

**Body Dysmorphic Disorder  
and the Implications for Plastic Surgery**

*by*

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and  
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The Chairman of the meeting was Dr. John Marum.**

**MR MENDELSON.** In the preliminary discussions I had this evening with various people I formed the opinion that it's not widely known why Body Dysmorphic Disorder, or BDD, is so relevant to be discussed at a meeting such as this and so I'm going to give you a background about the medico-legal implications of BDD and plastic surgery.

Enormous shock waves went through the plastic surgery community in the United States about 18 months ago because of a celebrated case in New York. There were many aspects to this case. We had a highly recognised former Professor of Plastic Surgery, a very conservative man, a former President of the American Society of Plastic Surgeons being sued by one of his patients of longstanding. He had operated on her ten times. This typical New York socialite woman had the appearance of a successful lady in Park Avenue and had benefited from plastic surgery for 37 years. She then turned around and sued her plastic surgeon. There's an appellate court in New York in which it is deemed whether a case can be brought to trial or not. In this hearing the judgment was made that despite the fact that the surgeon had obtained proper consent to perform the surgery he did not take into account her underlying psychological condition and therefore this was not a real consent. The large part of her case was that she was on the antidepressant Prozac for all of these years and he should have known that she couldn't make a valid consent.

What that means is, what medical consent is valid? Plastic surgeons recognised Norman Hugo for his conservatism and his reputation and we were all astounded because the implications are that any patient who is going to have aesthetic surgery would have to have an independent opinion from a psychiatrist saying that they are in a fit state to understand a medical consent form. Imagine the number of patients who would not come for aesthetic surgery because they would not want to go for an obligatory psychiatric appointment. The significance of all of this is profound. Plastic surgeons had not heard of BDD. We knew that some patients are somewhat difficult to handle and that not all patients are satisfied, but we didn't know as a community what was going to happen. I will tell you the outcome of the court case at the end of the meeting.

I feel it is my role here to set the scene and most people, of course, have their own milieu in which they work. A plastic surgeon's milieu is appearance. Let's spend a few moments talking about appearance and its importance and then I'm going to present three patients of mine,

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typical, I think, of a plastic surgeon. Appearances are of profound importance, whether we think it is the correct thing or not, we all have eyes and eyes form the basis of appearance and we judge each other in a tribal situation to know whether we have a friend or foe. When you go overseas to London one visits the National Portrait Gallery and it's all about faces and appearance, it's not about breasts or genitalia or legs. Changes of appearances can change identity. Plastic surgery is very profound and of course we know that from teenage years the formation of body image and self-esteem is influenced by appearance. People treat us by how we look and our self-esteem is largely based on our mental image of how we look. Not how we actually look but how we perceive the way we look. Everyone's had the experience of going into a store and trying on an item of clothing and then looking in a different mirror. We look different from how we thought. Our self-perception can be devastating.

The basis of the origin of plastic surgery was the correction of facial deformities. We talked about identity and facial recognition and this slide shows a patient, operated on by Sir Harold Gillies, the father of plastic surgery from the time of the First World War. This lady unfortunately fell unconscious into a fire and extraordinarily in the 1920s could survive but she lost her identity and we cannot recognise who she is. This is a very gross example compared with operating on a Park Avenue socialite.

The result achieved back in the '20s was very good and worthy of inclusion in a textbook. But the fact is, plastic surgery has always had a certain mystique because it is interfering with the natural. I want you to look at this wonderful quote from the work of "the godfather", if you like, or "the grandfather" of plastic surgery: *We restore, repair and make whole those parts of the face which nature has not given or which fortune has taken away (which could be ageing) not so much that they may delight the eye but that they should buoy up the spirit and help the mind of the afflicted.* We haven't learned a whole lot new since then. It is the perception.

There are examples of the gross distortions that the media plays up and yet here is a quote from a friend of a plastic surgeon who said, "She feels that she looks beautiful and every time she looks in the mirror she's grateful for her plastic surgery." In other words, the plastic surgery in the eyes of the patient is successful and that's what counts.

Let us look at three cases from my own experience. This slide shows a 44 year old milliner who wanted to have her lips somewhat enlarged.

A very charming, pleasant and, like many of these thin-shaped women, relatively seductive in her presentation - "You can do it, I know you can." Before I knew it I'd operated on her - I didn't believe it until I reviewed it - eight times to get that result. Interestingly, as I reviewed the history, there was an increasing frequency of demands. I would look at the notes and I would say, "Review in six months" and then she would go out to my patient adviser and say, "The doctor said I should be seen in two months." We put in gortex, which is a foreign material, put in some fat, took out a bit of gortex, put in more fat, to the point where I eventually realised after three years that I was never going to win with this one. I said, "I don't think I could really make you happy doing any more and I don't really think it will make you look better." She took that and I didn't see her again for a little while. This slide shows her when she left me and then she came back looking like this 18 months later. In that time she had convinced three of my colleagues to operate on her further. She came to see me again because the length of her upper lip is now so short that she doesn't have lip closure and has to take sleeping tablets to sleep at night. She feels in poor health because of the sleeping tablet after effect and so forth. She pleaded for me to operate. I knew she had seen six of my senior colleagues for opinions and that when someone suggested liposuction she didn't want that. Her comment to me was, "I know people make fun of me when I go out and I would be upset about that if I really hated my appearance." In other words, it's not her appearance that bothers her, it's her health.

This slide shows a 41 year old make-up artist who told me she had had eyelid surgery and implants to her cheekbones and her chin, to strengthen her facial appearance. You're never quite sure whether you've been told the whole story. However, here she is ten years later after my operating on her four times on her face as well as doing breast implants twice. After I said that I wouldn't operate on her any more she came back again one year later requesting fat injections to the hollows where her lower lids meet the upper cheek. I said, "I didn't see you like that, what's happened to you?" and she said, "I went off to Sydney because a surgeon there would put in the large cheek implants, which was what I wanted." So twice I've tried to help patients out of trouble in my own self-protective way but they still run into what I call trouble.

I'm getting wiser now. Recently a lady sat across my desk and said, "Can you help me?" and that immediately gets a plastic surgeon in. She said, "I've been to the United States and had surgery a year ago." That also gets you in because there's a geographical rivalry. And so I

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thought, "Yes, I probably could." So I said, "Would you like to lie down on the couch over there and I'll come and have a closer look at you?" She looked like she'd had a hell of a lot of surgery, to put it mildly, and then I looked around the ears, there were scars all over the place. I could recognise the handiwork of some of my colleagues. My answer was, "I can't help you because I think you've had more surgery than you've told me about and it wouldn't be wise." That's the sort of situation that plastic surgeons can meet. It's not every day but occasionally and I hope that you get a feeling for what the implications of BDD are for plastic surgery.

**PROFESSOR CASTLE.** I'm going to talk more broadly about body image and disorders of body image, but I'd like to start with some images which are quite striking but which are quite normal; these are from Papua New Guinea and I will make a couple of points. Firstly, without exception in humankind people have tried to enhance their body image and enhance their look. Secondly, certain sorts of look are culturally sanctioned and quite normal even though they might appear unusual to us.

This slide shows a beautiful woman who was one of the Queens of Egypt and it makes the point that from very early on in humankind, people were concerned about the way they looked. You can see how she has lipstick and rouge and various other adaptations to her appearance and it wasn't only the women in ancient Egypt who were concerned about the way they looked. Egyptian art is interesting in that it didn't change for about 3,000 years in its depictions and one of the standards is that males and females were depicted differently. You see here a classic male figure who has darker skin and also the honourable appendage which is like a beard. The classic female figure is a lighter skinned individual and has no honourable appendage. What's interesting is that Queen Hatshepsut, who crowned herself with a crown of both the Upper and Lower Kingdoms and was a very politically astute woman, started over the course of her reign to alter the way she was depicted. Quite remarkably, she became much more masculine looking and her skin became much darker. Ultimately she also grew an honourable appendage. This is an example of how human appearance can be used for political means as well.

This is a more recent depiction of an individual who has concerns about his appearance. His name is Steve. Steve's friends call him the \$180,000 man, that's American dollars so that's about A\$1 million, because that's what it's cost him to achieve his look in 22 cosmetic

surgical procedures. Some people might say he's addicted but he thinks of himself as a perfectionist. He sees himself as a work in progress. He rates himself at the moment, in terms of his looks, at about six out of 10 and he says that, "The irony of all this is that once I have reached some sort of perfection then I'm going to start ageing and I'll have to start doing something about that." He has had numerous procedures; facial procedures, pectoral implants, and shin implants as well. In fact his chin is a Michael Douglas chin. Steve, who happens to be a stylist to Hollywood stars, has a client called Michael Jackson and Michael Jackson decided that he was going to have his chin done and he wasn't sure which chin to have so he said to Steve, "Steve, you go and have your chin done with the Michael Douglas chin and I'll see how it looks on you and then I'll decide what to do." Apparently Michael Jackson did like it so he now has the same one.

It's an amusing story but in many ways it's a tragic story because Steve is a person who had a concern about his appearance from very early on. He says, "I never thought I was attractive when I was growing up, I was kind of insecure about my looks." He embarked upon this progressive pursuit of what he thought might become a perfect look and the tragedy of it is he'll never ever achieve his perfect look. I think that you will agree with me that this is becoming an extreme of appearance concern and this has a bearing on what we would consider to be a psychiatric disorder which we would call Body Dysmorphic Disorder.

This slide shows an even more extreme example. This is a chap who was previously a marine and he has spent US\$280,000 trying to achieve his appearance, which is to look like a tiger. He's had a lot of silicone in his upper lips. He's had his teeth filed and excessive body tattoos. This slide shows the way he used to look. He is an extraordinary example of the extreme, but he is also very proud of his look. Most people with Body Dysmorphic Disorder or at the extreme of body image concern are very embarrassed about their look and generally avoid being seen. He actually likes the effect which he gets when he walks down the street. "And of course people stare at me" he says, "but that's the effect I desire, I'm a tiger all the time and I love it." He is a very high functioning chap. He's a computer programmer and earns a lot of money, which he needs to, I suppose, to support his plastic surgery habit. But he also still doesn't see himself as perfect. His desire now is to have tiger fur implanted on to his body. The problem for him for that is that he can't have one of his fellow tigers killed so he can have their fur, so he has to wait until one of them dies of natural causes before he can have the implant.

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I think that you will agree with me that this chap has a rather extreme body image problem and is seeking a look which most of us in this room wouldn't see as ideal for ourselves. These are the extremes. The reason for putting them up is that we do see a lot of people who are extremely distressed by their body appearance and who do have psychiatric disorders, but they are at the extreme end of a spectrum. If you ask people in the general population whether they are comfortable with the way they look, around 50 per cent of people will say there is some aspect of their physical appearance which they are not all that comfortable with and might wish to be changed.

There are two aspects to this. One is the way you perceive yourself and the other is the amount of investment you have in your appearance. Some people who are not the most attractive people in the world simply don't worry about it and don't have an investment in appearance as an important thing. Other people have a distortion about the way they look, plus they have a massive investment in looks as an important part of who they are.

In America, "Psychology Today" published some serial surveys. In the '70s, the '80s and the '90s they asked their readership about their dissatisfaction with bodily appearance and from this 0 per cent, 25 per cent, and 50 per cent from the '70, '85, and '97 surveys we can see that the rates for both genders are increasing. The males are creeping up such that in the latest survey just under 50 per cent of males and just over 50 per cent of females are expressing some dissatisfaction with their bodily appearance. It's not only the young people coming through. This is the same graph with the same Y axis and these are the ages across the X axis with the teens right through to 50s. Looking across the ages we see people are concerned about their bodily appearance irrespective of age.

So what about males? Normally when I say to people I'm interested in body image disorders everyone thinks it's about anorexia and females. Well, males are catching up, in terms of concern about the way they look and generally males aspire towards this look, which is a desire for a big, bulky, beefed up, beefcake look. This can become a psychiatric disorder, a form of BDD called muscle dysmorphia. Clearly some working out in the gym and wanting to be a bit muscular is okay, but these people will sometimes resort to extreme measures to bulk up. They will be spending all their day in the gym and they'll be wearing special clothing to try and pad themselves out. Even though they are big and muscular they would still perceive themselves as being small and slight and puny. It used to be called "reverse anorexia." It's a

bit similar if you ask girls with anorexia who are very thin; they see themselves as fat and desire to be thin. These blokes will resort to all sorts of dietary fads; pectoral implants and the use of anabolic steroids are common. 5 per cent of American teenage boys are using anabolic steroids to bulk up.

It's interesting again in terms of the depiction across humankind, that this depiction of an ancient Greek Olympian athlete shows a normal looking figure. These are four of the original pentathletes and you can see again - this is from a vase painting so there's some distortion - but essentially they are normal figures. This is Theseus who slew the Minotaur, and even though he was a hero who had done this great deed he's still depicted as a very normal looking individual. As I'll show you later, more recently we've moved to depiction of our heroes as much more beefy and muscular.

This is a matrix from a book called "The Adonis Complex" which was written by Katharine Phillips and two other American colleagues, and is about the so-called secret obsession of males with bodily concern. This is shown on two axes: a muscularity axis and a body fat axis. What you see here is the extreme of muscularity and leanness and the other extreme of lower muscularity and fatness. There's a computer-driven test which allows you to ask people what they think of their own appearance and then what they would like themselves to look like. There are some interesting tests which have been done across different sites in America as well as in Europe. They ask blokes, "What do you think you look like?" and then ask them what they think they would like to look like. Most blokes say, "Well, I look a bit like this but that's the way I'd like to look, I'd like to be big and bulky." Then they say to them, "So what do you think the women want you to look like?" and they rate themselves as something out here, because their belief is that the women want them to be really big and bulky and muscular. The tragedy is - and this is a sort of metaphor for the problems between the genders - that men don't understand what women want. I won't ask for a straw poll in the room, but if you ask a representative sample of women they like the average look more than this extreme look. Men have a distorted view about what they think is ideal. I think it's fascinating why they should want to be bigger and bulkier than women want them to be. You can understand part of what drives appearance concerns is sexual selection and that is part of an evolutionary drive. One theory would be that to be a male who was reproductively capable and able to perpetuate the species you have not only to attract the



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woman but you also have to fight off your competitors. If you're big and bulky you're likely to get rid of your competitors more easily.

What is it that has driven our more recent concern with bodily appearance in terms of males wanting to be big and bulky? There are some evolutionary underpinnings to this desire to be big and bulky but we've undoubtedly seen a change in what is considered as a male ideal over the last 50 years or so. These figures are called "GI Joe." They are American figures, little kids' toys. This is a figure from the '70s, the original "GI Joe," progressing through to the '80s. You can see how the original "GI Joe" is a fairly normal looking chap, with rather odd hips but other than that a fairly normal physique, but as he gets into the '80s he becomes really quite bulky. When we move on to the '90s it becomes more and more extreme. This is "GI Joe Extreme" from the '90s. This bloke doesn't even stand up because he's so top heavy, he just topples over. Of course this is an impossible figure to achieve even with anabolic steroids.

In the interest of my scientific research I had to go and buy this magazine. It's a bit like Woody Allen buying Playboy, it's all in the interests of science. This is the sort of image which we poor boys are bombarded with all the time and we feel so hopeless and inadequate, as though we didn't already. This is an image which depicts what we have been driven to, in terms of male appearance concern. This is apparently what we should be aspiring to. More American men are now wishing for pectoral implants than American women wish for bigger breasts.

So we move on to women. This slide shows a mermaid trying to fit a tail, and she says, "I look too fat in all of them." This is the classic idea about body image concerns; women and anorexia. Of course, these are the sorts of figures which we get all the time in the media, very thin, slight figures and undoubtedly this does drive concern with bodily appearance amongst women. There's a fascinating study of a little isolated community in Fiji where they didn't have television until quite recently. There have been surveys of the women in this little village asking them about their concern about body image and how they perceive themselves. The traditional look was quite a bulky look, but once they were exposed to American television for three years they changed completely and they became much more disgruntled and unhappy with their look. One of the ladies said, "I look at the characters on TV, the way they act on TV and I just look at the body, the figure of that body, so I say 'Look at them, they are thin and they all have this figure' so I myself wanted to become like that, to become thin."

The rates of body image concern within that little isolated community became more and more marked with the exposure to television. There is some Australian work looking at this, showing boys and girls a diet of television with either very lean female figures or normal looking figures and they found that over a number of months, the people who viewed the very lean figures came to be more and more concerned about the way they looked and more and more desiring of a very thin figure. Undoubtedly, media plays a part, although it's not the whole story.

This is another example of how cultural expectations can affect our expectations with regard to looks. This slide shows two ladies who are in the fattening rooms of West Africa. The families have put together an awful lot of money to send them to this fattening room and they had better get fat because they have to get married. In the West allegedly, if you're going to get married you buy a dress a bit too small for yourself but in this setting you buy a dress much too big for yourself and you have to grow into it. This lady has for the past two months woken at 5.00 a.m. for a pint of millet in water and a plate piled with fried food followed by a special body-rounding massage. She then spends the days in whale-like recline - this is reported by the "The Times" so it must be true - stirring only to stuff herself with glutinous bowls of yam and crayfish. She's not allowed to exercise so the only game she's allowed to play is the occasional game of Ludo. She's worried, at the age of 35, that she's not married. Her family have sent her to this fattening room and she says, "I must be fat so that people don't laugh at me. They won't laugh at my figure if I'm fat as it shows that my family has money and can afford to feed me properly and I will make a good bride." This gives you an example of how cultural influences can affect weight and shape. It is arguably much more adaptive than anorexia because these women will probably be fertile whereas many girls with earlier onset anorexia have infertility problems. This lady is covered with clay, with special traditional markings. The clay also has a medical purpose in that because your basal metabolic rate increases because of all the food, you have to get rid of some of the heat and it allows heat exchange. They also have a special plant material which you eat to thin your blood. It acts like Warfarin so you don't get deep vein thrombosis. It's quite a sophisticated method and dates back centuries.

This is the female equivalent of the "GI Joe" figures, "Barbie." The tragedy for "Barbie" is that she's been supplanted. In fact, "Barbie's" very out of fashion. I have a daughter who is nine and I thought she

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might want a "Barbie." She looked at me so witheringly and said, "We're not interested in "Barbie" any more." Apparently "Barbie's" on the way out and that's a problem for the company because they rely very heavily on her. "Barbie" has an absolutely unusual figure which would be impossible to achieve even with lots of plastic surgery. Interestingly, she has a big bust and very narrow waist and very tiny feet. I don't know if anybody read the book about the Chinese who bind and crush girls' feet to make them attractive.

Body Dysmorphic Disorder is a psychiatric disorder which first entered the psychiatric nosology at the end of the nineteenth century. An Italian called Morselli described it initially as dysmorphobia. But you can find depictions of it and stories about people with dysmorphobia going right back. It was rediscovered by the Americans and entered the Diagnostic and Statistical Manual in 1980 as a psychiatric disorder, so it gained its status. Essentially it's a pre-occupation with an imagined defect in appearance. If there is a slight physical anomaly then the person's concern is markedly excessive. It is people who have a concern with some aspect of their physical appearance which to anybody else would be slight or non-existent.

The first lady that Bryan described is interesting because when she started off arguably she had lips which looked like they might reasonably be enhanced, but then she went overboard and now has a physical defect because she's had so many lip procedures. It's interesting how these things can turn about. BDD is not just that you have a concern with your appearance because, as we've shown already, many people in the general population have a concern with appearance. To become a psychiatric disorder it has to be very distressing and/or impair functioning in social or occupational terms. This can be a very difficult judgment to make, exactly what is the cut-off between a disorder and what is not a disorder? Of course in psychiatry it's not unusual for us to have to battle with that sort of decision-making; for example, anxiety or depression is quite common and the time at which it becomes a disorder is often difficult to judge.

Is anorexia nervosa a form of Body Dysmorphic Disorder? Well, the scientific classification system says no, it's not, because if you have anorexia nervosa and your concern is merely about shape and size then you don't have Body Dysmorphic Disorder. But it's a bit of a nonsense because you could construe anorexia nervosa as being a particular form of Body Dysmorphic Disorder or a particular body image disorder just like the bulked up males have muscle dysmorphia,

which has been termed “reverse anorexia.” It makes the point again, about how appearance concerns have these two elements: one is how you perceive yourself, and the other is the amount of investment you have in that as an important part of you.

There’s a lot of what we called co-morbidity with Body Dysmorphic Disorder. A lot of people with BDD have depression and a lot of people have social phobia. Social phobia is a disorder where people are incapacitated by their inability to socialise and you can understand if you grow up believing that you’re very ugly and distasteful to look at then you’re likely to become socially phobic as well.

There’s also overlap between BDD and obsessive compulsive disorder. In fact many of the features of Body Dysmorphic Disorder are not dissimilar to obsessive compulsive disorder. For example, the features which we’re talking about are obsessions, which are essentially ruminations; people with BDD have intrusive thoughts of ugliness many, many hours a day. They cannot stop thinking about how ugly they are. That leads them to compulsive activities to try to reduce the stress associated with those thoughts. So, for example, they’ll do an enormous amount of checking themselves in the mirror. People will get up in the morning and have a two hour regime of getting themselves ready to go out to work and that may include showering a certain way and application of make-up in a certain way. Two hours is a bit more than most people in this room. At the end of the two hours if the whole thing goes wrong then you have to start all over again and then you go through the whole two hours again and then you still don’t look right and you try it again and by that time it’s too late to go to work anyway, so you don’t. They won’t just check in the mirror; if they’re walking down the street and they see themselves in a plate glass window they’ll check, check, check. They’ll check against other people; they’ll compare themselves to other people, or to images in magazines.

BDD is a disorder which, although it sounds like vanity, is actually an extreme disorder and can be very, very impairing. How common is it? As we’ve already shown, some degree of appearance concern is common, but how many people have this extreme form where it really starts to impair their lives? It is difficult to know exactly, but probably one to two per cent of the population suffer from it. Now that is common. That is double the rate of schizophrenia, for example, in the general population. This is a disorder which starts often very early on in life and it is pervasive and persistent and very, very disabling. These are people who suffer from low rates of employment, low rates

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of marriage, low rates of satisfaction with life, higher rates of mood disorders especially depression and high rates of suicide. It is a disabling and unpleasant disorder and is also a disorder which by its very nature is a secretive disorder; people don't want to divulge it because they feel embarrassed about it. They see their disorder as being physical. That's why they go to plastic surgeons, they go dermatologists. They don't go to psychiatrists unless they're referred, as a rule. Interestingly, it affects not only women. I always thought it would be women more than men. In fact both sexes are affected pretty much equally in all the big series on Body Dysmorphic Disorder. It is more common in certain psychiatric populations. There is a high correlation with some types of depression, for example.

But what about Body Dysmorphic Disorder in cosmetic surgery? The people who come to psychiatrists are people who've usually been through many cosmetic surgery or dermatological procedures and are unhappy with the outcome of those procedures, and therefore are a fairly biased group. If we look at the people who are only attending cosmetic surgeons, around seven of 100 women had Body Dysmorphic Disorder. It's often not picked up, not just in plastic surgery, but also not even in psychiatry assessments. Kathy Phillips has done a lot of work in this area. Looking at people who have come to psychiatric settings and have been diagnosed with depression, social phobia or obsessive compulsive disorder and they've had Body Dysmorphic Disorder but the psychiatrist hasn't picked it up. It's a secretive condition. You have to ask the right questions to make the diagnosis.

What about those people who've come to see a psychiatrist? The biggest series is Kathy Phillips' series in Providence, Rhode Island. Of her 188 patients with Body Dysmorphic Disorder, 70 per cent had cosmetic enhancement of some sort, either plastic surgery or dermatological procedures. 50 per cent had received some intervention and in 83 per cent the symptoms were no better or worse. This is very important for us to appreciate, namely that people with BDD don't do well in terms of cosmetic surgery. In another study from the UK, 76 per cent of 25 Body Dysmorphic Disorder patients who had had cosmetic surgery were dissatisfied. The tragedy of this is that nine of these patients had performed DIY surgery. It's not just the plastic surgeon recognising and saying, "No, I'm not going to do anything", it's the plastic surgeon recognising it and making appropriate referrals because if they merely turn them down they just go somewhere else and somebody will do it. Some of the people who don't get anybody to

operate on them, will do it themselves. There are extraordinary levels to which people will go, for example doing their own face lift with a staple gun. One chap wanted a jaw reconstruction and nobody would do it for him, so he got on a bicycle and drove into the back of a truck and his smashed his jaw. Another chap wanted a rhinoplasty, nobody would do it, and so he cut his own nasal cartilage out and inserted chicken cartilage in the right shape that he wanted. It's grotesque but it shows you the extreme of distress these people have. Their lives are dominated by the desire to change their physical appearance. It is everything to them and it drives them to these extremes or drives them to suicide.

There are very effective treatments for BDD. Our belief is that plastic surgical treatments and dermatological treatments probably don't work for this group of patients. Electrical convulsive therapy has been tried in some but doesn't seem to be very effective. Medications that work very well are the anti-depressants, notably the serotonergic anti-depressants, and also special forms of psychological treatment such as cognitive behaviour therapy. In the right hands, if the patients can recognise that they have a problem and wish to work on it in a psychological way they can have very, very good outcome.

You might have seen a very celebrated case on SBS the other week. This is the story of the surgeon who amputated the healthy limbs of two men with a rare psychological disorder and who described the operation as the most satisfying in his life. He is an orthopaedic surgeon at the Felkirk & District Royal Infirmary. He removed one lower leg from each of the private patients, one from England and one from Germany who'd been turned away from hospitals across Europe. "It took me 18 months to pick up the courage but it was the most satisfying operation I'd ever performed" he says. He said they both suffered from apotomophilia, a rare psychological condition related to Body Dysmorphic Disorder. The victim is born with the condition and considers their body is repulsive with four limbs and believe they will only look normal again once a limb has been removed. When I first looked at this material I thought it was totally bizarre. But I had a woman recently who wanted a breast reduction; she was sent to me for an assessment because of various psychological issues. She'd seen this program and I said, "What do you think of it?" and she said, "They're mad", so I said, "How different is it to you wanting a breast reduction?" What she said to me, which I agree with, is that it's such an extreme thing; the total removal of something. But it makes you think about

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what's reasonable about having a bit of your nose removed, having the whole of your nose removed, having the whole of your leg removed? Where do you stop?

So what about psychological function in cosmetic surgery? Psychiatry was dominated for many years by Freudian thinking and if you went to a Freudian analyst saying, "I think my nose is too big" they interpreted it to mean that it's phallic and to do with your father and Oedipal complexes. It's understandable that they would assess practically everybody to be disturbed. So the rating of 70 per cent of patients having some sort of personality problem is really excessive. In fact, the more recent studies show that the rates of psychopathology are much lower. We recently published a paper in the Medical Journal of Australia looking at psychological outcomes from cosmetic surgery where most of the studies show that the outcomes for most people are extremely good; but we do have this small group of patients who do very badly.

What should the surgeons do to be alerted to the people who might have a bad outcome? These are the risk factors to be alert for. If you are seeing these people with no or only minimal defects, and you think, "Gee, you look fine to me," be wary. If it is becoming an extreme focus for them so that it comes to dominate their whole life, be concerned because these are all pointers towards Body Dysmorphic Disorder. Be very concerned about people who have had a lot of other procedures, especially if they're dissatisfied with those procedures. Some of these people are so dissatisfied that they sue their surgeon. Some of them take law into their own hands and attack their surgeon. There has been at least one homicide of a plastic surgeon. A further very important concern is that of unrealistic expectations. If people believe that plastic surgery is going to change their lives you need to be wary. Surgery might make them feel better about themselves and often it does, but it doesn't change the person you ultimately are, and when people say, "Well, the moment I have my plastic surgery I'm going to get the best job in the world and I'm going to have men falling over me" et cetera et cetera, I think you have to be concerned.

How would you go about assessing these people? You'd ask them about appearance concerns. Are they able to articulate what their concerns are, the extent of the dissatisfaction with their appearance, how long they spend worrying about their appearance? People with Body Dysmorphic Disorder spend hours and hours and hours per day worrying about it. What are their safety behaviours such as mirror

checking? Some people spend hours checking themselves in the mirror and they have to go back and back to the mirror and they're never happy with what they see in the mirror. They always hope that they're going to be happier with what they see in the mirror but they're not. Ask about camouflaging; people will engage in elaborate make-up routines and some will have clothing which will hide their perceived defect. One patient had bandages which she wrapped around her face and would never be seen without the bandages. Ask about avoidance behaviour. Some people won't be seen in public, won't be seen anywhere where it isn't dark. Ask about their expectations? What's motivating them? When did they start thinking about the surgery and why now? Be very concerned about people whose motivation is to please someone else. It is a bad prognostic sign if people want to have plastic surgery to save a relationship. What do they think the outcome will be? If it is unrealistic you need to be concerned. How do they think the surgery will affect their social functioning and their work functioning? If they see it as a panacea of some kind I think you need to be very wary.

Finally, many people with psychiatric disorders are prejudiced against and there is a stigma associated with psychiatric disorders. I'm not saying that people with psychiatric disorders shouldn't be given the opportunity to have plastic surgery but they need to be assessed and there needs to be proper liaison with the mental health provider. Some psychotic disorders, for example, can present with extreme types of body image disturbance. People who are very depressed often think very badly about themselves and how they look and once their depression lifts they feel a whole lot better about themselves and their appearance.

To end then on a positive note about looks. Apparently natural looks, including distinguished noses, are back in fashion. Sarah Jessica Parker as well as Cate Blanchett, Jennifer Aniston and Gwyneth Paltrow have distinguished noses and the little button noses which you used to see as the ideal are going out of fashion. Cosmetic surgeons are carrying out fewer of these procedures and some celebrities are even considering reversals.

**QUESTION:** Professor Castle, Regarding the SBS presentation, I would like you to comment on the two psychiatrists who saw those patients, one who wanted a normal limb removed and the other one who wanted two normal limbs removed and both psychiatrists were on the program as saying the patients were "normal."

**PROFESSOR CASTLE.** When I first saw the newspaper report, I thought, "This orthopaedic surgeon needs his head read", who would



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do this sort of thing? But he came across as somebody who had thought quite carefully about all the issues. It was interesting to me that one of my psychiatric colleagues in the UK said he thought one limb was maybe okay but two was extreme; I thought that's a bit of curious logic. But then you do start thinking about how much of your nose is reasonable to have removed? How much of your chin is reasonable to have removed? If you start thinking what the actual objection is, it becomes quite a difficult philosophical argument. What I would say about anyone seeking that sort of procedure is that you'd have to be absolutely clear that they had had every sort of psychological intervention known to mankind which might alleviate what I believe would be an underlying psychological disturbance. One chap on the SBS program had become a psychologist to try to understand his condition and had obviously been through a lot of self-analysis. It would be interesting to explore with him whether he had had other sorts of psychological intervention, and whether he had had medication. But at the end of the day, he'd been through 50 years of concerns of this nature. I still wouldn't be in a position where I would be happy to suggest that they could be operated on in this way, but as I say, I'd be happy to suggest that people have breast reductions because I know that the outcome is good. What I'd really like to know from the patients who have apotomophilia who have had the procedure, what is their psychological outcome? We just don't know that.

**QUESTION:** Given that a lot of your illustrations came from America, I wonder what you'd have to say about people who are unduly satisfied with their appearance and what disabilities they have and what disabilities they may produce in others?

**PROFESSOR CASTLE.** Some people are extremely vain and believe in themselves as being beautiful people and I think that there are often associations with sociopathy - and I use "sociopathy" in a very broad way to refer to people who don't have any real concern for others, are self-centred narcissistic people, and who unfortunately often engage in a lot of relationships which are very destructive. You need to be worried about anybody who feels so fabulous about themselves.

**QUESTION:** David, there are all sorts of odd bridging conditions which are abhorrent to a surgeon. If a patient for instance comes along, who says he wants a scar on his face like a duelling scar there's no surgeon in Melbourne who he can get to do the operation because why would we inflict a scar when we spend our lives removing scars? Yet his request is no more bizarre than someone wanting augmentation. Our own cultural background dictates that we won't do it.

**PROFESSOR CASTLE.** Again, it's cultural. There are a lot of African cultures who do scarification and it's something which is perfectly normal and has an attractive value to it. Arguably a lot of people undergoing body piercing or tattoos might have real issues to do with the way they look, so where should we draw the line about what people should be allowed to do to "beautify" themselves or pursue things which they believe will beautify them? Most women in this room would be wearing some sort of make-up. Is that a bad thing? I don't think so. Life's tough enough. If you can do things which don't harm you that can make you feel better about yourselves and you can live a better life, it sounds good to me.

**QUESTION:** I do not understand why men would want to bulk up because if you look at all the leading men they're all lean and gorgeous and I don't know a woman that likes men bulked up, so where do they get this body image idea that we want this?

**PROFESSOR CASTLE.** Well, some women do, allegedly. For young males apparently sport stars are a big influence. For example wrestlers have a real cult status in certain groups and they are very big and bulky. But, as I say, I don't think this is just media, it's to do with very deep-seated evolutionary pressures.

**QUESTION:** I'm not sure if Bryan would agree with me, but the majority of cosmetic patients that come to see us in the States are on anti-depressant medications. It's almost the routine rather than the exception that someone comes in on Prozac or some of the other medications. Do all those people need some sort of a psychiatric evaluation to say that they're able to sign a consent?

**PROFESSOR CASTLE.** If you are comfortable that at the time that they are seeing you they are not depressed enough for their judgement about themselves to be influenced negatively then you're probably okay. I've seen a lot of patients for whom I've thought it was reasonable to have cosmetic surgery. It may be that some of the issues to do with their appearance concerns might be similar to what underpins depression, but they're not pervasively depressed because we know that people who are that depressed do view themselves in a negative light in all sorts of ways, including the way they look. In fact one of the screening questions we use for depression asks, "Do you think you look old and unattractive?" and people who are depressed endorse that but if you ask them when they're better in terms of their depression, they don't endorse that. You need to make a judgment about whether they are currently depressed and depressed to a degree where it would influence their view of themselves.

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**QUESTION:** (Off mike).

**PROFESSOR CASTLE.** There are medico-legal implications and we've got to be very careful these days – very, very careful! You've got to make sure that you are documenting very clearly that you're giving patients sufficient information to allow them to make an informed decision about surgery. For example, the lass I was talking about earlier I think she'll probably do very well with surgery, but my notes about this are very careful and my discussion with her and her dad are very clear. I said, "Look, there's a risk you might have a poor psychological outcome and the risk factors are X and Y and you have some of those. My gut feeling is that probably you'll be okay, but I need to make sure that you make a decision on the basis of the facts."

**QUESTION: PROFESSOR BALL.** I'm just picking up on what David referred to before about the very beautiful person. In one of his essays McDonald Critchley talked about the Miss Haversham Syndrome. He presented a case of a very beautiful, very young widow who was sent from Italy to the court of Louis Napoleon in the 1860s as a spy to help towards the unification of Italy. She became his mistress and then for a little while was the mistress of a few other people. She then disappeared. She lived in a house with all the mirrors turned away to the wall, the house was in darkness, she only went out at night and the Paris police got a bit fed up, carting her home in the early hours in a distressed state. I think it's probable that a certain Swedish actress in the early days of the cinema had a similar problem and she disappeared from the scene and didn't like to be seen. And there are numerous other cases like that.

**PROFESSOR CASTLE.** I think the book you're referring to is "Divine Banquet of the Brain" by McDonald Critchley. For anybody who hasn't read it, it's a beautiful book and there's a chapter called "The Mask in the Mirror" and there's some wonderful language and case reports. I think that these are examples of people who, as I said earlier, have an over-investment in looks and as they start to age, they can't cope because their very being and their view about themselves is so part and parcel about the way they look; of course that's a tragedy because you can't sustain your looks from your youth.

**QUESTION:** You've considered getting pre-operative psychiatric opinion. Have you ever considered getting pre-operative legal opinion?

**MR MENDELSON.** I presume that's a rhetorical question. That was one of the things about the case in New York, because the surgeon was thorough in his informed consent procedure. He told her she could

expect ugly scars, it was written down and she accepted that. She signed a classical consent form that was watertight, if you're talking about a medico-legal situation. All that they could attack him on was her state of mind at the time she signed the consent form. It could get to the point that if someone's had two glasses of wine are they in a fit state to sign a consent form? The ramifications are so profound.

A lot of good came out of the anguish associated with this case because it brought to the attention of plastic surgeons this important condition of Body Dysmorphic Disorder and, as David has mentioned tonight, 2 per cent of the population have this condition. 50 per cent of them turn up in a plastic surgeon's office. That's a significant proportion. 7 per cent of our clientele might be this group and one of the most difficult things for plastic surgeons is dealing with the dissatisfied patient. It's the old 80/20 rule; that 80 per cent of your energy goes to 20 per cent of the patients in your practice and many of them end up in the legal system. I think plastic surgeons have learned a lot and we're encouraging the research that's going on now, so we will all learn from that. Fortunately, the Supreme Court in Manhattan threw out this specific case.

**QUESTION:** There has been a lot of publicity recently about everyone getting fatter in Australia and in the United States and I also note with interest your research on people feeling that they ought to be thinner and thinner. Are these groups colliding at some point or will we be dividing into an incredibly fat and incredibly thin society eventually?

**PROFESSOR CASTLE.** People who are fat are stigmatised and have a miserable time because of society's value judgments. But in fact it seems increasingly that obesity is related to underlying medical parameters than anything else, including genetic factors as well as lifestyle factors. So it's not driven by the desire to change appearance. There are very few people I guess who would be driven by a desire to be obese. Obviously for the ladies I spoke about in the fattening rooms, obesity has some cultural value, but in our society I think that most people who are overweight would not necessarily desire to be like that. That's my bet. Does that answer your question?

**QUESTION:** That's not quite what I meant. I don't think people want to get fat. I think society is becoming more and more sedentary and there's more fast food. There are stories of fast food chains being sued in the United States. People obviously don't want to get fatter but it seems to be happening because of society's structure. Why is it that

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they're not being influenced? Why is it that there's not this counter-pressure from the thin side of things with the movie stars and the glossy magazines?

**PROFESSOR CASTLE.** I think there is. I think that a lot of people who are fat don't want to be fat and I think that the sort of images with which they're bombarded reinforces part of that dissatisfaction with fatness. Being fat is not something which most people want to achieve and it's not something which most people feel comfortable with. Again, the media images of these very slender people make it worse for people who are fat and they often have a miserable time.

