Considerations in Male Aging Face Consultation: Psychologic Aspects

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• Body dysmorphic disorder • Cosmetic surgery
• Aging face • Male • Psychology

Patients undergoing cosmetic surgery have long been stereotyped as having a greater degree of psychopathology than the general population.[1–4] One investigator went as far as to assert that all cosmetic patients should be viewed as psychiatric patients.[5] In particular, male cosmetic patients have been labeled "the psychologically sicker animal than the female"[6] and "psychologically unstable."[7] These views are based on an earlier generation of reports in the cosmetic surgery literature that were plagued by methodologic flaws.[8,9] Contemporary studies point to a smaller disparity in psychopathology between cosmetic patients and the general population and refute the notion that men seeking aesthetic surgery are the psychologically sicker sex.[10–13]

The full spectrum of psychiatric disease found in the general population is also seen in patients presenting for cosmetic surgical consultation.[9] Once the cosmetic surgeon becomes alerted to a patient's history of major depression, anxiety, substance abuse, or other psychiatric disorders, he/she may choose to refer the patient for consultation with a mental health professional or, at least, to schedule a second preoperative appointment.[9,14] Among the more troubling conditions seen in cosmetic practice is body dysmorphic disorder, an illness defined by preoccupation with a slight or imagined physical defect and resulting in significant distress and social and occupational impairment.[15] It has been shown that patients who have body dysmorphic disorder do not benefit from surgical intervention and often decompensate postoperatively.[16,17] These negative postsurgical sequelae can include a worsening of body dysmorphic disorder symptoms or threats of legal action or violence toward the surgeon. For these reasons, a comprehensive male aging face consultation should include a focused psychiatric history and should explore the patient's motivations for surgery and his expectations following surgery. Questionnaires, a targeted medical and psychiatric history, and close observation of the patient's behavior by the surgeon and the clinic staff are all screening methods that can be used to identify potential problem patients before they undergo an ill-advised cosmetic procedure.[9,14,18] After all, "prevention is still the best treatment for psychologic disturbances."[7]

HISTORICAL PERSPECTIVE

The early consensus from researchers who investigated the psychologic differences between male and female cosmetic patients was that men are collectively a sicker group than women. From 1957 to 1959, Jacobson and colleagues[19] referred every male patient who sought cosmetic surgery for minimal deformity for psychiatric evaluation. In their study published in 1960, they conclude that "these men were seriously ill from the emotional point of view. All 18 patients warranted a psychiatric diagnosis." Their overall description of the male patient is the following:

> *He is somewhat forlorn, guarded and earnest. His muscular tone is exaggeratedly relaxed… His voice is soft…His affect seems to be one*

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of worried, guarded dreariness, lacking in vigor. Generally, he is humorless and seems preoccupied…Facial and vocal expressiveness is flat and fixed…When pressed, he tends to repeat, rather than expand; rapport with him is usually established slowly…

Based on their observations, they recommend that all male cosmetic patients be referred for psychiatric consultation.

In her 1987 article, Wright[7] reviews the literature from the previous 5 decades relating to male cosmetic surgical patients. She also tells the stories of three male patients who murdered their surgeons postoperatively and notes that two of the three had undergone rhinoplasty. She concludes that the male patient is more likely to be psychologically unstable than the female patient and that men are at a higher risk for postoperative dissatisfaction and aggressive behavior than women. Her recommendations are that the aesthetic surgeon make psychologic counseling a focus of pre- and postoperative appointments and that any patient displaying ''disturbing symptoms'' or with whom the surgeon feels ''intuitively uncomfortable'' be referred for formal consultation with a mental health professional.

In the literature from 1949 to 1991, several investigators comment on the increased prevalence of psychopathology in the male rhinoplasty patient.[5,7,19–23] Goin[21] refers to the nose as being ''psychologically loaded.'' Lynn[5] states that the most disturbed patients are men with a nasal fixation. MacGregor[22] speaks of the sexual symbolism of the male nose and Wright[7] refers to the nose as the ''landmark of masculine identity,'' which is a ''natural site for somatic concern.'' Daniel[23] describes the tendency for transference, whereby men undergoing a crisis of identity attribute their social, occupational, and other failures in life to their nose. He also warns that the secondary male rhinoplasty patient is particularly high risk, from a psychologic standpoint.

Many of the findings from the early literature exploring the differences in psychopathology between men and women cannot be substantiated because of methodologic limitations, which include reliance on unstructured interviews and clinical observation, use of vague terminology, and failure to have an appropriate comparison group.[8] This generation of studies can be viewed historically as having a positive and a negative influence on the practice of aesthetic surgery. On the one hand, the early research raised awareness among cosmetic surgeons about psychiatric illness and caused them to raise their collective antenna to detect signs of psychopathology during preoperative assessments of aesthetic patients. On the other hand, these early studies, with their aforementioned flaws, created a negative stereotype of the male cosmetic patient that, in retrospect, may not have been fully warranted.

CONTEMPORARY VIEWS

The first generation of studies delving into the presence or absence of psychiatric illness in patients seeking cosmetic surgery suffered from numerous methodologic flaws. However, contemporary research using standardized measures of psychopathology has shown either nonexistent or minimal differences between cosmetic patients and controls.[10] In a 1998 study by Pertschuk,[12] body image was used to help understand the psychology of male cosmetic surgery patients. Thirty prospective male patients were asked to complete two separate questionnaires relating to body image and symptoms of body dysmorphic disorder. Their responses were compared with a normative sample of men and with 30 female patients seen for plastic surgery consultation. The investigators found that the male patients seeking aesthetic surgery did not display greater levels of general body image dissatisfaction than the normative sample of men. However, these prospective male surgical patients did record greater dissatisfaction when asked about the specific body part for which they were considering cosmetic surgery. The investigators inferred that men seeking cosmetic surgery are not more critical of their bodies or preoccupied with their appearance than men in general. The men in the study were also similar to the sample of women seeking cosmetic procedures. Using body image as one measure of potential psychopathology, male cosmetic patients do not demonstrate the degree of body image dissatisfaction that would have been expected from the conclusions on this subject drawn by the earlier generation of investigators.

In 2005, Ferraro and colleagues[13] provided two self-administered personality tests to a group of patients seeking consultation for cosmetic surgery and to an appropriately matched control group. They found no difference in the psychopathologic profiles of the surgical and nonsurgical groups; nor did they find a difference in measurements of self-esteem. They conclude that ''there is an absolute lack of an underlying psychopathologic background'' in patients seeking cosmetic surgery and that they are ''not different from the general population in terms of self-esteem.''

The preponderance of evidence from more recent studies regarding the psychopathologic