

FIG. 1. (Above) The Steri-Strips on the drain tube near the skin. (Center) A knot is made on the skin. (Below) The suture is then crossed into the little "flag" and around the drain tube.

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#### PERFECTIONISM AND INTEREST IN COSMETIC SURGERY

Sir:

Little is known about the personality traits and the interpersonal dynamics linked to contemplating and undergoing cosmetic surgery. One often-discussed (but untested) belief is that perfectionism influences interest in and dissatisfaction with cosmetic surgery.<sup>1,2</sup> In what follows, we describe independent dimensions of perfectionism, outline a model relating perfectionism to cosmetic surgery, and present novel evidence supporting the model.

Trait perfectionism focuses on dispositions and attitudes associated with perfectionism (e.g., rigid self-expectations), whereas perfectionistic self-presentation centers on how perfectionists behave in expressing their perfection to others (e.g., self-promotional behaviors). Two dimensions of trait perfectionism are relevant to cosmetic surgery: self-oriented perfectionism (i.e., requiring perfection of oneself) and socially prescribed perfectionism (i.e., perceiving others require perfection of oneself). Furthermore, two facets of perfectionistic self-presentation are important to cosmetic surgery: perfectionistic self-promotion (i.e., promoting an image of perfection to others) and nondisplay of imperfection (i.e., concealing perceived displays of imperfection from others). Trait perfectionism and perfectionistic self-presentation are empirically and conceptually distinct.<sup>3,4</sup> For example, striving to be perfect (or self-oriented perfectionism) may involve a desire to appear as perfect (e.g., perfectionistic self-promotion), but only among a subset of self-oriented perfectionists. A diagram of the aforementioned perfectionism model is provided in Figure 1.

A link between perfectionism and cosmetic surgery is expected on several grounds. Perfectionists are often displeased with their bodies and frequently attempt to change them.<sup>2</sup> Cosmetic surgery may allow perfectionists to transform aspects of their bodies that cannot be modified by diet or by exercise (e.g., nose shape). Perfectionists may also regard cosmetic surgery as an opportunity to perfect the self and/or to eliminate perceived imperfections.

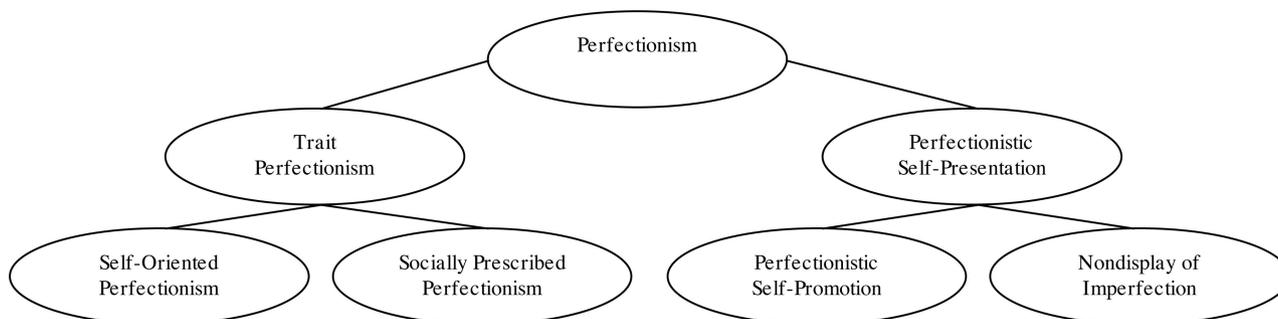


FIG. 1. An abbreviated version of Hewitt and Flett's perfectionism model.

More specifically, for socially prescribed perfectionists, interest in cosmetic surgery may be stimulated by responsiveness to societal pressures for perfect appearance or by efforts to satisfy perceived demands from significant others. Furthermore, self-oriented perfectionists' unending self-scrutiny, fault-finding predilection, and stringent self-criticism may bring about body dissatisfaction and generate interest in cosmetic surgery. In addition, for perfectionistic self-promoters, who tend to behave in a prideful, narcissistic manner, interest in cosmetic surgery may reflect a desire to use their appearance to garner attention. Physical attractiveness is seemingly essential to anyone striving to present himself or herself in such an attention-grabbing fashion. Lastly, nondisplayers of imperfection may experience interest in cosmetic surgery if physical defects or age-related changes are detected, particularly when such imperfections are visible to others. In fact, cosmetic surgery and related surgical procedures may be the ultimate form of nondisplay of imperfection!

A meta-analysis of three of our studies involving 570 (or more) women from separate populations (i.e., university students and gym members) supports the proposed model. Weighted correlations (a meta-analytic technique involving aggregation of correlations across investigations) showed the following significant correlations between perfectionism and interest in undergoing cosmetic surgery: self-oriented perfectionism ( $r[570] = 0.09, p < 0.005$ ), socially prescribed perfectionism ( $r[570] = 0.18, p < 0.005$ ), perfectionistic self-promotion ( $r[862] = 0.23, p < 0.005$ ), and nondisplay of imperfection ( $r[862] = 0.21, p < 0.005$ ). Correlations were weighted according to the sample sizes of the three studies. The correlation for perfectionistic self-promotion was significantly greater than the correlation for self-oriented perfectionism ( $z = 2.66, p < 0.005$ ). No other significant differences were detected between correlations. A correlation of less than 0.25 is usually described as an effect that is small in magnitude. Notably, all findings were essentially unchanged after controlling for two putative correlates of interest in cosmetic surgery (i.e., age and body mass index). Finally, it is likely that the strength of the association between perfectionism and interest in cosmetic surgery changes depending on the group studied (e.g., aspiring actors with perfectionistic tendencies may be especially interested in cosmetic surgery).

The above findings suggest the importance of perfectionism in motivating pursuit of cosmetic surgery and represent the first evidence linking perfectionism to cosmetic surgery. Since interest in cosmetic surgery necessarily precedes actually having cosmetic surgery, our evidence may be viewed as an important first step in understanding the perfectionism-cosmetic surgery nexus. Lastly, cosmetic surgeons should be mindful that perfectionistic tendencies (e.g., unrealistic ex-

pectations) are likely to generate both interest in and dissatisfaction with cosmetic surgery.<sup>1,2</sup>

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#### WHERE PLASTIC SURGERY HAS GONE THE PAST FEW YEARS

Sir:

As I approach the autumn/winter of my professional career, I believe that I have the right to reminisce, philosophize, and wonder at whatever happened to the ideals of practicing medicine which we were taught religiously years back.

Ingrained in our medical training was the concept that we were to serve the sick, decrease suffering, and follow the Hippocratic oath. However, such ideals are now somewhat lacquered with the reality of what the practice of medicine has