

Body Dysmorphic Disorder (BDD) in Women Who Undergo Plastic Surgery

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Modern man sees a strong investment in the body. Mendonça (2006, p.8) claims that the “search for perfection of the physical shape seems universal”. In Brazil, especially, this search for the bodies seen in ads and fashion shows reflects in the high number of plastic surgeries which are performed annually in the country (Goldenberg, 2005).

According to the Brazilian Society of Plastic Surgery, in recent years, there has been a significant increase in the number of plastic surgeries carried out in Brazil. Recent research performed by the Datafolha Institute and the Brazilian Society of Plastic Surgery (2009) shows that the country is already second in the world ranking of surgical interventions, only behind the United States. According to data from this study, 629,000 surgical interventions have been carried out in the past twelve months, 457,000 (73%) of which were merely cosmetic surgeries.

Aesthetic plastic surgery is defined as a “kind of plastic surgery which is used to remodel normal structures of a body, mainly to improve the appearance and the self esteem of the patient” (Brazilian Society of Plastic Surgery). The research also showed that 64% of the procedures (402,000) were aesthetic surgeries performed on women, while surgeries on men accounted for only 8.7% (55,000) of the patients.

It can be concluded, therefore, that aesthetic plastic surgery is one of the primary strategies used to reach the body pattern propagated in each society, and it is very common in Brazil. Concerning the search for a beauty pattern, Schilder (1994) claims that an aesthetic intervention may alter the way our body is seen by us, thus changing our body image. For this author, “beauty may be a promise of complete satisfaction or dissatisfaction” (p.231), and it can be concluded from this that the search for a beautiful body may be reflected in other spheres of life, altering not only the way the body is presented to one’s

self and to others, but also the esteem for the body itself and the body of others.

Often, the dissatisfaction with the image of the body itself becomes so important that it causes many image and eating disorders. Among them, the most common among surgical aesthetic intervention patients is the Body Dysmorphic Disorder, which is characterized by a preoccupation with an imaginary imperfection in the appearance or by the excessive valorization of a minor imperfection. Body Dysmorphic Disorder causes suffering and affects functional aspects of an individual's life, and it is different from other body image disorders by being connected with one or more parts of the body and not to the shape of the body as a whole (Moriyama & Amaral, 2007).

In their revision on the relationship between body dysmorphic disorder and aesthetic surgery, Sarwer and Crerand (2008) claim that approximately 5 to 15% of the people who submit to an aesthetic plastic surgery may suffer from this disorder. According to these authors, people with this disorder are more prone to be dissatisfied with the results of plastic surgeries.

This study aimed, therefore, to investigate the level of body satisfaction among patients who underwent aesthetic surgical procedures and also to determine if those interviewed presented diagnostic criteria of Body Dysmorphic Disorder.

After the approval of the Ethics and Research Committee of the Federal University of Juiz de Fora, report No. 266/2009, on November 10, 2009, the data were collected and all subjects signed the Free and Clarified Consent Term.

The Brazilian version of the Body Dysmorphic Disorder Examination (BDDE) validated for women who undergo plastic surgeries was used as a tool (Jorge et al., 2008). This tool is composed of 34 questions whose answers follow a Likert scale (from 1 to 6) and assesses the preoccupation with self-image, facilitating the diagnosis of some sort of body dysmorphic disorder.

The data were analyzed with SPSS software, v. 16.0, and the statistical analysis was based on a descriptive analysis.

The sample was composed of 10 (ten) women who were submitted to at least one plastic surgery. The women who underwent a reconstructive or bariatric surgery were excluded from the sample. The average age of these women was 29.30 ± 10.975 .

Many of the interviewees had already undergone more than one aesthetic surgery, the most common of which were liposuction (in the abdomen, arms, legs and the back), breast augmentation and abdominoplasty (tummy tuck). The elapsed time since the first surgery was, on average, 34.2 ± 18.34 months, and most of the participants had already undergone surgery 24 to 36 months before. The average score obtained by those interviewed in the *Body Dysmorphic Disorder Examination* was 52 ± 22.372 , showing that the women interviewed do not present a high degree of dissatisfaction with their bodies. The participants who reported scores higher than 66, demonstrating dissatisfaction with their bodies, referred to the time before plastic surgery.

However, two participants met all of the diagnostic criteria of body dysmorphic disorder, and all of the others met at least one of the criterion suggested by the BDDE. That shows that even when not reaching high levels of body dissatisfaction, this disorder might be diagnosed before or after surgery.

The analysis of the average scores obtained in each question showed that the behaviors more commonly reported by those interviewed are: looking at themselves in the mirror daily or almost every day (5.70 ± 0.949), the nuisance caused by some feature of the appearance is between medium and high (4.50 ± 2.068), and a high frequency of behaviors of disguising the appearance such as clothes, makeup etc. (4.40 ± 2.413).

When using frequency analysis, 90% of those interviewed looked at themselves attentively in the mirror every day, revealing a behavior of appearance checking. Moreover, 50% claimed they criticized their own bodies, indicating that, in spite of the average score obtained, some of the women were not satisfied with their body image.

Regarding disguise behavior, 60% of the women interviewed claimed they used tricks to disguise or hide the inconvenient features of their appearance.

Previous studies, such as that of Sarwe et al. (2003) had similar results regarding the behavior of disguising of body features. In the previously mentioned study, the authors observed that although the patients did not report an increase in general dissatisfaction after the plastic surgery, they more frequently demonstrated negative feelings about their appearances in various situations, such as when getting dressed or looking at themselves in the mirror.

Thus, it was possible to verify that the women interviewed presented some behaviors which revealed certain dissatisfaction with the appearance of their bodies, which, in some cases, were presented at preoccupying levels. In the cases in which the total score indicated a certain degree of dissatisfaction with the appearance, the participants referred to the time before the surgery, which does not mean that this dissatisfaction remained present after the aesthetic surgery.

All of those interviewed met at least one diagnostic criteria of body dysmorphic disorder, which reinforced the need for further investigation into this disorder to be carried out by health professionals.

Further studies with more numerous samples are important due to the lack of investigations on body image on women who submit themselves to plastic surgeries in Brazil. In addition, the prevalence of body dysmorphic disorder in other populations also proves relevant when investigating other facets of body image.

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