socialize in a better way, and definitely makes them happy about their looks and that a pleasant appearance can open doors to new opportunities whereas unattractive looks may find the same avenues closed.”

Dr. Suneil Garg is a plastic surgeon and the founder of one of the oldest cosmetic surgery clinics in Kolkata. He is of the opinion that “mostly women feel that they have to uphold a certain image and they compare themselves to pop stars that are seen on today’s television shows and struggle with a desire to match the standard that the popular culture perpetuates. Plastic Surgery has become one of the newest trends like a pair of jeans is a trend.” He says, “I find some of my patients very depressed about their appearance. They seek my assurance that after a cosmetic surgery they will look good.” He opines, “The level of satisfaction among the patients after undergoing a cosmetic surgery is pretty good, except those few who have this body dysmorphic disorder and are never satisfied no matter how successful the operation may be. Persons with this condition can be extremely good-looking, but view themselves as ugly. They equate happiness with beauty. Thus, to achieve a happy state, they undergo repeated cosmetic surgeries. Unfortunately, people with this disorder are never satisfied with their appearance. Hence, cosmetic surgeries are never-ending.”

Dr. Arun Vaid is a consultant cosmetic surgeon, one of the members of the Association of Plastic Surgeons of West Bengal and has been working as a professor of West Bengal Medical Education Service since last fifteen years. He comments, “I find a deep sense of depression about appearance among those who come to me for cosmetic surgeries.” He believes that undergoing a cosmetic surgery is not always a natural thing as it is an operation and operation means complications may crop up. He is surprised that he gets clients who prefer cosmetic surgery no matter how perfect their body and face is. “Clients come with very weird and unrealistic demands, clutching pictures of film stars and many are desirous of looking exactly like their favourite movie star. It is not possible to copy another person’s nose or any other facial features” says Dr. Vaid. He affirms “often individuals with BDD feel disappointed after receiving plastic surgery because they have very high expectations about the impact of cosmetic surgery on their life (e.g. thinking that the surgery will dramatically improve their social life or make all their problems go away). Plastic surgery addicts go to extreme lengths to have the ‘perfect’ chin, lips, or breasts, but they don’t realize that there is no such thing as a perfect face or body. After one surgery, addicts will find a reason to have a second, then a third and so on in their quest for ‘perfection’.

The results they are after are unattainable.” He believes the media is responsible for enticing average looking people to alter their looks. He admits, “what the media is doing is actually good for us, the cosmetic surgeons, but then I feel one should understand the fact that people in the glamour business are paid for their good looks. But why would a person who is not in this business would want to flaunt such attractive looks?” He believes that nowadays people do a lot of net surfing to find out various things. Various clinics and surgeons have their own websites, and these websites keep the interested ones updated.

Dr. Snehasish Biswas is a consultant plastic and aesthetic surgeon of Apollo Gleneagles Hospital, Kolkata. He is also one of the members of the American Society of Plastic Surgeons. He states, “I am immensely proud of what I do. Cosmetic surgery has a tremendous impact on the life and well-being of my patients. It enhances beauty, increasing it beyond the ordinary and towards an aesthetic ideal. It improves self-image, boosts self-confidence and brings out the best in life. Aesthetic or cosmetic plastic surgery is precisely the tool that is needed to realize the dream of achieving a perceived aesthetic ideal. In today’s world, ‘to be the best, you must look like your best’. He opines, “I am committed to guiding and educating all my patients with different choices that they may have for enhancing their image, so that they are able to make intelligent, educated
decisions. He further adds, “In today’s world, ‘to be the best, you must look like your best.”

**Case studies of psychologists**

Dr. Paromita Mitra Bhaumik, is a consultant psychologist, educationist and founder director of Anubhav Positive Psychology Center. She believes “touch with the reality goes off and negative self-image works” when people suffer from body dysmorphic disorder. According to her with the advent of audio-visuals, body dysmorphic disorder is increasing among the patients. She points,” When one wishes to undergo a cosmetic surgery just because he/she believes undergoing a cosmetic surgery would simply enhance one’s loveability and would help to gain more acceptance from the society, that means there is a psychological problem and that is body dysmorphic disorder. She further asserts, “Going for a cosmetic surgery to get back what you have lost, is perfectly fine.” According to her if this cosmetic procedure is only related to a person’s one of the fancies and does it just to give it a try is quite normal. She claims, “That I don’t look good and I cannot contribute to the society because of my looks is an attitude which shows that you have body dysmorphic disorder.”

According to her they then try to “change their image at all cost.” She further points out that these patients go to the cosmetic surgeons with unrealistic expectations. It seems that the cosmetic surgeons are either not familiar with or overlook this particular disorder with their sole motive of making money. She suggests that the cosmetic surgeons should check whether a particular client has body dysmorphic disorder before offering cosmetic surgery and should not just comply with their unrealistic demands and should consider BDD, a contradiction to such cosmetic treatments. She comments, “We, here at Anubhav try to change their perception of their own distorted self-image and give them the assurance that no one is judged solely by the outer appearance, there are more qualities that are taken into account in judging one’s personality. She further asserts that one’s inferiority complex about one’s looks grows out of the media, portraying perfect figured body and the people around telling that he/she is not perfect .These ideas seep in. She firmly believes, “as long as the media will continue using the hyperreal, fake, too perfect to be true models, average looking and below average looking people will be taunted for their looks by the society and this will compel some to undergo cosmetic surgery.”

Suparna Banerji is a psychologist and also the assessment team head of Anubhav Positive Psychology Center. She argued, “I do not like what I see in the mirror is the problem common among the body dysmorphic disorder patients.” She points out that according to body dysmorphic disorder patients nothing is perfect about their body, they become excessively concerned with an imagined or a slight defect in their body and becomes anxious to undergo multiple cosmetic surgeries to correct their self-imagined defects and achieve the so-called perfect body. She comments that people with BDD seek cosmetic surgeries and do not realize that they need a psychological counselling. They are the ones who get addicted to cosmetic surgeries to ensure that they have an attractive appearance and often make impractical demands from the surgeons in connection to the alteration of appearance, one that can possibly be never achieved. She asserts that generally, this disorder is found among the females. She firmly believes that it is the duty of a cosmetic surgeon to test whether a client suffers from BDD before offering cosmetic surgery because in most of the cases these patients seek the help of cosmetic surgeons when they are dealing with major physical and psychological issues. She emphasizes “women and girls must realize that what they are comparing themselves to is an unrealistic expectation created by a culture that is fuelling the beauty industry”. She says body dysmorphic disorder can be cured if detected and patients do get well with proper counselling.

Arati Saha is a psychologist who practices in her own clinic. She believes body dysmorphic disorder is a mental illness which makes people addicted to cosmetic surgeries. She says that body dysmorphic disorder is more common among the females. She claims that, “people with this mental illness believe that they do not have good looks (which is self-imagined) hence no one likes them which is quite unlike what the others feel and believe and thinks of cosmetic surgery as the best option in this world. She further highlights the
fact that undergoing a single cosmetic surgery may not quench their thirst for beauty; they may have a desire to go for multiple cosmetic surgeries to attain a perfect appearance that is actually unattainable. This is partly because media constantly venerate only specific types of bodies.

The cosmetic surgeons are more than willing to milk money from clients by advertising cosmetic surgery as a magic that can give what God does not provide and that through it people can come closest than ever before to looking exactly how they want to look. Ideally, one should not overlook counselling before going in for the surgery. It helps in getting a realistic picture of what one should expect and how to live with the changes. Most physicians do not recommend psychiatric counselling to their clients before a cosmetic surgery."

Sneha Roy Chowdhuri is a clinical psychologist and is associated with Asha Positive Psychology Center. She asserts, “When people with Body Dysmorphic Disorder patient comes to me, what I find among them is a huge amount of social anxiety and negative evaluation regarding themselves which they have developed from their perceived, imagined feeling of rejection from the environment. They tend to associate their rejection with their appearance and their self-esteem. It is also being noted that these individuals have a family feedback of them looking bad or socially inappropriate.

A person's experiences, culture and lifestyle may also lead to BDD. A person who has endured childhood teasing, physical or sexual abuse, self-esteem issues and pressure to live up to societal standards of beauty may fall prey to BDD. This social anxiety instigates them to go for a change of appearance through a cosmetic surgery but as their anxiety settles, they put aside their desire of going for an aesthetic or cosmetic surgery.”

Case studies of the cosmetic surgery patients and clients planning to undergo cosmetic surgery in future

Mrinalini Sengupta (27), a model believes, “a perfect body is something that is very much needed in my profession. A good model is praised for her perfect curves. Cosmetic surgery can give you a perfect body, a body that you long for.” She exclaims, “I just love Sheetal Malhar’s figure! Sheetal Malhar has that perfect figure. In my modelling career, she has always been my sole role model. And I aspire to be like her one day.” She believes that her breast is not proportionate to her body. She has already undergone a breast augmentation surgery but she is not happy about the result. She feels that her previous cosmetic surgeon did not do a good job.” So she plans to get another breast augmentation surgery done. She further asserts, “I hope I have chosen the right surgeon this time who can give me perfect breasts.”

Disha Sharma (25), a software engineer says, “I feel my cousins are better looking than me. I think everyone loves my cousins because they are all good looking and everyone kind of neglects me for my ugly looks.” She claims that she feels embarrassed because she believes she is ugly. She is not happy with her looks. She complains that nothing is perfect about her body. She says given a chance she would love to change everything about her face. She would love to have a sharp pointed nose as she finds her nose very bulbous. She remarks, “I want my doctor to give me dimples like what Preity Zinta has.” She also wishes to undergo a lip augmentation surgery. She thinks that the Bollywood female stars have a perfect face and body and many of them have achieved so by undergoing cosmetic surgeries. She has this firm belief that cosmetic surgeries can really make one look like the Bollywood stars like Shilpa Shetty or Priyanka Chopra. “The advertisements clearly show that miracles are possible through cosmetic surgeries. The Swan, a T.V show also tells us that cosmetic surgery can make you look the way you want to,” she said.

Shilpi Dasgupta (28) an air-hostess by profession, thinks that people do not like her because according to her she is ugly and believes that surgical procedures will lead to a better relationship or a higher paying career. She indicates that at times she feels embarrassed because of
her appearance and that she wishes to have faces like attractive bollywood female actors. She asserts, “I have undergone two rhinoplasties and I plan to undergo another one from another cosmetic surgeon because I’m not satisfied with the result of the earlier ones and this time I hope to get a perfect nose.”

**Case analysis**

The findings suggest that according to most of the cosmetic surgeons the level of satisfaction among the patients after undergoing surgery is pretty good except a few who are never satisfied with the cosmetic surgeons’ job even if the outcome of the surgery is technically perfect. Specialists in aesthetic surgery stress, “Persons with” BDD… “equate happiness with beauty. Thus, to achieve a happy state, they undergo repeated cosmetic surgeries. Unfortunately, people with this disorder are never satisfied with their appearance. Hence, cosmetic surgeries are never-ending” “often individuals with BDD feel disappointed after receiving plastic surgery because they have very high expectations about the impact of cosmetic surgery on their life...Plastic surgery addicts go to extreme lengths to have the ‘perfect’ chin, lips, or breasts, but they don’t realize that there is no such thing as a perfect face or body. After one surgery, addicts will find a reason to have a second, then a third and so on in their quest for ‘perfection’. The results they are after are unattainable.” One of the surgeons even emphasizes, “Some patients also go for surgeon shopping.” The study highlights the clients’ perception that “surgical procedures will lead to a better relationship or a higher paying career.”

In connection to the level of satisfaction among clients, a psychologists interviewed, explains that the Body Dysmorphic Disorder sufferers are too consumed with looking pretty and having the perfect body. Because the perfect body is unachievable, these people may have continual cosmetic surgeries and get addicted to it with hopes of finding personal satisfaction and often make impractical demands from the surgeons in connection to the alteration of appearance, one that can possibly be never achieved. A psychologist emphasizes “women and girls must realize that what they are comparing themselves to is an unrealistic expectation created by a culture that is fuelling the beauty industry”. Another psychologist interviewed, underlines, “When one wishes to undergo a cosmetic surgery just because he/ she believes undergoing a cosmetic surgery would simply enhance one’s loveability and would help to gain more acceptance from the society that means there is a psychological problem and that is body dysmorphic disorder. The clients’ statements “The previous cosmetic surgeon did not do a good job. So I plan to get another breast augmentation surgery done” “I have undergone two rhinoplasties and I plan to undergo another one from another cosmetic surgeon as I’m not satisfied with the result of the earlier ones” indicate that satisfaction levels are hardly met and the tendency of getting addicted to body alteration.

The above case studies clearly show that people make unrealistic and impractical demands from cosmetic surgeons. Some “think that plastic surgeons are gods who can make them look like their idol...” “many are desirous of looking exactly like their favourite movie star.” The study also point out that most of the clients become obsessed with the attractive looks of celebrities. The findings show that clients try to reach those ideal standards of beauty through undergoing cosmetic surgery. Powerful media effects are a contributing factor as the media cultivates beauty standards. This shows that Haiken (1997) and Blum (2003) are right in tying the swell of cosmetic surgery to the culture’s wholesale obsession with celebrity. As consultant cosmetic surgeons say, “media is responsible for enticing average looking people to alter their looks,” “media projects beauty which in turn motivates people to improve their appearance.”

The result is the normalization of certain body images, unrealistic expectations in regard to cosmetic surgery. Clients go to doctors desiring to have Preity Zinta, Hillary Duff’s dimples, Sheetal Malhar’s figure and desire to flaunt Angelina Jolie’s look. As a client exclaims, “I believe that my cosmetic surgeon can give me a figure like Sheetal Malhar.” One of them even thinks that cosmetic surgeries can really make one look like the Bollywood female stars like Shilpa Shetty or Priyanka Chopra. One of the clients in this study puts forward that the Bollywood female stars have a perfect face and
body and many of them have achieved so by undergoing cosmetic surgeries. The findings support the views of the scholars who point out that celebrities’ cosmetic surgery influences non celebrities as celebrities serve as models of an ideal beauty (Elliot, 2008; Cashmore, 2006; Blum, 2003; Chae, 2011; Northrop, 2012). This finding also validates Richard Schickel’s saying that not only does television have the effect of containing and normalizing the previously larger than life “film star,” but also both stars and their practices seem within reach by virtue of their sheer proximity and possession and that we also feel as though their bodies are more achievable role models (Giles, 2002). But one of the cosmetic surgeons put it differently, “what the media is doing is actually good for us, the cosmetic surgeons, but then I feel one should understand the fact that people in the glamour business are paid for their good looks. But why would a person who is not in this business would want to flaunt such attractive looks?”

Comparisons of the views of the experts in the field of cosmetic surgery with the psychologists

In comparing the views of the cosmetic surgeons and psychologists regarding the importance of looks of people and the necessity of cosmetic surgery, it can be found that they are at loggerheads. On the one hand cosmetic surgeons are suggesting that one should go for cosmetic surgeries as “it enhances beauty, increasing it beyond the ordinary and towards an aesthetic ideal. It improves self-image, boosts self-confidence and brings out the best in life. Aesthetic or cosmetic plastic surgery is precisely the tool that is needed to realize the dream of achieving a perceived aesthetic ideal. In today’s world, ‘to be the best, you must look like your best,’” and that “a pleasant appearance can open doors to new opportunities whereas unattractive looks may find the same avenues closed.” This is very obvious on their part as that is how they earn their living. On the other hand, the psychologist and the psychiatrists are saying that they try to change the body dysmorphic disorder patients’ perception of their distorted self-image and give them the assurance that no one is judged solely by the outer appearance; there are more qualities that are taken into account in judging one’s personality.

In such a case what should a person do? Should he/she listen to the cosmetic surgery specialists who spread the idea that good looks is the ultimate thing in this world or should they listen to the psychiatrists and the psychologists who try imbibing in people the idea that a person is not judged solely by the outer appearance, qualities like the behaviour of a person, personality of a person are more important than looks.

The psychologists believe that the cosmetic surgeons are not aware of the illness of body dysmorphic disorder a point which can be justified by Pitts-Taylor’s (2007) opinion that the psychiatrists see the profession of cosmetic surgery as largely ignorant of the pathology and as catering to the pathological demands of sick people. The study proves that the psychologists also believe that before offering the clients cosmetic surgery, the clients should be tested whether he/she has this disabling disorder and if they have this disorder then what they need is not a cosmetic surgeon’s help but need a psychiatric medication. But it seems that the cosmetic surgeons either do not know or purposely overlook that some patients have this disorder of fussing about their looks and are never satisfied with a successful result. The psychologists suggest that the cosmetic surgeons should check whether a particular client has body dysmorphic disorder before offering cosmetic surgery and should not just comply with their unrealistic demands and should consider BDD, a contradiction to such cosmetic treatments. The cosmetic surgeons, in spite of knowing the actual problem of the patients do not advise them to consult a psychiatrist’s help but instead they offer the patients multiple cosmetic surgeries raking in big bucks from ever increasing numbers of image-conscious clients breathlessly chasing youth and beauty. The specialists in the field of aesthetic surgery say they “find no option but to give in to their quixotic demands.”

The psychologists believe that little or no effort is made to ascertain the client’s psychiatric profile/motivation, to dissuade him from undergoing unnecessary, invasive and expensive surgery. So, what gets highlighted here is that in some cases their views are exactly the opposite to each other and in some issues they kind of share the same ideas.
Conclusion

Though cosmetic surgery has never been more popular and the techniques have never been so advanced, it is not exactly something new. In fact, the American Society of Plastic Surgeons estimates that the first examples of the craft are in evidence at early as 4,000 years ago. According to a 2011, Business Today article, the President of the Indian Association of Aesthetic Plastic Surgeons, Dr. K. Ramachandran, notes, “There has been a threefold increase in cosmetic procedures compared to five years ago.” Another hospital administrator added, “The numbers are pretty much like those in the West” (p. 129). According to Business Today, the cosmetic market in India is estimated to surpass $1 billion by 2014 (Chaturvedi 2011:130).

Dr Salivaras Michael Ioannis, an aesthetic and reconstructive surgeon at the American Academy of Cosmetic Surgery Hospital, said that standards of beauty have changed over time, based on changing cultural values. He said: “Modern society has become so image-obsessed that individuals are willing to spend thousands and risk their own health to pursue the perfect appearance. Attention has been focused on looks, mostly by the entertainment, advertising and fashion media, which play a large part in determining the norms and dreams of modern society.” Our society blatantly values appearance over ability. With so much importance placed on appearance, other attributes often come second”. Now economists tell us that those of above-average beauty earn more than those with below-average looks. Social scientists claim that society attributes all kinds of positive traits-smarter, more sexually-active, wealthier and happier-to people who look good (Datta, 2012).

Academic research shows the women we see in media these days are thinner than ever and very often severely underweight. On top of that, surgical and digital enhancement has become an unquestioned standard. And in a world where a constant flow of media images far outnumbers women we could ever see face to face, this unrealistic ideal has become the norm in our minds a counterfeit, dangerous, unattainable norm. When we only see a certain type of woman presented positively in media, from fitness magazines to TV dramas, it’s no wonder media is consistently linked to body hatred, disordered eating and an unhealthy focus on appearance. Profit-driven media, hand in hand with the multi-billion-dollar beauty and weight loss industries, rely on us believing a lie. The lie tells us beauty comes in one form that anyone can attain with enough money, time and effort. It tells us that women who don’t fit the ideal are doomed to be undesirable and unhappy.

Cosmetic surgeons are engaged in aggressive marketing of their services (Sullivan, 2001) and prey on insecurities. Surgeons give casual, camouflaging labels to refer to major surgery as “nips” and “tucks,” and engage themselves often in the business of selling cosmetic surgery for monetary gain. This creates a situation where the present generation is not fazed by images of blood, Botox, or bandages. In addition, cosmetic surgeons often have spa like offices that diminish the seriousness of the surgery at hand.

Moreover, the proliferation of cosmetic surgery in the media in conjunction with misleading advertising has created an environment where consumers have false and unrealistic expectations and perceptions of cosmetic surgery. Increased demand for cosmetic surgery also stems from the recognition of youthfulness as a marketable asset, both socially and professionally. Consumers are increasingly reluctant to accept signs of aging amidst a contemporary view of aging as a “partially curable disease” (Askegaard et al., 2002; Haiken, 1997).

Sometime during the process of beautifying average humans, they have implanted something besides silicone: the belief that cosmetic surgery will improve lives. Now, not only do people accept plastic surgery, they embrace it as a solution to personal and professional problems. While appearance has always been important, mainstream acceptance of plastic surgery has created a society that values appearance over ability. “There is an industry making money out of making people feel inadequate,” says Fazal Fatah, the President of the British Association of Aesthetic Plastic Surgeons "We focused on the cosmetic part of the phrase, not the surgery bit – we need to bring back the idea that this is a medical operation, with risks.
Cosmetic enhancements are performed for an individual's personal fulfilment. But when cosmetic procedures are met with little satisfaction, and fuel the desire for more surgical enhancements, an underlying psychological cause may be to blame. Body Dysmorphic Disorder, known as BDD, is a condition that can lead to cosmetic surgery addiction. People with body dysmorphic disorders falsely perceive themselves as severely deformed and then obsess over their imaginary deformities to the point that it consumes their thoughts. If these people seek out cosmetic surgery, they may continually return until they are satisfied with their bodies—which may be never unless they discover a guardian angel of a therapist. If every plastic surgeon one of these patients’ approaches submits to her demands, the woman could end up with several unsuccessful and badly executed cosmetic procedures. The procedures would be unsuccessful, of course, because the woman would always find another perfectionist reason to complain. Patients with BDD often exhibit unrealistic expectations about surgery. Plastic surgery addicts consider these celebrities the epitome of beauty, and will go to any lengths to achieve their desired qualities. Yet, addicts fail to realize that each person has unique features, and trying to tailor our looks behind someone else’s is a recipe for disaster.

Endnotes

1. The American Society of Plastic Surgeons (ASPS) is the largest plastic surgery specialty organization in the world. Founded in 1931, the Society is composed of more than 7,000 physician members and represents more than 94% of all board-certified plastic surgeons in the United States who perform cosmetic and reconstructive surgery.

2. ISAPS as a society is entitled to take disciplinary action if: (i) The right to practice is terminated in any state, province, or country for a violation of medical practice act or other statute or governmental regulation. This will include the prescribing of excessive drugs, exhibiting medical incompetence, or charges of sexual harassment, (ii) Unjustified surgery or treatment that will not improve or benefit the patient is performed, (iii) Unprofessional conduct of the National Code of Ethics under which they reside is violated, (iv) Patients are solicited by advertisement which contains misrepresentation, or is likely to deceive, or create false or unjustified expectations, or imply that skills are superior to other equally trained physicians; or advertisement that contains implications that would cause the lay person to misunderstand or by primarily appealing to the fears or emotions of the lay person, (v) Physician engages in self-aggrandizement by excessive reference to themselves in the public media as being the only one capable of doing certain types of plastic surgery, referring to income or wealth, or making disparaging remarks about other ethical medical doctors.

3. Liposuction, also known as lipoplasty (“fat modeling”), liposculpture suction lipectomy (“suction-assisted fat removal”) or simply lipo, is a cosmetic surgery operation that removes fat from many different sites on the human body. Areas affected can range from the abdomen, thighs and buttocks, to the neck, backs of the arms and elsewhere.

4. Rhinoplasty (Greek: rhis, nose + plassein, to shape), a nose job, is a plastic surgery procedure for correcting and reconstructing the form, restoring the functions, and aesthetically enhancing the nose, by resolving nasal trauma (blunt, penetrating, blast), congenital defect, respiratory impediment, and a failed primary rhinoplasty.

5. The American Academy of Facial Plastic and Reconstructive Surgery (AAFPS), is the world’s largest organization of facial plastic and reconstructive surgeons. It exists to promote high quality facial plastic surgery, and runs courses, workshops, scientific presentations and a training program.

References


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