

## Perfectionism as a contraindication for cosmetic surgery: a reply to Clodius (2007)

S. B. Sherry · D. L. Lee-Baggley · P. L. Hewitt ·  
G. L. Flett

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Millions of individuals undergo cosmetic surgery every year [1]. However, little is known about the extent to which, or the ways in which, personality traits or self-presentational styles influence cosmetic surgery. Therefore, we welcome Clodius' commentary and encourage further dialogue on the role of personality processes in cosmetic surgery. We have contributed to this dialogue by asserting that perfectionism is a personality trait likely to influence the entire cosmetic surgery process, from interest in, to satisfaction with, cosmetic surgery [8, 12–14].

Although we applaud Josef [9] and Clodius [2] for highlighting the importance of personality processes in post-surgical outcomes, a central issue with their interesting typology is whether it aids cosmetic surgeons in identifying and in understanding “hyper-” or “para-aesthetic” patients before surgery. In our view, the Josef–Clodius typology appears best suited to helping cosmetic surgeons categorize dissatisfied patients after surgery. In contrast to Clodius, we now outline a model describing both identifiable features of perfectionism and mechanisms through which perfectionism creates surgical dissatisfaction (SD). By so doing, we

intend to explain why, as asserted in our prior work [12], perfectionism represents a contraindication for cosmetic surgery.

Before describing this model, evidence linking perfectionism to cosmetic surgery is reviewed. Cosmetic surgery patients are viewed by others as being perfectionistic [3]. Case histories also suggest that perfectionism may fuel an insatiable appetite for cosmetic surgery [4], and both surgeons [11] and psychologists [8] have nominated perfectionism as a contraindication for cosmetic surgery. Furthermore, empirical research suggests that perfectionism is related to contemplating cosmetic surgery [13, 14] and that perfectionism is elevated among female cosmetic surgery patients compared to carefully matched controls [12]. Overall, this literature suggests that perfectionism is relevant to understanding the process of cosmetic surgery and that perfectionism may influence SD. We now outline a model expressing the manner in which we believe perfectionism is likely to produce SD.

Our model (see Fig. 1) proposes that perfectionism engenders SD via multiple pathways. Prior studies [12–14] using the Hewitt–Flett multidimensional perfectionism model [6, 7] indicate that three perfectionism dimensions are particularly relevant to cosmetic surgery: socially prescribed perfectionism (i.e., viewing other people as demanding perfection of oneself), perfectionistic self-presentation (i.e., promoting a public image of perfection), and nondisplay of imperfection (i.e., concern over behavioral displays of imperfection around other people). In our model, perfectionism is understood as a distressing preoccupation with perfection as reflected in high levels of one or more of the above perfectionism dimensions.

Perfectionism is not only believed to exert a direct influence on SD, it is also hypothesized to bring about SD through interpersonal hypersensitivity (see dotted black

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S. B. Sherry  
University of Saskatchewan,  
Saskatoon, Saskatchewan, Canada

D. L. Lee-Baggley · P. L. Hewitt (✉)  
Department of Psychology, University of British Columbia,  
2136 West Mall, D. T. Kenny Building,  
Vancouver, British Columbia, V6T 1Z4, Canada  
e-mail: [phewitt@psych.ubc.ca](mailto:phewitt@psych.ubc.ca)

G. L. Flett  
York University,  
Toronto, Ontario, Canada

lines in Fig. 1). Perfectionists (i.e., persons high in perfectionism as compared to persons low in perfectionism) are in a “cognitive bind.” That is, they subscribe to the belief that if they can perfect their appearance, then their lives will be better. However, perfectionists are also overly attentive to others’ expectations and prone to viewing others as critical and judgmental. Insofar as satisfaction with cosmetic surgery depends on positive inferences derived from social contexts (e.g., “I think he finds me attractive”), perfectionists’ interpersonal hypersensitivity predisposes SD by making positive social inferences infrequent occurrences. In other words, after cosmetic surgery, perfectionists are unlikely to perceive acceptance or attractiveness in the eyes of their beholders. And when such anticipated interpersonal rewards are not forthcoming, perfectionists are apt to be dissatisfied with their surgery. The interpersonal hypersensitivity manufactured by perfectionism is also conducive to dysmorphic symptomatology, which in turn is connected to SD [15]. Overall, perfectionists appear hypersensitive to others and are strongly inclined to believe that others are appraising their bodies negatively [5], thereby setting conditions for dysmorphic symptoms and SD.

Perfectionism is also postulated to engender SD through a basic impairment in the ability to form a satisfying, positive self-view (see thick gray lines in Fig. 1). Perfectionists often judge themselves according to harsh, inflexible, and unrealistic standards, thus generating a constant state of negative self-evaluation and aversive self-awareness. This penchant for self-criticism and faultfinding is a fertile ground for both dysmorphic symptomatology and SD, as perfectionists are often intensely critical of and profoundly dissatisfied with their bodies [10]. In this way, perfectionists’ tendency toward negative self-evaluation

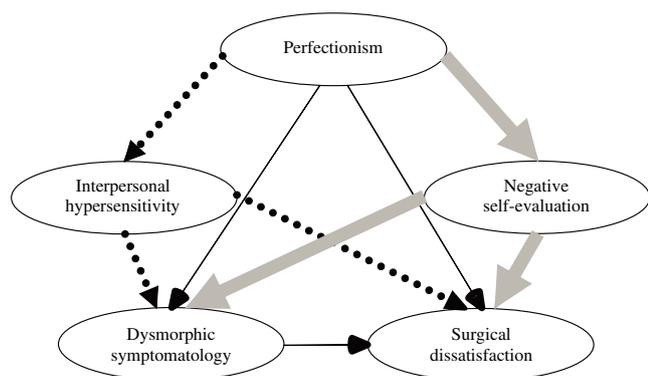
and the accompanying self and body dissatisfaction are conducive to SD.

In sum, perfectionists’ interpersonal hypersensitivity and negative self-evaluation often mean that they struggle to relate positively to other people and to establish a stable, pleasing self-image. Perfectionists’ negative, distorted appraisals of others and extremely critical views of themselves are likely both to generate dysmorphic symptomatology and to increase vulnerability to SD, even after an objectively successful surgical outcome.

To our knowledge, the model presented above is the first to articulate how or why perfectionists are likely to experience SD. Unlike the Josef–Clodius typology, this model outlines, before surgery, identifiable features of perfectionism and mechanisms through which perfectionism is likely to produce SD. This model thus helps surgeons to recognize perfectionism and to understand why this personality pattern may represent a contraindication for cosmetic surgery. If, as Clodius maintains [2], cosmetic surgery is about creating happier patients, then cosmetic surgeons are advised to carefully screen for and to avoid operating on perfectionists.

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**Fig. 1** A model representing how or why perfectionism is generative of surgical dissatisfaction. *Arrows* represent the direction of hypothesized relationships. *Dotted black lines* represent the way in which perfectionism is believed to bring about surgical dissatisfaction through interpersonal hypersensitivity. *Thick gray lines* represent the way in which perfectionism is believed to bring about surgical dissatisfaction through negative self-evaluation

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